

Disaster planning *or planning disaster?*

CDC Flu Pandemic Guidelines: Repeating the Errors of Katrina

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Warning: Pandemic flu plans by CDC
& HHS repeat the mistakes of Katrina with
predictably disastrous consequences.

Background

- **“Ordinary” Influenza** (worldwide annual impact)
 - 5-20% contract illness
 - 3-5 million seriously ill (*US: 200,000*)
 - 300,000 deaths (*US: 36,000*)
- **Pandemic Flu in the past**
 - 1918-1919 20-100 million estimated deaths
 - 1957-1958 10 million estimated deaths
 - 1968-1969 5 million estimated deaths
- **Avian Flu (H5N1) outbreak (1997-present)**
 - 140 million poultry deaths (2005),
 - \$10+ billion losses in 55 countries
 - 258 human infections, 153 deaths

Background

Katrina and Rita Hurricanes (2005) exposed failures in

- **Disaster planning**
- **Emergency response**
- **Public health infrastructure**
- **Support for local communities**
- **Recovery and rehabilitation**

Background

Katrina and Rita Hurricanes (2005) also exposed

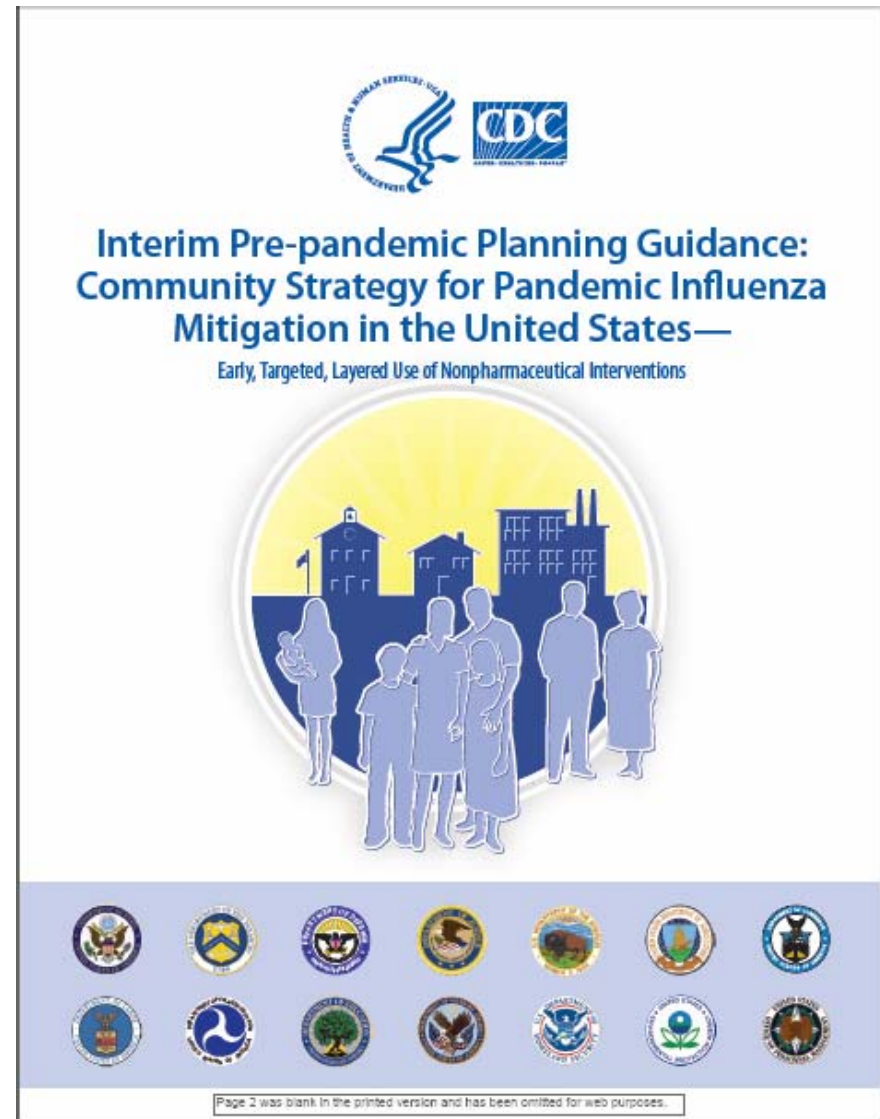
- **Institutional racism**
- **Class divisions**
- **Inadequate support for vulnerable populations**
- **Priorities for property, not people**
- **Military/police approach to public health**

