



THE NEWSLETTER

WACHUSETT MEDICAL RESERVE CORPS

THE WASHINGTON STATE OSO MUDSLIDE: RESPONSE, RESCUE, AND RECOVERY

By Sara Rubin, MPH, MA, Senior Program Analyst, Pandemic & Catastrophic Preparedness, and Tahlia Gousse, MPH, CHES, Program Analyst, Medical Reserve Corps

On Sat. March 22, a massive mudslide buried a rural town in Snohomish County, WA, just 50 miles north of Seattle, which has engaged the local community in an extensive response effort. This devastating event, one of the worst mudslides in U.S. history, piled approximately 15 million cubic yards of mud, clay, and wood across the Stillaguamish River, state Highway 530, and into a community of homes, in total covering approximately one-square mile. The death toll for this deadly disaster has been rising as search and rescue crews continue to look for survivors and identify victims.



President Obama signed an emergency declaration for the Washington State Oso Mudslide, thereby authorizing the Federal Emergency Management Agency (FEMA) to coordinate disaster response and provide assistance. In addition to FEMA's aid, the the Federal Highway Administration also committed to provide \$1 million to cover some costs associated with clearing debris from a local highway the mudslide blocked.

Local, state, and federal re-

sponders have joined forced in this rescue, debris removal, and recovery effort. As of March 26, more than 65 members of the Washington National Guard had arrived, including 50 members from a specialized search and extraction team and two helicopters. Some specific state resources being provided to survivors include insurance, food and cash assistance, driver license replacement, and crisis counseling. Many agencies are involved with response efforts from law enforcement, rescue crews, medical examiners, utilities, and transportation. The response is complicated by a debris field with a high number of potential casualties, lack of electrical power, cold weather, and a lack of shelter nearby.

In addition to government agencies working together, several non-profits and community organizations have also contributed to the evolving response and recovery. Since the disaster, Red Cross has mobilized response vehicles and nearly 100 trained workers to provide food, shelter, emotional support, and basic health needs. The workers collectively have served 3,800 meals and snacks, in addition to passing out comfort kits.

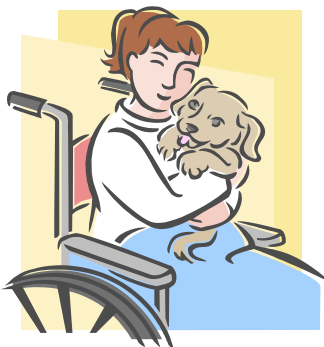
Volunteers of the Snohomish County Medical Reserve Corps (MRC) have also assisted in the response efforts. Snohomish MRC volunteers have been supplementing existing efforts working in

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SPRING 2014

* Our mission is to be dedicated to establish teams of local medical and public health professionals and lay volunteers to contribute their skills and expertise throughout the year as well as during times of community need.



the emergency call center and the emergency operations center. Volunteers are also helping in a family assistance center and continue to be on standby to assist as needed for any other type of response.

The Snohomish Health District shared that challenges to emergency plans and response continue to develop from the number of fatalities, the remoteness of affected communities (increased by the mudslide closing the major access road), food safety for hundreds of responders, sanitation amidst the debris and search effort, and more.

For local health departments interested to learn about how to plan and prepare for mudslides, the CDC and other organizations offer useful resources. There are several health hazards associated with landslides and mudslides. Such hazards include: rapidly moving water with debris; broken electrical, water, gas, and sewage lines; and disrupted roadways and railways that can endanger motorists or reduce access to health care facilities. Such hazards can lead to injury and potentially loss of life. As with any hazard, some communities are more vulnerable to these risks than others.

FEMA identifies the core steps to creating a mitigation plan as: (1) organize resources, (2) assess risks, (3) develop a mitigation plan, and (4) implement plan and monitor progress.^[vi] In the context of landslides and mudslides, if a slope or specific area is identified as a hazard, mitigating steps should be taken such as planting low growing vegetation as ground cover.

Land use planners can be a vital partner to both health department and emergency management professionals in determining the best mitigating steps for a particular community. Stakeholders from several local agencies, in addition to multi-jurisdictional partners, should

continue to meet regularly over time to implement, monitor, and evaluate their hazard mitigation plans, as they relate to landslides and other identified hazards within a specific community.

