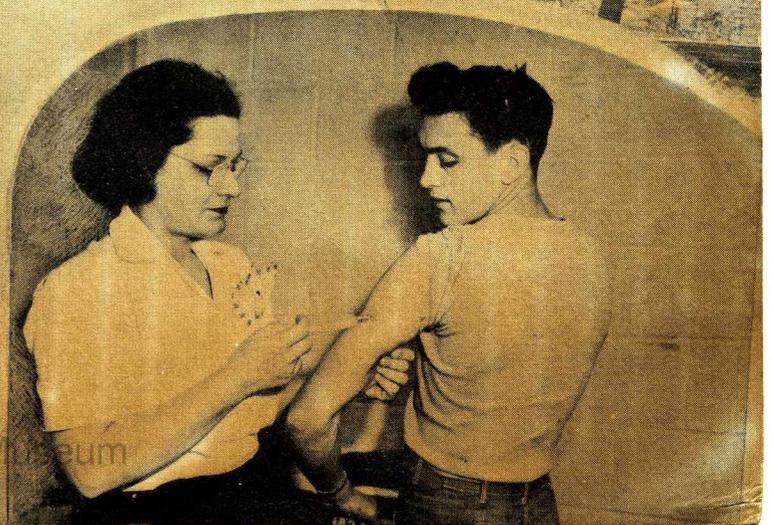




EPIDEMIC AND DISASTER AID TO STATES



FEDERAL SECURITY AGENCY
Public Health Service
Communicable Disease Center
Atlanta, Georgia

Courtesy of the Disaster Center CDC Museum

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HEALTH AND SANITATION

GENERAL INFORMATION AND POLICIES

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605 Volunteer Building
Atlanta 3, Georgia

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OCTOBER 1948

I. INTRODUCTION

Disasters and epidemics are seldom predictable. For this reason few states and local health departments can adequately plan to meet contingencies which require rapid and costly expansion of services. The Public Health Service (PHS) has, in the past, assisted state health departments by the assignment of personnel in accordance with the availability of men and money. In many cases it has been difficult to render adequate assistance. At the December 1947 annual conference with the Surgeon General of the Public Health Service, the State and Territorial Health Officers recommended that this service be expanded. Subsequently the Surgeon General designated the Communicable Disease Center (CDC) as the office to plan, administer, and furnish aid to state health departments in meeting emergency demands resulting from non-military catastrophic events or disease epidemics when state and local health organizations are unable to fully cope with the public health problems involved. Other divisions of the Public Health Service will also be called upon whenever necessary.

At the present time, the reserve fund provided for this purpose does not permit full and adequate mobilization of all necessary personnel and facilities which may be utilized effectively under emergency conditions. In accordance with the recommendations of the State and Territorial Health Officers' Conference, the Public Health Service is attempting to obtain the essential financial backing for this work.

Preliminary plans have been made to establish this service as a Communicable Disease Center activity and basic policies are set forth herein. CDC welcomes this new opportunity to serve the state health departments.

The activities will be supplementary to and coordinated with the work of the state health department. Assistance will be rendered local health departments when the need is apparent and is requested by the state health department. The field work will be coordinated with related activities of other federal agencies and with the American Red Cross and other relief organizations so as to avoid overlapping and to insure the best possible mutual cooperation.

II. CIRCUMSTANCES JUSTIFYING AID

Epidemic and disaster aid will be rendered when requested by the state health officer and when it is apparent that the state and local facilities are not sufficient.

The following main types of disasters will be considered for aid:

1. Disease epidemics
2. Floods
3. Hurricanes
4. Tornadoes
5. Fires - municipal, industrial and forest
6. Marine disaster
7. Earthquakes
8. Mine and industrial disasters

The amount of property damage or size of disaster may not always be the criterion by which eligibility for assistance will be judged. Disastrous circumstances may be accompanied by relatively small property damage or may affect only a small land area and still produce public health problems of a magnitude or nature warranting a request for aid. Similarly, the seriousness rather than the magnitude of a disease outbreak should be the governing factor. Collaboration should be sought as soon as a reasonable amount of local study has failed to find the cause of the outbreak, or it has become of interstate concern.

