



INTERNATIONAL ASSOCIATION OF EMERGENCY MANAGERS

THE RESPONDER

NEWS OF THE IAEM-STUDENT COUNCIL

March 2010
Volume 3, Issue 3

Public Health District Implements Push-Method Distribution of H1N1 Vaccine in Atlanta Mall

Written by Elizabeth Hausauer, RN, MSN, GA-CEM, Emergency Preparedness Specialist for East Metro Health District

H1N1 influenza was present at pandemic levels throughout the United States and our local community (Gwinnett, Newton and Rockdale Counties in Georgia). An initial national shortage of vaccine led the Center for Disease Control (CDC) to limit vaccinations to target populations. Delays in vaccine production and shipping caused shortages during peak demand periods. The vaccine shortage at our district level required us to limit vaccinations to CDC target groups and only offer the vaccine in clinics during regular business hours. East Metro Health District's three counties - Gwinnett, Newton and Rockdale - are suburban and rural counties of the greater metro Atlanta area. H1N1 vaccine was available in all three county health department clinics throughout the week, but that was not effectively reaching the overall community of approximately 1 million people that we serve.

Once we received additional vaccine and supplies, we held a mass vaccination. Our mass vaccination efforts were hindered by CDC guidelines regarding H1N1 vaccination target populations. People were turned away if they did not fit into one of the specific target groups, even if they were interested or had waited in line. Though we had enough vaccine for anyone who was interested, we still had to comply with CDC guidelines regarding target populations.

Eventually, vaccine supply at a national level allowed CDC to lift the target group restrictions. On December 9, 2009, the Georgia Department of Community Health announced that H1N1 vaccinations could be made available to the general public without group restrictions. Our new goal was to reach the local community quickly. We needed to bring the vaccine out of the clinics and to a population that might not normally visit a health department facility. We had ample amounts of vaccine to offer, and we were concerned that demand for the vaccine would decline significantly after the holiday season.

East Metro Health District rented a store space in the Mall of Georgia to offer free H1N1 vaccinations during mall hours on December 12-13 and 18-19, 2009. This brought the vaccine to where people were already doing holiday shopping and targeted a different segment of the population. We offered nasal, injectable, and thimerosal-free versions of the H1N1 vaccination. If clients had insurance, we collected insurance information to bill for an administration fee; however, all those interested in receiving the vaccine were accepted without charge for the vaccine.

Our Public Information Officer created a press release and contacted television, internet, and newspaper media in the Atlanta media market to inform the public that East Metro Health District was offering free H1N1 vaccinations at the mall. We emailed the press release to over 400 local partners including Emergency Management Agencies, hospitals, schools, physicians, day care centers, universities and health clinics. Large A-frame signs advertised the vaccine location throughout the mall. The storefront was marked with a large overhead sign and smaller A-frame signs reading "FREE H1N1 VACCINATIONS HERE." Greeters explained what our organization was offering and guided customers into line.

We brought attention to our effort with a staff member dressed as "Panda McFlu" at our storefront. The panda brought a great deal of attention to our store front and was a huge hit with clients. Parents enjoyed their children's response as Panda entertained the crowd. If a child was upset, Panda was there to provide comfort. Panda also walked around the mall with a spokesperson to raise awareness and send clients toward the store space. We found that a character that interacts with people in and around the clinic not only brings attention and business, but entertains those who are in line or being vaccinated.

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The line to enter the clinic began across the mall aisle against central railing and ran between the railing and stanchion barriers. Our throughput was enhanced by passing out consent forms and Vaccine Information Sheets at the beginning of the line. This enabled clients to fill out forms while waiting in line. Staff consisted of health department employees and Medical Reserve Corps volunteers. Most staff had participated in numerous H1N1 vaccination clinics in preceding weeks at health department locations. Nurses and other staff members walked the line to answer questions about the vaccine and the consent forms. Staff members verified that the forms were filled out correctly and marked the forms regarding insurance status.