Preparing for Pandemic Flu

- In wake of Katrina (Oct. 2005) Bush promises \$7.1 billion for pandemic flu focusing on vaccine and anti-virals for avian flu H5N1
- WHO and CDC have led responses to H5N1. International agencies, APHA and many other NGOs discussing surveillance and response plans
- CDC and Dept. of Health & Human Services have published interim guidelines

The HHS – CDC Interim Plan

Available at
http://www.pandemicflu.gov/plan/community/community_mitigation.pdf



CDC planners had Katrina in mind:
Pandemic Severity Index with 5 Categories
parallels 5 Category Hurricane Scale

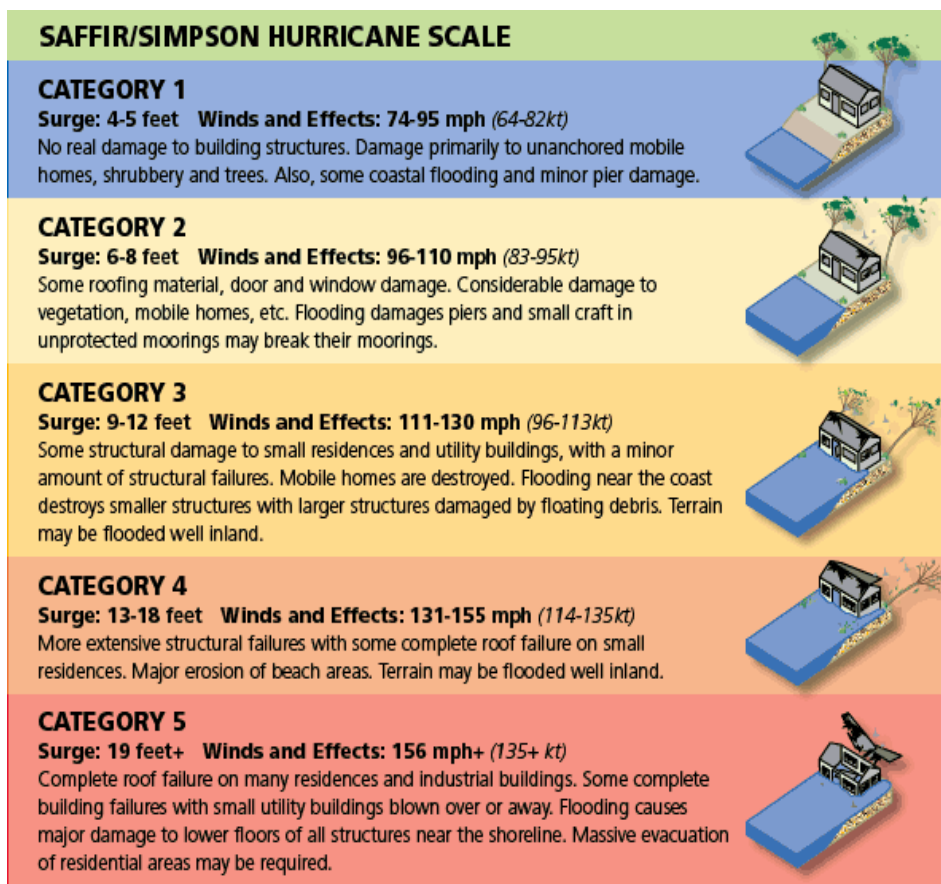
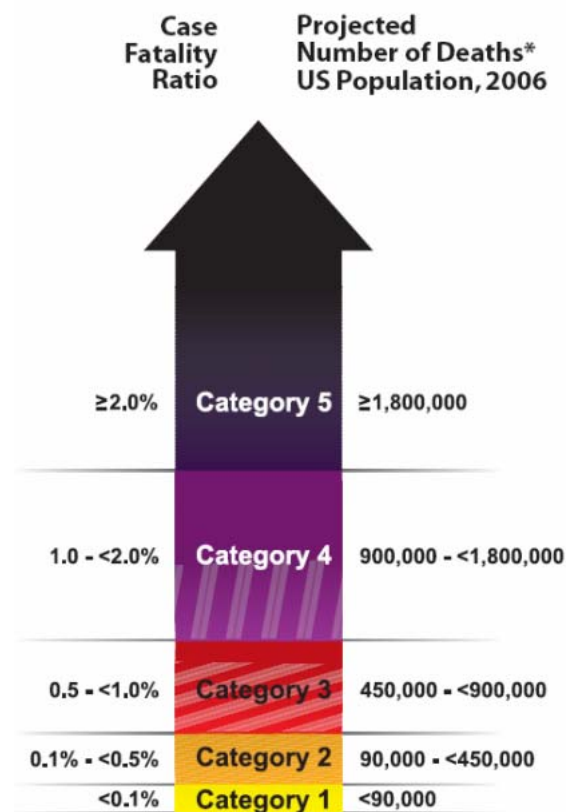