III. LEGAL RESPONSIBILITIES

The state and local health departments are legally responsible for the health of the people within the local area and within the state. The legal responsibility of the Public Health Service is the prevention of the interstate spread of communicable diseases. In the event of a threat of the interstate spread of a communicable disease, the PHS will continue its policy of the past of working with and through the constituted state authorities.

The primary responsibility accruing to the health authorities is the control of communicable diseases. The activities in the broader sense may include any or all of the following:

1. Determination of cause of outbreak, particularly the etiological agent.
2. Immunization
3. Isolation and quarantine
4. Sanitation - water, milk, food, sewage and waste disposal, general sanitation in the affected area, and sanitation of emergency camps and housing facilities.
5. Insect and rodent control
6. Veterinary public health services
7. Emergency medical care

The state and local health departments have legal authority and broad powers to carry on these activities.

IV. ADMINISTRATIVE PROCEDURE

Participation by the PHS will be limited to those activities necessary to protect the public health against effects of the disaster. Assistance in carrying out public health measures will be extended to state health departments and, through them to local health organizations, only when local and state facilities are inadequate.

All PHS epidemic and disaster aid will be performed as part of the operations of the state and/or local health departments. CDC will

maintain administrative control of the broader aspects of its personnel, supplies and equipment but everything possible will be done to integrate the activity with the state and local programs. The field personnel will look to the state health officer or his designated representative for local administrative guidance as it is believed that the state official is the logical person to establish and maintain overall supervision of all health activities.

Personnel assigned to disaster duty will report to the state health officer requesting the assignment, unless otherwise instructed by him. All personnel will have Public Health Service identification but will act as a representative of the state or local health department to which assigned. The state or local agency to which personnel are assigned should furnish them with temporary credentials identifying them as authorized representatives. Proper identification is important and is most essential in disaster areas under military control.

If an epidemic occurs or a disaster strikes and outside health aid is needed, telegraph or telephone the PHS district office or the CDC (See detailed information in the Conclusion). Furnish all possible information about the situation and be as specific as possible about the immediate and subsequent needs. If the state health department is forewarned of a serious disease outbreak or impending disaster for which aid might be needed, notify either of the aforementioned PHS offices so that specialized personnel can be alerted, and supplies or equipment, or both of these, can be placed in readiness for immediate transfer if actually requested.

Upon receipt of a request from a state for epidemic or disaster aid, CDC will proceed immediately to furnish such aid as is indicated and to such extent as personnel and/or funds will permit. One officer at CDC headquarters in Atlanta will be responsible for the supervision and coordination of the activities. If the nature of the epidemic or disaster warrants, an officer will be assigned to the affected area. He will report to the state health officer or his designated representative.

PHS will assume no responsibility for (a) personal injury or property damage resulting from operations performed for the state or local health departments; (b) rental, repair or loss of state or privately owned property or equipment assigned to the PHS for use in connection with emergency aid.

News releases by PHS concerning this function will normally be confined to statements issued to the national wire services to the effect that aid is being furnished, the type, extent, etc., that is, information of general public interest. A special effort will be made to avoid any publicity which will be other than beneficial to the state and local health departments. It will be the policy of CDC assigned personnel to secure the prior approval of the state health officer or his representative of any statements or releases for local press or radio.

No authority will be extended to non-agency or other individuals for entering into any agreement requiring the expenditure of Federal funds.

Normal essentials such as transportation within the disaster area, desk space, stationery, etc., must be supplied locally unless other arrangements have been agreed upon.

CDC personnel on disaster assignment will prepare necessary reports and copies will be furnished the state health department.

V. NATURE OF PHS AID

The fundamental purpose of the epidemic and disaster aid activity is to furnish such personnel, supplies, equipment, and special services as may be necessary to supplement the personnel, supplies and equipment normally available to the state and local health departments or which can be especially secured for the emergency by hire or purchase with state or local funds. Particular attention will be given to supplying trained and experienced personnel, highly specialized services, and equipment and supplies which are not normally possessed or promptly obtainable by state and local health authorities. More specific information is given in subsequent paragraphs.

VI. PERSONNEL

The Communicable Disease Center employs specialized personnel in several professional fields of public health. These categories include medical, nursing, engineering, biological, and veterinary. Specialties include epidemiology, bacteriology, entomology, insect vector and rodent control, environmental sanitation, and veterinary public health. Individuals from other specialties may be made available when needed for such fields of activity as industrial hygiene, public health administration, etc. If the emergency warrants, non-agency consultants can be made available.