At the front of the line, those with insurance were guided across the mall aisle into the store front. Insurance cards were copied at a station with multiple copiers and attached to the verified consent forms. These people were filtered into a short holding line to wait for an open nursing station. Those without insurance were guided across the aisle and put into the holding line to be assigned to a nursing station. Splitting the line enhanced flow so that there was not a backup at the copy station.

Inside of our store space, we set up six nursing stations that could accommodate up to two nurses. Nurses were stationed intentionally with their back to a wall to help guard against accidental sticks or being bumped. One of the nursing stations had extra space to accommodate large families, wheel chairs, or baby strollers. Another station was surrounded with privacy screens, should someone need privacy to take off their shirt for the vaccination. When possible, at least 2 stations were staffed with Spanish-speaking nurses to meet the needs of our clientele. Spanish-speakers were also present in the lines and at the insurance stations.

A station was set up to allow nurses to pre-draw vaccine. The vaccine supply and refrigeration status were monitored by a nurse and our logistics chief. Support staff pre-loaded clipboards with consent forms, Vaccine Information Sheets, and pens. Consent forms were printed in English on one side and Spanish on the other so that everyone in line received the same form. This made loading and passing out clipboards easier. Runners brought clipboards to the line staff, refilled nursing supplies, and brought chilled vaccine to the nursing stations.

Staff worked either the full mall hours (around 12 hours) or one of two 6-hour shifts. In addition to district staff, we had support from local Medical Reserve Corps. All staff, regardless of rank within the District, were expected to fill a variety of roles and serve in any position needed to streamline the process. Multiple changes were made on the fly due to bottlenecks or issues within the clinic design and flow. The

presence of flexible support staff enabled us to cross-train and use staff in a variety of positions. Fewer staff were needed on the second weekend because changes and cross-training increased efficiency.

East Metro Health District staff administered 5,900 H1N1 vaccinations in two weekends using a total of around 25 staff per shift. Large numbers of clients, around 250 per hour, can be handled by relatively few staff if staff are motivated and operations are streamlined. Wait times were less than 15 minutes, even when the line wrapped past multiple stores in the mall corridor. Many clients expressed amazement that the process was so quick and efficient. We drew such a large crowd that nearby stores reported having their best day of the season. Due to heavy media coverage, word-of-mouth, and a creative but convenient location, we received clients from all over the greater Metro Atlanta area. One couple from Florida reported that they were visiting family for the weekend and heard about the vaccinations on the news. Many people did not know about the clinic prior to coming to the mall but decided to get vaccinated since it was convenient, fast, and free. After the first day, we had many people come by at the encouragement of family or friends who had been vaccinated on a prior day.

In the weeks following this clinic, public demand for the vaccine and media coverage of H1N1 related issues decreased significantly. Subsequent clinics offered by our district resulted in much smaller turnouts. This push reached a large portion of the community population that might not have come to a health department clinic during the week. This gave East Metro Health District positive exposure to clients who had never used Public Health services before. We used this positive opportunity to provide literature on our clinic services and locations. The successful event at the Mall of Georgia shows staff efficiency and creative clinic design in meeting the needs of the community. Most importantly, it reflects the strong partnership between the local health district, media and various partners in disseminating health-related information to the community and surrounding communities in a timely manner.

Thanks to Suleima Salgado, MBA, Public Information/Media Relations Officer, and Mark Reiswig, MA, GA-CEM, Emergency Preparedness Coordinator for their assistance.



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Does Your Leadership Style Help or Hurt The EM Mission?

Written by CPT E. Marcelle Penn Mathis, MPH, MS, MBA; *Emergency Management Consultant, Mindful Assets; Medical Operations Officer, U.S. Army Reserves*

Being mindful of how and when to exert control versus delegating authority is a difficult task during a crisis. In tense situations, we often react by shifting our response patterns into overdrive. We push forward as a means to an end. These patterns form the foundation of a key Army Soldier value - we place mission first. However, the tendency to operate as a solo act can leave subordinates questioning their value and role as a team player.