Figure A. Pandemic Severity Index



*Assumes 30% Illness Rate and Unmitigated Pandemic Without Interventions

Having a plan does not mean having a plan that will work

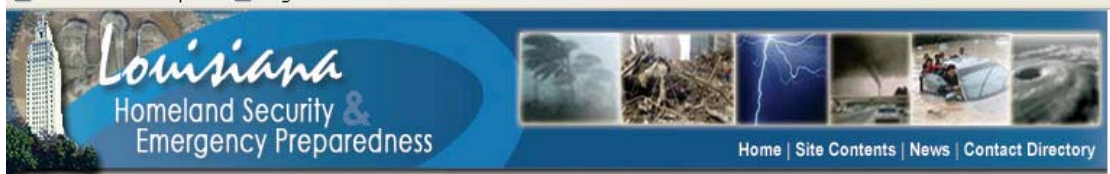
A New Orleans hurricane plan predicted

- **Failed levees**
- **100,000 unable to evacuate**
- **People stranded on roof-tops**

And *claimed* to prepare for

- **Emergency shelters**
- **Interim housing**
- **Reconstruction**

“Table-top exercise” for fictional Hurricane Pam, July 2004



- About GOHSEP
- Homeland Security
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- Gateway


Governor's Office of
Homeland Security &
Emergency Preparedness
7667 Independence Blvd.
Baton Rouge, LA 70806
(225) 925-7500

IN CASE OF EMERGENCY

Officials hope eight days of intense training for a catastrophic hurricane will aid recovery efforts if the real thing ever hits

July 20, 2004

Courtesy of the [The Times-Picayune](#)

BATON ROUGE -- It's a recipe for appalling destruction, and it could happen here:

A hurricane packing winds of 120 mph and a storm surge that tops 17-foot levees slams into New Orleans, killing an untold number of people and trapping half the area's residents in attics, on rooftops and in makeshift refuges in a variety of public and office buildings.

Parts of the city are flooded with up to 20 feet of water, and 80 percent of the buildings in the area are severely damaged from water and winds.

On Monday, at the outset of an eight-day tabletop exercise, more than 250 emergency preparedness officials from more than 50 federal, state and local agencies and volunteer organizations began using that catastrophic scenario -- dubbed Hurricane Pam -- to develop a recovery plan for the 13 parishes in the New Orleans area.

The plan will provide a "bridge" between local and state short-term evacuation and emergency response plans, and a longer-term federal disaster response plan, said Ron Castleman, Federal Emergency Management Agency regional director.

Officials are focusing on six major issues they expect to face in the aftermath of a catastrophic storm like Pam:

- Developing an effective search-and-rescue plan to find survivors and move them to safety.
- Identifying short-term shelters for those who evacuated, or those rescued in the storm's aftermath.
- Creating housing options, including trailer or tent villages, for the thousands likely to be left homeless for months after the storm.
- Removing floodwater from New Orleans, Metairie and other bowl-like areas where levees will capture and hold storm surge, possibly for days or weeks.

Excerpts from “In Case of Emergency” by the Louisiana Homeland Security & Emergency Preparedness: Table-top exercise with hypothetical “Hurricane Pam”

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The ultimate dread

The Hurricane Pam scenario is the nightmare local emergency preparedness officials dread: a hurricane that slows as it reaches the Louisiana coast, battering much of the area with hurricane-force winds for as much as 36 hours. Historically, such an intense hurricane, a Category 3 like Pam or stronger, hits somewhere in Louisiana every eight years.

In advance of such a storm, officials expect public pleas for evacuation to be only half successful.

In New Orleans, when evacuees from other areas who seek shelter in the city are accounted for, only a third of the population will leave before the storm hits, according to the Pam scenario. That's partly a recognition of the city's poor population: As many as 100,000 live in households in which no one owns a car, officials say.

FEMA spokesman David Passey hesitated before answering a question about how many people could die in such a storm.

