

Direct from CDC's Environmental Health Services Branch

Martin A. Kalis



EMAC and Environmental Health in Emergency Response

Editor's note: NEHA strives to provide up-to-date and relevant information on environmental health and to build partnerships in the profession. In pursuit of these goals, we will feature a column from the Environmental Health Services Branch (EHSB) of the Centers for Disease Control and Prevention (CDC) in every issue of the Journal.

EHSB's objective is to strengthen the role of state, local, and national environmental health programs and professionals to anticipate, identify, and respond to adverse environmental exposures and the consequences of these exposures for human health. The services being developed through EHSB include access to topical, relevant, and scientific information; consultation; and assistance to environmental health specialists, sanitarians, and environmental health professionals and practitioners.

EHSB appreciates NEHA's invitation to provide monthly columns for the Journal. EHSB staff will be highlighting a variety of concerns, opportunities, challenges, and successes that we all share in environmental public health.

What Is EMAC?

Ratified by Congress and signed into law in 1996, the Emergency Management Assistance Compact (EMAC) is an interstate mutual-aid agreement that provides a mechanism for sharing of personnel, equipment, and other resources among states during emergencies and disasters. EMAC has traditionally been used by states for National Guard and other types of emergency management assistance. Recently, however, it was used with much success during the 2005 hurricane season to provide public health and environmental health assistance. All 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands have enacted legislation to become members of EMAC. The National Emergency Management Association provides day-to-day administrative and technical support for EMAC operations and educational activities.

Key Provisions and Benefits

A number of provisions in the compact make its use during emergency response beneficial. First, EMAC provides a sound *legal framework* and addresses important issues in the areas of worker's compensation, liability and immunity, credentialing and licensure, and reimbursement. For example, Article V of the compact states, "Whenever any person holds a license, certificate, or other permit issued by any state party to the compact ... such person shall be deemed licensed, certified, or permitted by the state requesting

assistance to render aid...." If, for example, you are an environmental health professional from Kentucky being deployed on an EMAC mission to Florida, your credentials and licensure are appropriate for emergency response in Florida. EMAC also includes provisions for funding interstate emergency response efforts. Article IX of the compact addresses reimbursement for emergency response assistance by requiring that "Any party state rendering aid in another state ... shall be reimbursed by the party state receiving such aid for any loss or damage to or expense incurred...." This provision is important because all states want to be reimbursed for emergency response assistance rendered during an incident.

EMAC also provides a *system* for facilitating interstate mutual aid in advance of or to supplement federal assistance. EMAC encourages the development of additional mutual-aid agreements among states and local jurisdictions within states. The end result is increased collaboration among states in emergency planning, preparedness, and response. EMAC does not, however, replace federal assistance or support. It also does not affect or supersede other existing mutual-aid agreements.

EMAC also provides a *standard methodology* for requesting assistance through the use of a formal organizational structure and standard operating procedures. Specific emergency response roles are predetermined and understood by key players within the system. For example, members of an EMAC A-Team



Damaged/destroyed retail eating establishment assessed by Iowa Environmental Health Emergency Response Team in Slidell, Louisiana, near Lake Pontchartrain following Hurricane Katrina.



An Iowa Environmental Health Emergency Response Team member and a Louisiana Rural Water Association staff member attempt to plug a broken well head in Slidell, Louisiana, following Hurricane Katrina.

are trained in advance and understand that their mission is to coordinate the Request for Assistance (REQ-A) process by serving as a resource conduit between a requesting state and an assisting state. (An EMAC A-Team is deployed to an affected state to assist in coordinating the provision of assistance from one member state to another under the compact.) Authorized representatives know and understand their roles in initiating a REQ-A, obligating state resources, expending state funds for emergency response, and legally approving the response to a REQ-A. This type of organized structure and methodology has allowed for the effective use of EMAC, even during widespread catastrophic events such as Hurricane Katrina.

How Can Environmental Health Use EMAC?

During the 2005 hurricane season, EMAC was successfully used for environmental health emergency response. On September 3, 2005, a six-member Environmental Health Emergency Response Team was sent from Iowa to Louisiana through an EMAC mission during the response to Hurricane Katrina. The team provided technical assistance, consultation, and support to federal, state, and local agencies in New Orleans and other surrounding parishes in the areas of food safety, water quality testing, shelter inspection and sanitation, and damage assessment surveys (Frank, 2006). Also during the response to Hurricane Katrina, environmental health specialists were sent as part of a public health team from North Carolina to Waveland, Mississippi, on an EMAC mission to identify environmental hazards and implement controls to mitigate risks in a mobile field hospital (Ser-

vice, 2005a). Finally, environmental health professionals were included on a public health team sent from North Carolina to south Florida on an EMAC mission to conduct community health and needs assessments following Hurricane Wilma (Service, 2005b). These experiences demonstrate that EMAC can be a useful mechanism for environmental health emergency response assistance. To use EMAC in the most effective manner possible, environmental health departments are encouraged to collaborate with their state and local emergency management agencies and other response partners to increase their awareness and understanding of the EMAC system, organization, components, and principles. These departments are also encouraged to participate in education and training on EMAC whenever possible.

Other Mutual-Aid Agreements

In addition to EMAC, other mutual-aid agreements may be useful for environmental health emergency response. Here are some examples:

- Great Lakes Border Health Initiative (http://www.michigan.gov/mdch/0,1607,7-132-2945_5104_5279_40279---,00.html),
- International Emergency Management Assistance Memorandum of Understanding (http://www.scics.gc.ca/cinfo00/85007918_e.html),
- Mid-America Alliance (<http://www.unmc.edu/dept/midamerica>), and
- Pacific Northwest Emergency Management Arrangement (<http://gopher.quux.org:70/Archives/US%20Congress%20Bills/105bills/docid=f:sj35enr.txt>).

Please consult with your state and local health department, emergency management agency, and other appropriate agencies for details of

these and other mutual-aid agreements and their applicability to environmental health emergency response.

Additional Information

For more information on EMAC and other mutual-aid agreements, please visit the EMAC Web site (www.emacweb.org) or the Centers for Disease Control and Prevention's (CDC's) Support for EMAC Web site (www.bt.cdc.gov/planning/emac). Environmental health practitioners deployed on EMAC missions will find useful guidance and information at CDC's Environmental Health Services Emergency and Terrorism Preparedness Web site (<http://www.cdc.gov/nceh/ehs/ETP>). 🐼

Corresponding Author: Martin A. Kalis, Public Health Advisor, Environmental Health Services Branch, Division of Emergency & Environmental Health Services, National Center for Environmental Health, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop F-28, Atlanta, GA 30341. E-mail: mkalis@cdc.gov.

References

- Frank, C. (2006). The response to Hurricane Katrina: Iowa's interstate cooperation and lessons learned. *Journal of Environmental Health*, 69(3), 28-29.
- Service, W. (2005a). Public health support of a North Carolina SMAT field hospital, Waveland, Mississippi, September 9–October 22, 2005. *Epi Notes*, 3, 3-4.
- Service, W. (2005b). N.C. public health team returns to South Florida to conduct community health and needs assessments following Hurricane Wilma. *Epi Notes*, 4, 1-2.