Losing sight of your unit's untapped human capital potential has consequences. The mission moves forward, but the impact on future successes may suffer. Using a sports metaphor, it is similar to scoring 50 points and winning basketball games, but being unable to win the championship. Without meaningful contributions from teammates, success is unlikely. Effective leadership requires a conscious assessment of what areas of our behavior tend to help or hurt those we lead.

As a leader, this is important when we assess the necessary skills to create and sustain a good emergency manager. FEMA's Management Institute outlines three skill areas required of emergency managers: organizational, interpersonal, and communication skills. Additionally, FEMA doctrine states that these skills help our relationships and do not just happen. It is the product of hard work.

Research supports this assertion. A seminal study entitled *The Professional Emergency Manager* provided a major research contribution to the emergency management leadership field. Conducted by Thomas E. Drabek, the study compiled responses from interviews with professional emergency managers in 62 cities. This data revealed three areas they viewed as vital to successful job performance. These areas were:

professionalism, individual qualities, and emergency manager activities.

Individual qualities included skill sets in the areas of communication, organization, human relations, and self-control in stressful situations. These industry professionals recognized the positive impact of developing a deeper understanding of how people interact. Maximizing these interactions through better leadership versus tighter management can improve performance and increase overall group competencies.

Warren Bennis, noted organizational leadership expert, shares an ideology that "managers do things right, leaders do the right things." As leaders, we must be cognizant that our managerial position already informs everyone that we are in charge. People within our managerial domain assume we know how to do things right to navigate them through a crisis. The question is how we transcend that positional power into relational power. This is the awareness of shared leadership and acknowledging that not everyone on our team may hold the appropriate position or for a given task. Under these circumstances and as time allows, individuals should be given the opportunity to step up to the task. We project the traits of a leader when we acknowledge underutilized human assets and facilitate their growth for the good of the mission. The problem is, as stated earlier, can you learn to share the ball?

Harvard Business Review offers valuable daily online "management tips of the day." Designed to help leaders evaluate and improve their effectiveness, they address a wide range of functions. The February 12th offering provided valuable insight to help leaders delegate control. They include:

1. Push decision-making down. HBR states "if you're making all the decisions,

you're only holding your company (in this case, team) back."

2. Accept that mistakes will happen. HBR underscores a point to "prepare your employees to avoid mistakes by being clear about your expectations and giving them the tools they need to do their jobs well" In the military we call this setting up your Soldier for success. Leaders often overlook this aspect when mistakenly viewing human capital as easily replaceable.

3. Build your bench. HBR recommends that, "making yourself comfortable with giving up control requires having people you believe in."

Leading implies a willingness to learn. From personal experience in emergency operations, I learned (often painfully) that my greatest successes came from trusting in the potential - present and perceived - of my team. When I learned that sharing the ball did not equate to giving up control, the rewards were evident. Allowing space for emerging leaders resulted in a higher performing unit of operation. Being more cognizant of my bench strength became a useful skill providing greater freedom to attend to the overall mission. More importantly, it gave me a comprehensive awareness of untapped potential for use in future missions.

Marcelle is a recent graduate from AMU's MPH program, with a focus on EDM.

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Healthcare Emergency Management Comes of Age

Written by Jennifer Lord, *AEM*

In the wake of disasters and catastrophes around the country and around the world, the ability of healthcare facilities to be prepared for, respond to, and recover from disasters has been in the spotlight. The devastating effects of recent earthquakes in Haiti and Chile have highlighted the need for hospitals to care for the injured, even in the wake of damage to their own infrastructure. Healthcare facilities are increasingly important components of critical infrastructure and healthcare administrators are being driven to echo this importance through their attention to emergency management and disaster planning.

Wrongful death law suits assert that deficiencies in disaster plans caused their loved ones to die prematurely. These cases highlight the legal vulnerabilities that healthcare facilities are subject to, should emergency or disaster plans fail in any way.