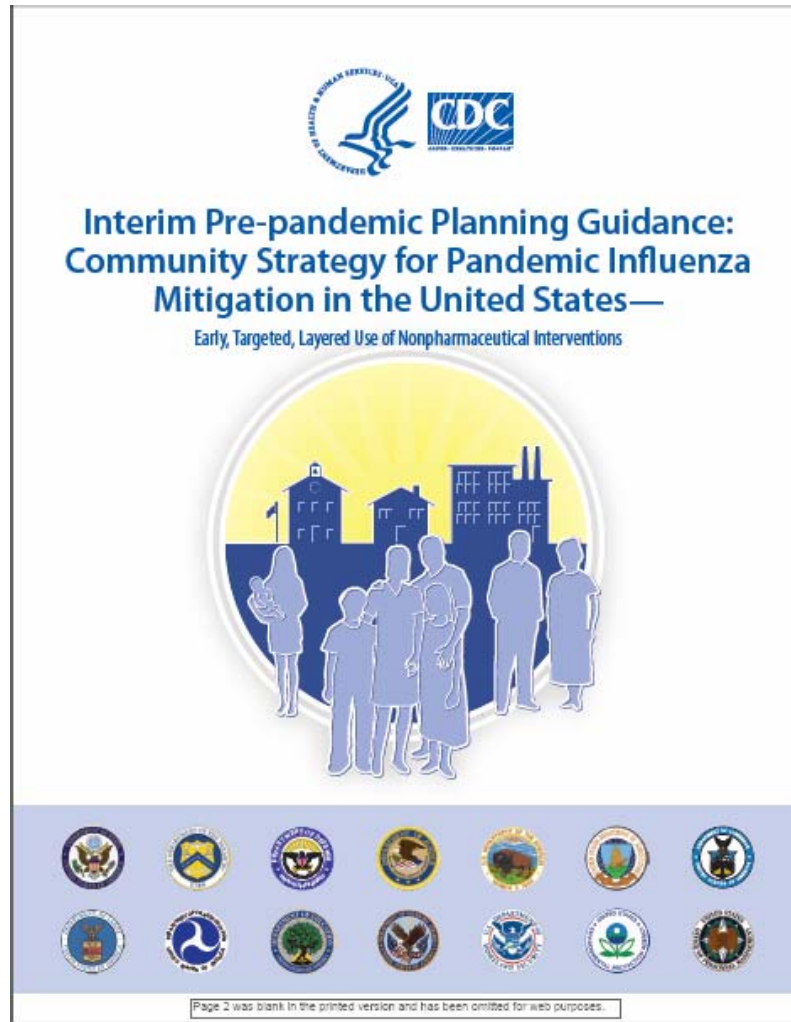
Excerpts from “In case of emergency” continued...

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- Identifying short-term shelters for those who evacuated, or those rescued in the storm's aftermath.
- Creating housing options, including trailer or tent villages, for the thousands likely to be left homeless for months after the storm.
- Removing floodwater from New Orleans, Metairie and other bowl-like areas where levees will capture and hold storm surge, possibly for days or weeks.
- Disposing of the thousands of tons of debris left behind by the storm, which will include the remains of homes and businesses; human and animal corpses, including bodies washed out of cemeteries; and a mix of toxic chemicals likely to escape from businesses, industries, trucks and rail cars in the flooded areas.
- Recreating school systems for public and private school students.

HHS & CDC's Interim Plan



Pandemic mitigation framework has 4 main interventions:

1. Isolation and treatment
2. Voluntary home quarantine
3. Dismissal of students from school, school-based activities and closure of childcare programs
4. Use of social distancing measures

Available at:

http://www.pandemicflu.gov/plan/community/community_mitigation.pdf

Pandemic mitigation interventions

1. Isolation and treatment

“ Isolation and treatment (as appropriate) with influenza antiviral medications of all persons with confirmed or probable pandemic influenza. Isolation may occur in the home or healthcare setting, depending on the severity of an individual’s illness and /or the current capacity of the healthcare infrastructure.”

“Isolation ... of all persons with confirmed or probable pandemic influenza...depending on the severity of an individual’s illness... ”

- **Who confirms diagnosis and severity?**
- **Will insurance or payment be required?**

...and /or the current capacity of the healthcare infrastructure.”

Public healthcare infrastructure in decline

- **Privatization**
- **Closings despite overcrowded facilities**

“...treatment with antiviral medications”

- **Few current anti-virals; limited effectiveness**
- **NIH funding has contracted**
- **Pharmaceutical research profit-driven**
- **Who is overseeing production, quality control and stockpiling?**
- **How will medications be distributed internationally and nationally?**
- **How will meds be dispensed?**

Recent experiences: Periodic flu vaccine shortages; Run on Cipro during anthrax scare

2. Voluntary home quarantine

“ Voluntary home quarantine of members of households with confirmed or probable influenza case(s) and consideration of combining this intervention with the prophylactic use of antiviral medications, providing sufficient quantities of effective medications exist and that a feasible means of distributing them is in place.”

Problems of voluntary quarantine

- **As with voluntary evacuation of New Orleans: depends on who has the means, information and capacity to overcome obstacles**
- **How will quarantined individuals get food, medicine, and supplies?**
- **What if communication and public services are impacted by absenteeism?**
- **If mandatory quarantine: Will poor and minority communities be militarized to enforce quarantines and protect property over people?**

Medications

“...consideration of combining this intervention with the prophylactic use of antiviral medications, providing sufficient quantities of effective medications exist and that a feasible means of distributing them is in place.”



- **Effective ?**
- **Sufficient quantities ?**
- **Feasible distribution ?**

Medications?

Problems compounded by class and race

Which neighborhoods will have

- **adequately stocked pharmacies?**
- **open and accessible distribution points?**
- **access to doctors if Rx's needed?**

Affluent neighborhoods, with lower density and greater political and economic influence will get more services, especially if shortages.

Pandemic mitigation interventions

3. Dismissal of students from school*

“ Dismissal of students from school (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing in the community to achieve reductions of out-of-school social contacts and community mixing. ”

*Recommended for 1-3 months in event of “category 4 or 5” pandemic

Dismissal of students from school and childcare

Questions Not Addressed

- Who will watch young children if parents are working or ill?
- Will parents be prosecuted if children left alone?
- Will parents who stay home for their children lose pay or risk losing their jobs?

4. Social Distancing

“ Use of social distancing measures to reduce contact between adults in the community and workplace, including, for example, cancellation of large public gatherings and alteration of workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services. Enable institution of workplace leave policies that align incentives and facilitate adherence ... ”

Social Distancing

“Public transportation, including subways and transit buses, represents another socially dense environment.”

Implication: avoid mass transit

The (known-to-be-false) assumption that everyone had access to a working car with gas was an essential part of the failure of the Katrina evacuation

Social Distancing

What types of jobs are amenable to *'reduced density'*?

- **Service jobs require 'face-to-face' contact; factory and lower paid clerical jobs have minimal individual space**
- **Will adhering to recommendations lead to lay-offs? Will workers be paid?**
- **What about undocumented or other off-the-books workers?**

Social Distancing

“Modify, postpone, or cancel selected public gatherings...” e.g. sports and cultural events.

Service workers at stadiums and related industries tend to be low-paid, with few benefits and no extended paid leave.

Social Distancing

“modify work place schedules and practices – e.g. telework, staggered shifts”

Class bias of planners:

- **Higher level bureaucrats and academics can “telework” but can others?**
- **Fuel oil, food, medications, repairs, etc. cannot be tele-delivered.**
- **Garbage cannot be tele-removed.**

Special problems of prolonged, widespread crisis

- **Family and social networks affected**
- **Aid workers affected**
- **Disrupted supply of food/essentials**
- **Scarcity inflates prices**
- **Days & weeks without wages:
how can workers pay for food,
heat, rent/mortgage, utilities,
meds etc.**

Police, military, national guard, mercenaries?

- **Scarce resources creates desperation**
- **Armed occupations to stop “looting” and quarantine violations?**
- **Communities of color historically main targets for brutality, arrests official and vigilante violence**
- **Emergency preparedness laws give wide executive authority with potential for racist abuses:**
***Examples: New Orleans after Katrina;
New York during blackouts***

Late breaking ...

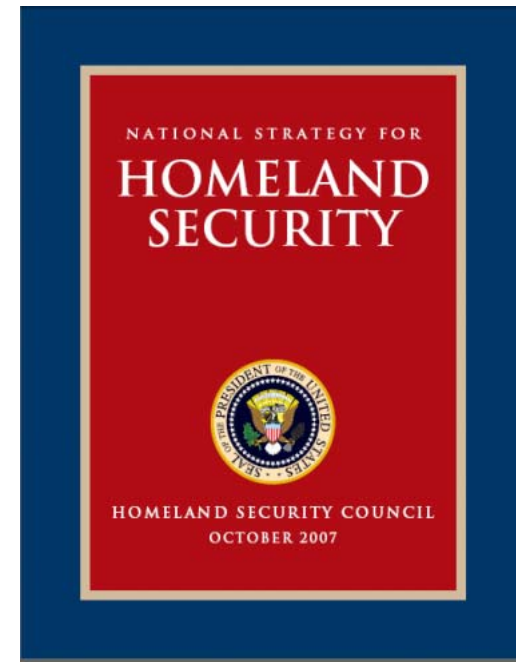
October 9, 2007: National Strategy for HS

October 18, 2007: Presidential Directive on
Public Health and Medical Preparedness

Bush's new (?) strategy:
platitudes; unfunded mandates;
dependence on private sector,
NGO's, faith-based, etc.