Mudslide resources

CDC, Landslides and Mudslides:
<http://www.bt.cdc.gov/disasters/landslides.asp>

American Red Cross, Landslide Safety:
<http://www.redcross.org/prepare/disaster/landslide>

[i] <http://www.nbcnews.com/storyline/deadly-mudslide/eight-questions-about-washington-mudslide-n62151>

[ii] <http://www.spokesman.com/stories/2014/mar/24/obama-declares-emergency-mudslide/>

[iii] http://www.washingtonpost.com/business/how-washington-mudslide-victims-are-getting-help/2014/03/26/4de88efe-b4ac-11e3-bab2-b9602293021d_story.html

[iv] Snohomish County Response Efforts - reported by Therese Quinn of Snohomish County Medical Reserve Corps

[v] <http://www.bt.cdc.gov/disasters/landslides.asp>

[vi] <http://www.fema.gov/hazard-mitigation-planning-overview>

NACCHO Preparedness Brief
<http://nacchopreparedness.org/?cat=1>



Public Health
FocusHEALTH REFORM LAW TARGETS DENTAL
CARE FOR KIDS, BUT GAPS REMAIN:
4 MILLION KIDS HAVE UNMET DENTAL NEEDS

Kim Krisberg
The Nation's Health,
April 2014 vol. 44 no. 3 1-18
American Public Health Association

According to the National Center for Health Statistics, 4 million U.S. children had unmet dental needs in 2012 because their families could not afford dental care. Twenty-eight percent of uninsured children had no dental visits for more than two years — including kids who never had a visit at all. Only 10 percent of children with Medicaid or private health insurance had gone that long without a dental visit. Even though millions of Americans are joining the ranks of the insured and gaining access to affordable health care, access to oral health care is still expected to lag, especially among adults.

Under the health reform law, pediatric dental coverage is considered an essential benefit that must be offered within the state and federal health insurance marketplaces. However, adult dental coverage is not an essential benefit and this is a concerning gap. And depending on the state, pediatric coverage could be a mixed bag as well.

On the surface, designating pediatric dental coverage as an essential benefit seems like a significant victory, especially as tooth decay is the most common chronic illness affecting American children. But after a closer examination of the law's fine print, some advocates are reining in their celebrations. Overall, children got a better deal than adults in terms of oral health access, said Colin Reusch, MPA, senior policy analyst at the Children's Dental Health Project, however there are still some major gaps. Reusch noted that while the American Dental Association estimated

that 8.7 million kids would gain dental coverage through the Affordable Care Act, "we really don't know what will happen."

For example, Reusch said, if a family is shopping for insurance within a marketplace that only offers stand-alone pediatric dental plans, members could purchase a medical insurance plan, forgo the stand-alone dental plan and still be in compliance with the Affordable Care Act's individual mandate. So while pediatric dental coverage is an essential benefit, it is not necessarily a required purchase and parents can opt out, Reusch noted.

However, some states are trying to tip the scales in favor of children's oral health. For instance, Washington and Nevada require that parents buy pediatric dental coverage and in Connecticut, all health insurance plans must include pediatric dental coverage.

"The bottom line is if kids have coverage, they are much more likely to get the care they need and if they get into care early, they're much less likely to experience cavities," Reusch told *The Nation's Health*. "It's a net positive no matter how you look at it."

Diane Oakes, MPH, MSW, deputy director of the Washington Dental Service Foundation, also noted that even though more adults and children will gain dental coverage, publicly supported programs, such as school-based efforts that screen for and treat oral health



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problems, will still be needed. "Those programs that go out into the community are critical to improving overall health," Oakes told *The Nation's Health*. In fact, the Affordable Care Act specifically addresses public health-based oral health efforts, such as directing the Centers for Disease Control and Prevention to expand the school-based dental sealant program and authorizing a five-year public health campaign to promote oral health.

Unfortunately, federal policymakers have not provided the funding to bring the measures to fruition. Christine Wood, RDH, executive director of the Association of State and Territorial Dental Directors and an APHA member, said she is concerned that organizations that support school sealant programs will pull back under the belief that all kids will now be covered by either Medicaid or private insurance. "Even for kids who are covered by Medicaid, their parents may not be in a position to take time off work and go to a Medicaid provider," Wood said. "Being able to provide those services in school and to all kids is still a high priority." Wood said the Affordable Care Act's oral health provisions are a "step in the right direction, but there's still going to be people who will need population-based public health services." "Adults have no remedy through the (Affordable Care Act)," she said. "This is not the savior we had hoped for. We have to continue our efforts to bring affordable dental care to the people who need it."