Numerous healthcare regulatory bodies incorporate emergency management into the standards that healthcare facilities must meet for accreditation, and these standards have increased in recent years. These include The Joint Commission, the American College of Surgeons - Trauma Regulations, the National Fire Protection Association, and the Commission on Accreditation on Rehabilitation Facilities, to name several. The oversight and management of these various regulatory requirements has put increased demands on healthcare institutions in order to remain accredited.

In recognition of the need for healthcare institutions to be more prepared for the risks and threats of our modern society, the US Department of Health and Human Services has been awarding Hospital Preparedness grants for the last several years. Initially this program was designed to help hospitals prepare for and respond to bioterrorism and other public health emergencies. As the threats have changed, so has the program. With the increased regulatory requirements and grants available for hospital emergency preparedness, many hospitals and healthcare facilities are realizing that emergency management can no longer be accomplished part-time. Healthcare Emergency Management has become a full-time occupation and career.

Recognizing the importance of healthcare emergency management, the IAEM-USA Board in November 2008 formally created the IAEM-Healthcare Caucus. Like its sibling Caucuses of Universities and Colleges and the Military, the IAEM-USA Board recognizes that while there are many similarities to general emergency management practices, healthcare emergency management is a separate and distinct discipline.

This acknowledgement of the uniqueness of healthcare emergency management has gone a long way toward elevating the importance of the profession of the Healthcare Emergency Manager.

The IAEM-Healthcare Caucus (or IAEM-HCC) has worked over the last year - to establish governance and develop Caucus projects. The Caucus is co-chaired by Andy McGuire and Scot Phelps (a CEM Commissioner) with more than half of the US Regions having seated Regional Representatives. Goals for the Caucus include furthering the professionalism of healthcare emergency management, encouraging AEM/CEM certification among healthcare emergency managers and general advocacy. A Google Group (IAEM Healthcare) allows members to communicate and share information. Projects for IAEM-HCC include an annual salary survey, an analysis of core competencies and justification of healthcare emergency management training courses to the CEM Commission towards an AEM or CEM credential. The profession of healthcare emergency management is still young and lacks professional standards, specific training or certification. IAEM-HCC would like to champion the AEM/CEM credential as the premiere recognition of Healthcare Emergency Management professionalism.

If you are interested in healthcare emergency management, we invite you to join the Caucus and become active in the discussions and projects. Several regions have open representative seats. If you reside in one of these regions and are interested in becoming an IAEM Healthcare representative, please contact either Andy McGuire or Scot Phelps to express your interest.

Region 1: Rep - Jennifer Lord (CT, ME, MA, NH, RI, VT)

Region 2: Rep - Robert "Buzz" Buzzerd (NJ, NY, PR, VI)

Region 3: Rep - Rebecca Dobbs (DE, MD, PA, VA, WV, DC)

Region 4: Rep - Dalton Sawyer (AL, FL, GA, KY, MS, NC, SC, TN)

Region 5: OPEN (IL, IN, MI, MN, OH, WI)

Region 6: Rep - Douglas Allen Brown (AR, LA, NM, OK, TX)

Region 7: OPEN (IA, KS, MO, NE)

Region 8: OPEN (CO, MT, ND, SD, UT, WY)

Region 9: OPEN (AZ, CA, HI, NV, Pacific Trust, and Territories)

Region 10: Rep - Laura Jull (AK, ID, OR, WA)

By focusing on the uniqueness of healthcare emergency management, and the interconnectedness with the greater emergency management community we can join together to form and maintain more resilient communities. IAEM-Healthcare looks forward to your participation in this growing endeavor.



