

# Native American Alliance for Emergency Preparedness (NAAEP)

## Indian Health Clinics Terrorism and Emergency Preparedness

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# Introduction of European Epidemics in the “New World”

- Brought by sailors and colonists
- “Incubated” on the ships
  - Lack of hygiene
  - Fatigue
  - Vitamin-deficient diets
  - Close quarters
- Immune naïve indigenous population highly susceptible



# History of Epidemics

- Long history of epidemics in Native Americans from “European” agents

- Smallpox
- Influenza
- Plague
- Yellow Fever
- Malaria



Illustration: Lord Jeffrey Amherst giving smallpox blankets to Native Americans

- Measles
- Tuberculosis
- Typhus
- Whooping Cough (Pertussis)

# Impact of Epidemics

- Depopulation of the indigenous populations of North America
  - Estimates as much as 95% in certain areas



## ● Today

- newly emerging infectious diseases still threaten tribes and reservations

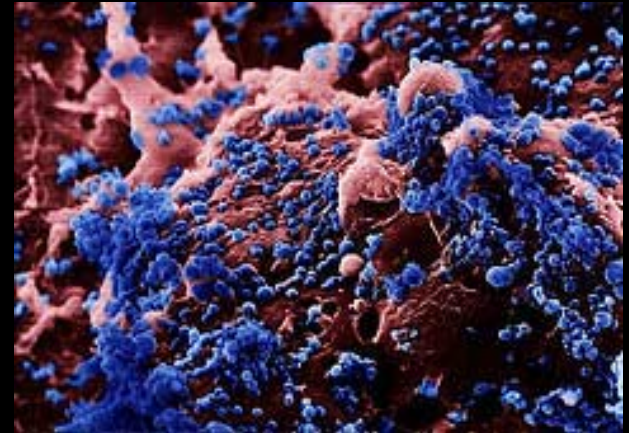
# Current Risk Factors for Emerging Infectious Diseases

- Infectious diseases overall are 4<sup>th</sup> leading cause of US deaths
  - AI/AN higher rates of mortality
- AI/AN's have 20 – 40 times greater rates of zoonotic and/or vector-borne disease
  - Live in rural areas
  - Work in agriculture
  - Increase contact with animals/land
  - Isolated communities; limited access to care



# Current Emerging Diseases

- Influenza
  - Bird/Avian (H5N1)
  - Pandemic
  - *Haemophilus influenzae* type b
- Respiratory tract infections
- Antimicrobial-resistant infections
- Zoonotic diseases
- Viral hepatitis
- *Helicobacter pylori*
- Group A and B *streptococcus*
- Tuberculosis
- Bacteremia and meningitis from *streptococcus pneumoniae*



Avian Flu: H5N1 virus

# Need for Terrorism Prep Training

- Emerging diseases warrant better understanding of specifics of agents to better identify potential bioterrorism events
- Historical relationship between AI/AN and Europeans necessitate cultural sensitivity in community education
- Rural clinics require unique, custom Emergency Operations Plans

# Customizing preparedness training for Indian Health Clinics

- Tribal Indian Health Clinics:

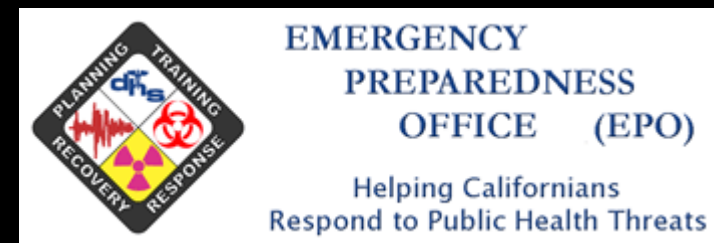


- “First Responders” in the event of a terrorist attack or natural disaster/emergency

- Serve as emergency health services, disaster response, law enforcement

# Customizing preparedness training

- Health care disparities
- Coordination & integration of tribal governments
- Local & national homeland security plan



# Customizing preparedness training

- Geographic isolation
- Enable clinicians in early detection & response
  - Biological
  - Chemical
  - Radiological



# All Hazards Approach

- Terrorism less likely than natural disasters
- Possible natural disasters in Indian country:
  - Agricultural
  - Earthquakes
  - Epidemics
  - Fires
  - Floods
  - Hazardous Materials
  - Infrastructure Failure
  - Mudslides



Levee in Stockton



Southern California Wild Fires

# Native American Alliance for Emergency Prep (NAAEP)

- A collaboration to increase capacity among health care providers across California's Indian Country to respond appropriately to natural and man-made disasters and health emergencies



- Partnership between: Indian Health Council, Inc. (Lead Agency), San Diego State University, San Diego County Health and Human Services Agency