Task Force of cabinet members to
“...develop a plan...”

Concrete: *“We also will pre-position commodities
such as water, ice, emergency meals, tarps, and
other disaster supplies so they will be readily
available for use.”*



Available at:

[http://www.whitehouse.gov/
infocus/homeland/nshs/
NSHS.pdf](http://www.whitehouse.gov/infocus/homeland/nshs/NSHS.pdf)

Late breaking, October 17, 2007...

Pandemic flu vaccine priorities...

Available at:

<http://www.pandemicflu.gov/vaccine/prioritization.html>



The screenshot shows the website header with "PandemicFlu.gov" and "AvianFlu.gov" logos. A navigation menu on the left includes "Pandemic Flu Home", "General Information", "Where You Live", and "Frequent Questions (FAQs)". The main content area is titled "Draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine" and lists three items under "Content": "Introduction", "How the Draft Guidance was Developed", and "Draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine".

- **Creates “tiers” for vaccination**
- **Focus on military, national guard, police**
- **Ignores effectiveness, safety & repeated failures of production and distribution**

Table 2. Vaccination target groups, estimated populations, and tiers for severe, moderate and less severe pandemics as defined by the Pandemic Severity Index (PSI).

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Not targeted		
Category	Target group	Estimated number	Severe	Moderate	Less severe		
Homeland and national security	Deployed and mission critical pers.	700,000	Tier 1	Tier 1	Tier 1		
	Essential support & sustainment pers.	650,000	Tier 2	Tier 2	Tier 2		
	Intelligence services	150,000					
	Border protection personnel	100,000					
	National Guard personnel	500,000					
	Other domestic national security pers.	50,000					
	Other active duty & essential suppt.	1,500,000	Tier 3	Tier 3			
Health care and community support services	Public health personnel	300,000	Tier 1	Tier 1	Tier 1		
	Inpatient health care providers	3,200,000					
	Outpatient and home health providers	2,000,000					
	Health care providers in LTCFs	800,000					
	Community suppt. & emergency mgt.	600,000	Tier 2	Tier 2			
	Other important health care personnel	500,000	Tier 3	Tier 3			
Critical infrastructure	Emergency Medical Service personnel	2,000,000	Tier 1	Tier 1	Tier 1		
	Law enforcement personnel	50,000					
	Fire services personnel	50,000					
	Mfrs of pandemic vaccine & antivirals						
	Key government leaders						
	Electricity sector personnel	1,900,000	Tier 2	Tier 2			
	Natural gas personnel	to 4,400,000					
	Communications personnel						
Water sector personnel							

Is there a better way?

Effective emergency government interventions are possible

- **Free health care** for all pandemic related preventive measures and materials; vaccines; anti-viral medication; palliative care, etc. universally available based on need, not ability to pay
- **Job security** for workers staying home due to illness of self or family or to care for younger children if schools are closed
- **Guaranteed income** for anyone missing work due to illness

More proposed emergency interventions...

- **Moratorium** on mortgage/rent and utilities \$
- **Freeze** on prices for all necessities
- **Food and medicine distributions**
federally funded, community implemented
- **Civilian patrols** by community volunteers
to facilitate orderly distribution of necessities
- **Transfer multi-billion war budget** to
public health infrastructure and government
production of vaccines and anti-virals

Impractical?

Compare practicality to CDC's preparedness plan that depends on:

- ***equality of social conditions ???***
- ***universally adequate individual resources ???***
- ***uninterrupted services and supplies ???***
- ***full support and cooperation from employers, banks, landlords and vendors to voluntarily give up profits for the greater good ???***

Summary:

- **The pre-Katrina hurricane plan in New Orleans ignored race and class inequalities with predictable results**
- **The CDC & HHS pre-pandemic planning guidance repeats these Katrina planning errors and will lead to predictable failure**