INTERNATIONAL ASSOCIATION OF EMERGENCY MANAGERS

The Politics of Homeland Security

Written by David Glazebrook, CAS

Since 9/11, Homeland Security is one of the most debated topics in politics. A politician's strengths and weaknesses in Homeland Security policy affects their electability. The position politicians take on the governments' authority to reach into the lives of Americans and its enemies is contested. Therefore, what stance does a politician take on such matters? Does the politician decide on the merits of facts and evidence or political correctness and the will of the people? Are Homeland Security made to protect American lives and interests or to further a political agenda? Politics is the art of compromise. The question is what are we compromising, and what for? What are the politics of Homeland Security and what are the implications? This article looks at the dialogue surrounding issues that were voted on and the current status of the debate in two specific areas: The Patriot Act and the 9/11 Commission Report findings and recommendations.

Finding intelligent opinions is the key to thoughtful and tested formulation of opinion. Because the question focuses on the political aspect of the decision making process for each this research paper we also take into account the national and international events taking place at the time these decisions were made and the opinions of the population on these events. These public opinions have a political affect on the decision makers and their actions.

The answer to the question of what we are compromising could be scary to some and comforting to others based on individual perceptions of the definition of politics. To some, politics is the art of compromise. Debating ideas back and forth between two or more, allowing enough give and take from each others to reach a compromised solution may not be perfect, but it works to the point that most agree it is the best solution at the time. To others, politics is doing what is necessary to gain or maintain power and influence over the system so that an individual or group's idea of what is best for the whole is what emerges from the debate. This second idea does not take into account the will of the people. Rather this definition looks to maintain an individual position of strength regardless of the sacrifice of others.

It is suggested that the politics of homeland security involve maintaining or gaining power of an individual or group rather than the overall protection of the United States. If this theory is true, the implications are gigantic. It means that those elected to represent the people do not have the people's interest at heart. Rather they are only representing themselves and leaving this country in a weakened position against our enemies for their own gain.

Loss of faith in the system is a serious matter. It leads to degradation of the process as a whole and leads to resentment and apathy. Given this information, a student of democracies may point to historian Alexander Fraser Tyler's "cycle of democracies."

This theory proposes the United States could possibly be in a "from abundance to complacency" stage or a "from complacency to apathy" stage, both of which occur when the people are voting only for candidates who give the most from the treasury back to the voters. This action maintains the representatives' power and influence, and allows them to set their own goals as long as the voters get their fair share.

Is the politics of homeland security concerned with maintaining or gaining power of the individual or group rather than the overall protection of the United States? While politics of personnel gain and deflection of the truth do come into play with the politics of homeland security, the answer to this question is "no." The politics of homeland security is more closely tied to the first definition of politics put forth in this paper. Politics is the art of compromise. The examples of debate and politics in this paper focus on one aspect of a topic and not the debate as a whole. Evidence for this comes from the votes on the Patriot Act for both the original passage and then the reauthorization. While statements were made in debates as to the faultiness of the Act, most saw how it worked for the best protection of the American people. Therefore, they compromised. The 9/11 Commission Report is not perfect by any means. All documents are available to the public, from both the panel and the staffers (<http://www.9-11pdp.org/>). The research does show some political maneuvering with the 9/11 report, but overall the Commission has been dedicated and true to its mission of trying to improve the laws and defense of the United States. While some may challenge their reasoning, their intent is of good spirit. The debate continues on homeland security and its implementation. The game of politics is nothing new and the debate will undoubtedly continue.

Editor's Note:

This article is an excerpt of a larger research paper written by David Glazebrook. For those interested in reading David's entire paper, please contact him at this email address: david.glazebrook@navy.mil.

David Glazebrook currently serves as an Emergency Management Officer at Portsmouth Naval Shipyard.



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Reflections of Haiti Trip

Written by Wanda Swensen, *Director, WeCare Disaster Response & MBA Student at Andrews University*

I arrived in Haiti on February 12, 2010, via land, driving in from the Dominican Republic. At the border there was a gate with military personnel present. As I approached, I expected to be stopped and asked for my passport. On the contrary, the military opened the gate and proceeded to let us through; we did not even have to stop.