For more information on oral health and the Affordable Care Act, visit www.cdhp.org or www.oralhealthwatch.org

Infectious diseases spur new global health security agenda: US plans to partner with 30 countries

Charlotte Tucker

The Nation's Health

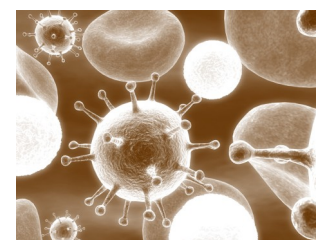
April 2014 vol. 44 no. 3 1-23

The U.S. will partner with at least 30 other countries over the next five years to prevent, detect and respond to infectious disease threats. U.S. agencies involved in the agenda include the departments of Health and Human Services, State, Agriculture and Defense. International groups include the World Health Organization, the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health.

The Centers for Disease Control and Prevention's 2015 fiscal year budget contains a proposed increase of \$45 million for global health security. It will allow for training of field epidemiologists, developing new diagnostic tests, building capacity to detect new pathogens, building emergency management capacity and supporting outbreak response, according to a news release from the HHS.

In addition, the Department of Defense's Defense Threat Reduction Agency will partner with CDC and up to 10 countries in 2014 to begin implementing and accelerating efforts in field epidemiology and new diagnostic tests. That effort has a \$40 million budget.

For more information on the global health security agenda, visit www.cdc.gov/globalhealth/security.



Emergency Preparedness



COMMUNITY PREPAREDNESS

Spring cleaning? Why not take some time to have a Hazards Hunt in and around your home?

Chemical Hazards

- Are flammable liquids—such as gasoline, cleaning products, acetone, and paint/lacquer thinner—stored away from the home? Are they in secure containers? Is the area well ventilated?
- Do the storage containers have labels stating that they are approved by Underwriters Laboratory (UL) or Factory Mutual (FM)?
- Are the containers stored away from heat sources and children?
- Do all chemical storage containers have Mr. Yuk labels on them to warn children?

Electrical Hazards

- Are extension and appliance cords in good condition, or are they frayed or cracked?
- If extension cords are used, are they “strong enough” or rated for the electrical load they are carrying? Can someone trip over them?
- Are extension cords going under rugs or over nails, heaters, or pipes?
- Are prongs and plugs tight fitting? Is there one plug per one outlet (as opposed to a cube tap, where multiple plugs go into one outlet)?
- Is the wiring in outlets covered by a plate and not exposed?
- Do all appliances operate safely and not overheat, short out, smoke, or spark?

Fire Hazards

- Are gasoline, turpentine, paint thinner, kerosene, and charcoal lighter fluid stored away from heat sources and children?
- Are old rags, papers, mattresses, broken furniture, clothes, curtains, or

other combustible materials found near electrical equipment, gas appliances, or flammable materials?

- Are there dried grass clippings, tree trimmings, or pulled weeds on the property?
- Are heaters, candles, or matches in high-traffic areas or accessible to children?
- Are heaters standing upright, without extension cords? (If feasible, they should have automatic shutoffs.)
- Are there enough fire extinguishers (one for each floor)? Have they been recharged as directed? Do you know how to use them?
- Are there enough smoke alarms and carbon monoxide detectors (one for each floor)? Have the batteries been tested and changed as needed? (Change batteries at least once a year; some recommend doing it when you’re setting clocks at the start and end of Daylight Savings Time. If possible, replace the batteries with those lasting 10 years. Many fire departments distribute smoke detectors and batteries for those who are unable to purchase them.) Does everyone know what to do when the alarm sounds? If there are people in the house who cannot hear an alarm, install ones that flash and sound.

Organic Hazards

- Are any of the houseplants poisonous or toxic? (Poisonous types include aloe, peace lily, and philodendron.) If so, are they out of reach of pets and children?
- Have you seen poisonous animals such as spiders or scorpions in the home? Consider pesticides, and always be cautious when reaching into boxes and corners, or putting on shoes.
- Is there any visible mold? Treat mold with a solution of bleach and water (no more than 1 cup of bleach in 1 gallon of water) or seek professional help.