There are at present no personnel in CDC assigned full time to epidemic and disaster aid. Employees called for this duty must be taken from their regular assignments. For this reason it is important for states, when requesting aid, to estimate as nearly as possible the duration of the emergency period during which personnel assistance will be needed. It will be necessary to assign different health workers for short consecutive periods whenever it is impracticable to spare the individuals from their regular duties for the full duration of the emergency.

In cases where no definite-period assignment is possible, termination dates will be determined by CDC headquarters or its authorized field representative. The termination of personnel assignments will usually be worked out through consultation with the state health officer.

Labor or labor-foremen class employees will not usually be furnished by CDC. In small disaster areas, however, where insect or rodent borne disease constitutes a problem, it may be possible to furnish full crews for essential control measures. No labor can be furnished for rehabilitation work.

In cases of extreme urgency or in disaster areas where regular CDC insect and rodent control crews are available, the entire operation of applying control measures will be performed by CDC.

VII. SUPPLIES

Certain expendable materials and supplies may be furnished by CDC for disaster aid. These may, to a limited extent, be stockpiled at strategic places throughout the country and will be available on call. Most materials needed, however, must be obtained through regular government procedures. Emergency procurement need not cause undue delay but in the interest of quick action, requests for materials and supplies should be specific as to type, quantity and proposed usage. Requests should be addressed to the CDC in Atlanta (Attention: Disaster Aid) or, in the case of large disasters, to the PHS officer assigned to the area.

Biologicals, insecticides, rodenticides and disinfectants will be furnished by CDC if needed.

Immunization vaccines and serums usually provided by local health departments will be furnished where emergency needs exceed local and state resources. Whole blood or blood derivatives cannot normally be furnished.

Medicines for first aid will be furnished if needed to supplement supplies from other sources.

Disinfecting and purifying agents such as hypochlorites, chloride of lime, and phenol compounds may be furnished to a limited extent. Materials of this type cannot be supplied for extensive or widespread use. Chlorine compounds will be made available to the state on request for emergency use by public health workers in disaster or epidemic areas. Where disasters or epidemics involve large numbers of individuals or numerous communities, no supplies can be furnished to sanitize individual premises or for other direct operations unless they can be shown to be in the public interest.

Insect control supplies will be furnished by CDC where insect vectors present a public health problem in disaster or epidemic areas. DDT or other suitable insecticidal formulations will usually be readily available. The carrying out of insect control measures will be the responsibility of the health department or departments concerned. At the discretion of the health department, insecticides may be furnished to established insect control organizations outside of the administrative jurisdiction of the health department or in some cases to groups of volunteer workers.

Rodent control supplies will be furnished by CDC for use by the health department when needed in a disaster area. Such supplies will be confined to conventional poisons, bait and traps. Sodium fluoracetate (compound 1080) will not be furnished except to well trained and experienced control crews.

VIII. EQUIPMENT

Limited quantities of equipment regularly used by and stored for CDC activities will be made available when the need is apparent. Some equipment which is not regularly used or stocked by CDC but which is urgently needed after certain disasters will be stockpiled at strategic points in the country.

A simple memorandum receipt will be required on all equipment requested and sent to state health departments. Equipment must be receipted for by the state health officer or his designated representative. The receipt will identify the equipment and include briefly the terms under which it is to be used by the state. In general, the state must accept responsibility for any loss or damage to equipment on loan from the CDC. Equipment which is being used exclusively by employees of the Public Health Service in connection with their disaster or epidemic aid duties will be serviced and maintained by CDC.

Water purification equipment, such as hypochlorinators, will be maintained in storage for prompt assignment to disaster areas. In addition, several 100 gallons per minute mobile water purification units on trucks will be maintained in operating condition for prompt assignment to a disaster area needing this equipment. These will be kept in operating order by using them for training purposes in areas within their individual regions. An experienced operator-truck-driver may be maintained for each unit. Equipment for emergency pumping of domestic water and the sterilization of water mains may be stocked. If feasible to do so, equipment for the drying of electric motors will be made available to facilitate the rehabilitation of water damaged motors of water plants.