The road conditions were poor, leading to three hours of driving approximately 60 – 80 miles on both gravel and paved roads with large potholes. The trip to Port-au-Prince was uneventful.

The guide we hired to show us the route took us directly to the ADRA-Haiti (Adventist Development and Relief Agency of the Seventh-day Adventist church) compound. On the way there, we passed the Adventist Hospital and the Adventist University. Upon arriving at the ADRA, we met Wally Amundson, ADRA director from the Inter-America Division of Seventh-day Adventist, from Miami. We also met the ADRA-Haiti director and set up an appointment to see him the next day.

Wally led us on a walking tour from the ADRA compound to the hospital where the Loma Linda University medical team was working. There are approximately 15,000 people tenting on the grounds of the hospital. We walked through Adventist University where another 20,000 people were camped. I took pictures of children the large number of tents pitched on these two properties. We walked through the main street of the university to the water filtration project. From there we went to a missionary hotel, and back again, through the university, and on to the ADRA compound. Throughout our travels I did not see military personnel, nor felt unsafe.

As night approached, the international ADRA workers headed to the hotel. As reservations had been made for us there, we followed. The hotel was a rather nice hotel, very "American." In fact, I paid in US dollars for the room and at the restaurant. Food service was slow, but that allowed time for networking with ADRA personnel, and for catching up on email.

The next morning we headed off to visit an orphanage. We met the headmaster and were given a tour of the facilities, meager as they were. Prior to the earthquake, approximately 125 children stayed at the orphanage. After the quake, the numbers neared 200, with children being turned away.

The sleeping quarters of the orphanage are meager, with children sleeping on metal bed frames without mattresses. The orphanage is in desperate need of mattresses, 12 volt car batteries to supplement the electrical system, and clothes for the children.

We then headed toward the airport to drop off some volunteer workers. On the way we came upon an ADRA food distribution point. Hundreds of people stood in line waiting for rice. Military personnel were present, but no issues developed. Military presence was in place to help with the food distribution and to maintain order.

We continued on our journey, finding several "tent cities" between the ADRA compound and the airport. Hundreds and thousands of tents and blue tarps could be seen in each area. Water purification systems were present in some of the "cities."

Saturday evening we met with the ADRA-Haiti director. He gave us some background information about the situation in Haiti, and then gave us time to talk with him. We then asked what the needs were in Haiti and what WeCare Disaster Response

could do to help. Several projects were identified, and we left with a commitment of partnership. A letter of invitation followed a few days later.

Sunday morning we were invited to visit the ACTS operation lead by David Canther, a first-hand opportunity to see some of the projects that ACTS runs. They have a volunteer feeding program at the hospital and have medical volunteers running mobile clinics. ACTS also helps at the hospital with medical volunteers.

After our visit with ACTS, we headed for the border and returned to the Dominican Republic. We had no safety concerns on the return back, and were grateful for the opportunity to visit Haiti.

We went into Haiti "conditioned" by media reports that Haiti was unsafe. We were extremely cautious and alert while travelling to the ADRA compound. Even at the Adventist facilities we were cautious. However, we soon realized there were no safety issues in Port-au-Prince of which to be concerned. There was order and peace, not rioting and shooting. Even when we went to "ground zero" where the major damage was, we saw people, but they were calm.

In my opinion, there is no need for concern that Haiti is unsafe. I would be more scared walking the streets in Benton Harbor (Michigan) than I was in Haiti. Yes, there is a large military presence in Haiti. The military was brought in days after the earthquake to help restore and maintain order. Now that that is done, military personnel are being used to help distribute aid, as seen in the pictures of the ADRA food distribution. The military we saw seemed quite relaxed, talking amongst themselves, and taking pictures.

I believe the unrest came in the immediate days after the earthquake when food was scarce and people were starving. Now, as the food is getting out on a regular basis, there is no need to riot. In my opinion, people are now coping the best they can, and aid has arrived.



INTERNATIONAL ASSOCIATION OF EMERGENCY MANAGERS

Strategic Plan to Increase Revenue for the Gloucester Fire Department

Written by Deputy Fire Chief Miles J. Schlichte CHS-IV, *Operations Officer, Gloucester Fire Department*

The Gloucester Fire Department has been struggling with defining its mission. Over the last 20 years, more and more tasks have been assigned to the Fire Department. These include providing emergency medical and hazardous material response to the community. However these additional duties have been imposed simultaneously with a 30 percent reduction in staff. As a result of these changes the Fire Department mission has become muddled as the department no longer knows its primary goal. Does the Gloucester Fire Department provide emergency medical services or is it an ambulance company that provides fire suppression services? Since no one seems to know the answer, a hodgepodge of issues constantly boils under the surface.

The strength of the organization is that the delivery of both emergency medical care and fire suppression is done properly. The problem occurs when simultaneous medical and suppression activities are ongoing. Since there is not enough staff to meet both demands at the same time, delivery of both fire suppression and emergency medical services suffer when the demand for both occurs simultaneously.

I see an opportunity to correct this situation by expanding the Fire Department emergency medical program to include non-emergency medical transports as a revenue stream. This additional revenue would make the EMS part of the department self-supporting and generate additional revenue to be directed toward the fire suppression/emergency management mission of the department. This revenue increase could reopen closed firehouses

and refill the 20 firefighter vacancies we currently have at no additional cost to the taxpayer.

Several times over the last fifteen years both of the private ambulance companies in the City have approached city management with proposals to provide the City's emergency medical service instead of the Fire Department. Each time the Fire Department service was proven to be more cost effective and more importantly, a more responsive and better service. I propose that the city ambulance service compete against the private companies in the non-emergency sector of ambulance service in the same manner as they have proposed to compete against the City service in the delivery of emergency medical services.

At the onset, no additional resources would be required. The two ambulances the Fire Department currently keeps as reserves would be utilized full time. Additional ambulances would be purchased as needed but not until after the validity of the strategic plan has been proven. The proposed Fire Department non-emergency medical service crews would be made up of current fire department EMTs and Paramedics who would be paid for shifts worked on the transport ambulances beyond their normal shifts. At first this appears to be a high labor rate but since the members are already paid staff there will be no additional costs for uniforms, health insurance, discretionary days, or other benefits.

Milestones will include the following:

1. Approval of the major players.

2. \$100,000.00 of additional annual revenue: (125 calls) to illustrate the validity of the plan.

3. \$500,000.00 of additional annual revenue: By this time transports would be involving Paramedic level care and moving beyond transports within the city to intercity and inter-hospital transports. Revenues directed toward filling vacancies would start to reopen some closed fire stations.

4. \$1,000,000.00 revenue: At this point, the service would have proven its feasibility, silenced the naysayers, and be in place to stay. A million dollars of additional revenue a year will allow for the hiring 16 firefighter/paramedics and opened all closed stations. Department staffing would be close to pre-cutback levels but with the addition of paramedic level care in all stations.

5. \$2,000,000.00 revenue: The FD can move beyond restoring services to improving services to meet NFPA standards.

"Business" is not just the purview of the private sector. All organizations, be they private sector, public sector or not-for-profit, provide products and/or services to their customers. As such, public sector entities have just as much responsibility to provide the best possible service to their customers as the private sector. If the public sector can provide a better, faster, more economical product to the community's stakeholders than the private sector, then they should be encouraged to do so.

INTERESTED IN HAVING YOUR ARTICLE PUBLISHED?

Send submissions for *The Responder* to IAEM-SC Secretary, Andrea Roberts at andrea.n.roberts@gmail.com.

Submissions should be between 700 and 1600 words in length.



INTERNATIONAL ASSOCIATION OF EMERGENCY MANAGERS

Chapter Updates

First Central European Student Chapter

Faculty's Mission

"Prepare university educated managers and experts for solution of crises situations in all spheres of human life."