Flood Hazards

- Check gutters and downspouts to be sure they are in good working order and not clogged with debris. Use pipes to direct drain water away from the foundation.
- If storm drains are located near your property, check to ensure they are not clogged with debris or ask your local authorities to do so.
- Check for adequate sloping of soil or fill away from your foundation. If needed, add soil or fill around the foundation to obtain more adequate drainage away from the building.
- Look for areas where there may be erosion due to fast moving water. If needed, add rocks to slow the movement of water.
- Check into the feasibility of having a supply of sandbags or temporary closures for parts of your building where floodwaters could enter. If you choose this remedy, ensure that household members are prepared to fill the sandbags or place the temporary closure when needed.
- If you might experience flood problems, check on the availability and advisability of having flood insurance by contacting local insurance providers.

Structural Hazards

- Have water heaters, large appliances, bookcases, other tall and heavy furniture, shelves, mirrors, pictures, and overhead light fixtures been anchored to wall studs?
- Have pictures or mirrors been moved away from where people sleep or sit?
- Have large or heavy objects been moved to lower shelves or stored somewhere else?

- Does the water heater or other gas appliances have flexible gas supply lines?
- Are cabinet doors latched or locked so that items cannot fall out?
- Are hallways and stairways well lit?
- Are hallways and stairways free of clutter?
- Have any deep cracks in ceilings or the foundation been repaired?

Hazards for Small Children

- Are safety gates at the bottom and top of stairways?
- Are guards around fireplaces, radiators, hot pipes, or wood-burning stoves?
- Are sharp edges cushioned with corner guards or other material?
- Are curtain cords and shade pulls out of reach?
- Is the hot water heater set at a safe temperature (120 degrees or less)?
- Are prescription drugs and over-the-counter medicines kept in childproof containers and out of reach?
- Are shampoos and cosmetics kept out of reach?
- Are all sharp objects in the bathroom, kitchen, and other areas kept out of reach?
- Are toilet seats and lids down when not in use?
- Are outlets covered?
- Are beds or cribs away from radiators or other hot surfaces?
- Do mattresses fit the sides of cribs snugly? Are crib slats no more than 2-3/8 inches apart?
- Do toy boxes have secure lids and safe-closing hinges?

IS-909: Community Preparedness: Implementing Simple Activities for Everyone

<http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=is-909>

OTHER INFORMATION

Meetings and Trainings

Leaders meetings:

Central MA MRC Leaders meeting
 April 8, 2014 Old Mill, Westminster
 Local leadership share ideas and
 Problem solve to promote the MRC
 presence in Worcester County.

The 2014 New England MRC
 Education Day for Region 1 MRC Unit
 Leaders and Partners will be held at the
 Westover Air Force Base in Chicopee,
 MA on May 8, 2014 8am - 4pm

Well Check TeleConference. May 13
 at 2pm-3pm
 National Leadership Teleconference

Massachusetts Statewide MRC Leaders
 Meeting, Firefighters Academy, Stow
 Wednesday, June 4 from 10:00 AM -
 1:30 PM.

Training Opportunity:

Enhancing Community Resiliency through Partnership and

Preparedness

Wednesday May 21, 2014, 6:00PM to
 9:00PM Massachusetts Medical
 Society Headquarters in Waltham.
 Developed by the Mass. Medical
 Society, Mass. Dept. of Public Health
 and the Medical Reserve Corps. Light
 supper followed by presentation. To
 register for the program: Please call
 800-843-6356 or
 visit www.massmed.org/mrc2014.
 Current MRC and MA RESPONDS
 volunteers may attend this activity at
 no cost. Please mention or enter
 promotional code MRC2014.

Announcements

*Please check the website and your email
 for periodic updates. Have an idea or
 saw something that you would like to
 share, call or email. Would love to hear
 about it.*

*Think of the positive effect 400 volun-
 teers could have with 400 ideas!!*

**SAVE THE
 DATE!**



April 12, 2014 Wachusett Mountain, Mountain Rd, Princeton, MA

Program on Prehospital response/triage
 during a disaster. The triage concepts and
 response is different during a disaster
 sometimes with tough decisions. Pro-
 gram will also include **hands on prac-
 tice** activities. CEUs are available.

To register: send email to
wachusettmrc@juno.com
 or call 978-928-38/34

No cost 9-2pm Saturday April 12

**June 2014 Date to be announced
 6:30 pm**

**Annual meeting. Hubbardston Senior
 Center, 7 Main Street,**

Proposed Agenda:

Treasurer report

Review of Policies

Leadership updates

Open Discussion

Meeting is open to all members

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Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has.

Margaret Mead



MRC Values...

ICARE:

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our residents & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement