# INTRODUCTION

**T**his guide is for people in a state, city, county, or town who come together during times of emergency, make the tough decisions about how to manage the crisis, and put their boots on the ground to save lives and protect the health and safety of area residents.

Since September 11, 2001, literally hundreds of guides and documents have been prepared for elected and appointed officials and first responders about the nature of terrorism and new homeland security-related roles and responsibilities. However, this document is unique because it attempts to bring together the three sectors: leaders, responders, and public health. In addition, this guide shines light specifically on the public health implications of emergencies—mass casualties, widespread illness, debilitating injuries, and intense psychological trauma—present in almost every terrorist-created emergency.

In focusing the document in this way, we attempt to provide insight into what roles, resources, and tools the public health sector can bring to the emergency response table at local, state, and federal levels. Although you may notice that many examples are focused on terrorism-related public health emergencies, the information is relevant to all kinds of public health emergencies, including natural disasters.

No one is more equipped to deal with emergencies than first responders and local, city, and state officials. This is what you do. But some public health emergencies bring unique challenges that do not typically arise in other situations. For example, these emergencies do not always have an obvious beginning and ending point. Unlike a fire or earthquake, a lurking infectious disease can simmer beneath the surface for some time before it is clear that there is an emergency or outbreak. And people may be affected simultaneously in many different parts of the country. Imagine, for a moment, a release of a chemical agent in malls in three cities, or a disease that emerges in your town and is next spotted in a community across the country, and then another, and then another.

Public health emergencies can spread and require all of the critical players to come together to make rapid, informed decisions and take actions that stop or slow the spread and protect the health and well-being of all Americans. Such emergencies take on the characteristics of a marathon rather than a sprint—the response continues over time—and greatly tax the emotional, physical, and mental reserves of all leaders and responders involved.

We all know that working together is not always easy. Every profession comes to the table with its own cultures, systems, and approaches. Because of the post-9/11 "new normal," we have all been adjusting to doing our jobs differently. In the case of public health, this has meant a greater shift towards emergency preparedness and response than ever before. For example, from September 11, 2001, to September 2005, the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Homeland Security (DHS) spent more than $14 billion on biodefense preparedness activities, including making available $5.5 billion for hospital, local, and state preparedness. Another $1.2 billion was allocated to hospital, local, and state preparedness for 2006.

This guide describes federal public health responses and programs. It does not attempt to address all the critical public health programs and responses at the local and state levels because those vary greatly across the country. It is essential that you connect with public health officials in your state and community to find out more about your state and local response plans and structures.

This guide is meant to provide background information to help leaders and first responders, like yourself, make informed decisions and make the best use of the resources available to you at the time of crisis, regardless of how your town, city, county, or state is structured. It is not meant to turn its readers into public health technical experts. Nor is it a playbook for how things will unfold or be managed in any jurisdiction, especially because every jurisdiction is organized differently.

In this guide, we have attempted to address some of the more pressing public health issues facing leaders and responders. As we developed this guide, we discussed the needs of leaders and responders with your peers. Based on their feedback about what information was most needed, you will notice that some topics are discussed in more depth than others, and the formats of the sections differ. Sections include in-depth briefings, abbreviated briefings, how-to suggestions, and an attempt to raise issues and provide resources for local groups to explore and develop their own solutions.

To help you quickly scan the guide, each section begins with a list of highlights. We suggest that you use these highlights to decide which sections and topics you want to start with. It is not necessary to read this guide cover to cover or in any particular order. However, if you had to choose just one section to read in full, the overview of the public health system in section 2 is the keystone to this guide.

As this guide goes to press, there are significant issues related to technology, infrastructure, equipment, operational capacities and authorities, and legal authorities that will continue to be worked on at every level of government. This guide will not attempt to characterize or comment upon them, either because it is out of the purview of the U.S. Department of Health and Human Services or because the specific nature of the challenges is local and the decisions will be determined at that level.

This guide was written to be a helpful companion that will help support you at the most trying of times. It is a resource for before, during, and after a crisis. We hope that it will be more than an information resource—that it will be a catalyst for collaboration and understanding among the many sectors that come together to serve our communities at times of great crisis.