The studies at Faculty of Special Engineering are technologically and managerially oriented. Faculty study programs encompass specific subjects preparing for the needs of public administration, namely in subjects related to civil and social security. For various companies of national economy, social and other public institutions, the study programs are oriented toward problems of technological, economical, property and capital security, as well as safety at work, protection of persons, fire protection and solution of overall emergency and crisis situations. Further, they are oriented toward environmental problems including solutions for natural disasters and catastrophes, and specifically to the problems of critical phenomena in transport infrastructure, transport modes and logistics. There are four departments in Faculty: Department of Crisis Management, Department of Fire Engineering, Department of Security Management, and Department of Technical Sciences and Informatics.

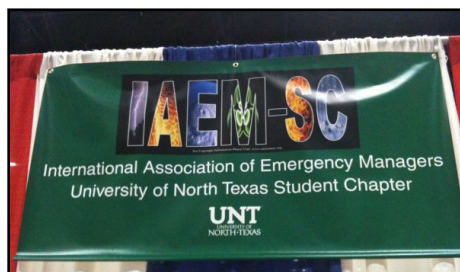
Chapter Activities

First Central European IAEM student chapter held its first meeting on January 25, 2010, with the Faculty members, advisors and Faculty officials. We introduced members of the chapter, and the opportunities and advantages resulting from our membership. The chapter's members are PhD students from all the departments of Faculty of Special Engineering. They are willing and capable to share their knowledge,

skills and opinions in IAEM conferences, summits, and workshops, or via IAEM bulletins and email communication. Afterwards we discussed our goals and set up the activity plan for next period. Real work is starting and we should use all means of communication in order to profit from our membership and make ourselves active and visible within the association. We would like to be connected to conferences in short time. We are writing several articles to be published at conferences.

North Texas Student Chapter

The University of North Texas' residency in tornado alley acts as a constant reminder how quickly disasters can strike. In the coming weeks, our IAEM chapter is offering a severe weather and communications in disaster focus prefaced with a local guest speaker, Jerry Garrett. Jerry serves as Communications Liaison Officer for Denton County Emergency facilitating radio communications through 125-plus volunteer radio operators affiliated with the Amateur Radio Emergency Services (ARES). Over 20 years of experience with the Hickory Creek FD and with Texas Association of Hostage Negotiators makes him an excellent speaker to highlight communication needs during a catastrophe.



UNT Student Chapter Banner

We had over 10 members attend the Texas Homeland Security Conference in San Antonio, Texas. Several attended a shelter training class and helped with the silent auction booth. Time at the booth yielded some great contacts including possible internships for our students. Laurie Wood offered WebEOC training for our chapter at the IAEM annual conference and a San Antonio EOC tour in the fall, as well.

Asia-Oceania Resilience 2010 Conference

Amy Stephenson, *President, IAEM-Oceania Student Region*

The Asia and Oceania Councils are teaming up to offer a 2-day conference focused on resilience issues. With presenters from both regions, the conference offers 16 exceptional presentations on resilience.

Students often struggle to attend conferences because they are expensive, but this does not mean that you can't go to Asia-Oceania Resilience 2010. This is your opportunity to work with the Oceania Student Region to:

- Develop opportunities for students to attend the Asia-Oceania Resilience 2010 Conference, including scholarships to help students with attendance costs.
- Develop a strong student program to increase the benefits of attending with programs such as a dinner, professional development sessions, question and answer sessions with regional employers, or academic lectures.

All we need is you! If you are a student member and have any ideas or would like to attend the conference please get in touch.

For more information about the conference visit: <http://www.iaem.com.sg/Asia-Oceania-Resilience-2010.htm>.



INTERNATIONAL ASSOCIATION OF EMERGENCY MANAGERS

THE RESPONDER

NEWS OF THE IAEM-STUDENT COUNCIL

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