# NAAEP: Activities and Resources

- Terrorism Preparedness Training (Yr I-III)
- Table Top Exercise (Yr II)
- Native American Clinic Preparedness Survey (Yr IV)
- Emergency Operations Plan Training (Yr III-IV)
- Online Training Tools and Resources (Yr I-IV)
- Enroll clinicians in the San Diego Emergency Medical Alert Network (EMAN)

# Terrorism Prep Training (Yrs I-III)

- Five terrorism preparedness workshops implemented
  - March & June 2003; March & May 2004; May 2005



- Topics included:
  - Biological, chemical, and radiological threats
  - Epidemiological aspects of biological warfare
  - Psychological aspects of disaster management
  - Interactive session

# Terrorism Prep Training (Yrs I-III)

- Wide range of participants
  - Health care providers, administrative staff, Tribal leaders, law enforcement, firefighters, and emergency response teams, as well as providers from Mexico
- Attended by 68 participants representing 29 clinics
- Workshop was assessed as highly effective
  - Pre/post tests showed improved understanding of over 90% of topic areas





# Table Top Exercise (Yr II)



- Table top exercise added (06/17/04)
  - Mock biological/chemical attack
  - Active vs. passive learning
    - Test knowledge base
  - Highlights necessary collaborations
  - Tests community response plan
- Attended by 31 participants representing 6 clinics

# NAAEP Website

**The Native American Alliance for Emergency Preparedness**  
A Division of the Indian Health Council, Inc.

**OUR MISSION**

The California Area Office of the Indian Health Service, in collaboration with the Indian Health Council, Inc. is creating capacity among its health care providers across California's Indian Country, to respond appropriately to bioterrorism threats and health emergencies. The goals of this project are:

- Education:** Expand the number of clinical, emergency response and support staff that is trained with the IHC/SDSU Curriculum.
- Drill:** Improve skill level in responding to Public Health emergencies and collaborating with key health, safety, and law enforcement agencies through tabletop exercises.
- Disaster Plans/Network:** Develop a protocol (Urban/Rural/Indian Health (U/R/I) Clinic) Disaster Plan (CDP) for use during a disaster or public health crisis, standardized for Indian Health Area Office regions and modeled after the San Diego County Emergency Services Department Operation Center (DOC); assist all San Diego County Tribes in becoming members of the San Diego County Hazardous Incident Response Team (HIRT).
- Web tools:** Develop and maintain website and online educational materials including the NAAEP curriculum, didactic tutorials, case-based animated tutorials, disaster plan templates, and relevant additional resources to provide access to critical information related to preparedness and response for both California area and a greater geographic region of Indian clinics.

**Home | Workshop Presentations | Self-Guided Tutorials | Interactive Tutorials | Disaster Preparedness | Testing | About Us | Us**

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[http:// www.naaep.com](http://www.naaep.com)

Workshop presentations

Self-guided testing

Self-guided tutorials

Interactive tutorials

Disaster plan resources

NAAEP information

# Clinic Disaster Preparedness Survey (March 2006)

- An extensive disaster preparedness needs survey sent to all Native American Health Clinics in California (Winter 2006)
- Follow-up expected late September 2006
- Potential vulnerabilities—few clinics have:
  - Hazard vulnerability analysis
  - Mass prophylaxis plan
  - Biological/chemical surveillance system
  - Personal protective equipment
  - Back-up generators
- Overall, clinics are better prepared for natural rather than man-made disasters, but all could use more supplies/resources



# Emergency Operations Plan Workshop (Yrs III-IV)

- All hazards approach focusing on Emergency Operations Plan (EOP) development
- Three workshops implemented
  - April & May 2005; April 2006
  - Attended by 49 participants representing 29 clinics
- Participants: Executive, administrative, facilities/management, emergency services, tribal leaders



# Emergency Operations Plan Workshop (Yrs III-IV)

- Topics covered: Risks and Threats, Unique Roles and Responsibilities of Native American Clinics, EOP Template, Hazard Vulnerability Assessments, Incident Command Systems, Emergency Operations Center, Testing EOP
- Interactive “mini” Table top exercise
- All publications/products online: EOP template, accompanying tutorials and resources



# New Developments

- New Inter-Agency Collaboration formed:



- Native American Alliance for Emergency Prep (NAAEP)
- California Area Office Indian Health Service
- California Indian Health Program
- California Emergency Preparedness Office
- Governor's Office of Emergency Services

# Next Steps



- Potential Future Directions
  - Develop community-based training and preparedness modules
  - Explore collaborations with Native American casinos
  - Expand collaborations to neighboring areas (border, Western states, etc.)
  - Increase enrollment into the California Health Alert Network (CAHAN)



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