Automotive equipment is used by CDC in connection with various public health programs. In order to make it available for epidemic and/or disaster aid work, the operations on which it is regularly used must be curtailed. For this reason and because of the problem of transporting vehicles to remote areas, automotive equipment will be furnished only for most essential needs and then only in limited quantities. Where personnel is dispatched from Atlanta to areas within driving range, vehicles will be supplied for their use during any disaster or epidemic aid assignment. In areas near operating CDC field programs, trucks can usually be supplied from these programs for minor insect control work.

Laboratory equipment may not be purchased specifically for disaster aid. Equipment in use by CDC laboratories may in case of unusual need be loaned for short periods.

Insect control equipment in limited amount will be furnished by CDC when the use of such equipment is necessary to the maintenance of public health. Insect control equipment is available in small quantities from the Atlanta headquarters of CDC. Hand-operated spray cans and some miscellaneous power equipment from warehouse stocks may be sent to disaster or epidemic areas when requested. Equipment of this nature may also be dispatched from its usual area of operation for short periods when a need becomes urgent.

Rodent control equipment for the destruction of rats, such as rat traps, will be loaned as needed.

IX. OTHER SERVICES

Under certain circumstances arrangements can be made by CDC to furnish indirect services either through negotiation with other agencies or through contacts.

Hospital and medical service. Medical care and hospital service may be furnished in extreme emergencies at those locations where such facilities of the Public Health Service are operating. Medical, dental and nursing first-aid must be limited to those areas where personnel of the service is readily available locally.

Laboratory services where needed for research or the control of communicable diseases in epidemic or disaster areas will be furnished whenever possible.

Contractual airplane service may be arranged in areas where insect control by that means is necessary or where transportation of personnel, supplies, or equipment require air service. In general, however, the U. S. Army, Navy or Coast Guard is prepared during emergencies to assist the state health departments where transportation by means of boat or airplane become necessary. CDC, through its disaster office, may be able to secure assistance from other federal agencies during emergencies.

Photographic service may be furnished where a pictorial record of an epidemic or a disaster would be of official or professional value.

Telephone and telegraph service may be furnished where disaster or epidemic conditions are widespread and where communication with remote areas is necessary.

Clerical and secretarial services will be supplied to the office of the CDC disaster chief during major disasters.

X. FUTURE PLANS

It is the intention of the PHS to expand and improve this service. As time permits and funds become available, CDC will train disaster squads to assist with public health problems which may be associated with various types of disasters. Mobile units, when procured, will be available to transport personnel and supplies. Mobile units will be equipped for various public health work including insect vector control, rodent control and water purification.

An important function of the health department during emergencies is to keep the public informed. The supplying of factual information to the public via bulletins, posters, and releases to the press and radio, often is a means of obtaining individual cooperation in carrying out health measures. Public fears and even panic may be avoided by proper public relations. Policy statements are also necessary to prevent numerous calls requesting information on services. In order to assist with the informational phase of disaster work, CDC plans to prepare sample bulletins, posters and publicity releases which can easily be modified by the health department to meet existing conditions.

CDC will also, upon request, assist states with planning disaster preparedness measures. Suggestions for the improvement or expansion of disaster or epidemic aid will be appreciated.

XI. CONCLUSION

Epidemic and disaster aid by the PHS is now the responsibility of CDC. It is the desire of this organization to make this aid as effective as possible.

All requests for epidemic and disaster aid initiated during office hours should be addressed to the Director of the PHS district in which the state is located. When a reasonable effort to communicate with the district office has failed, the request may be directed to

Medical Director in Charge
Communicable Disease Center
Public Health Service
605 Volunteer Building
Atlanta 3, Georgia

Telephone - Cypres 1681

During non-office hours requests may be communicated to

Dr. R. A. Vonderlehr, Medical Director in Charge
1409 Fairview Road, N. E.
Atlanta, Georgia

Telephone - CRescent 4836

Dr. J. M. Andrews, Deputy Officer in Charge
616 East Ponce de Leon Avenue
Decatur, Georgia

Telephone - DEarborn 2437

Mr. W. E. Gilbertson, Executive Officer
731 Belvedere Circle, N. W.
Atlanta, Georgia

Telephone - CHerokee 1871