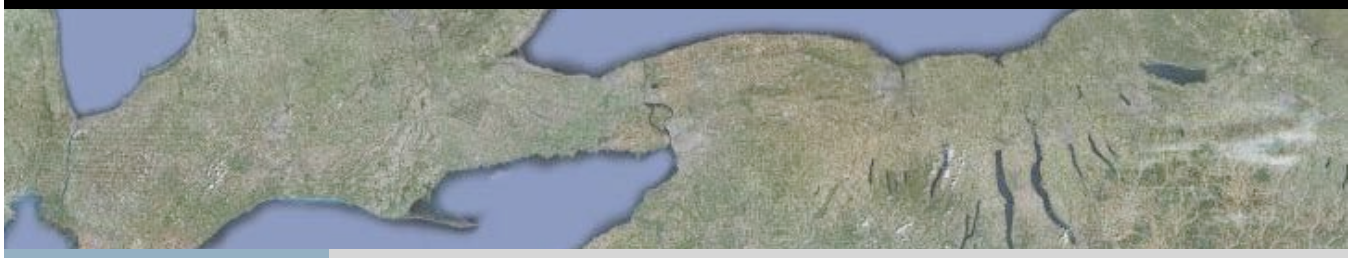
VERSION 2.0 OCTOBER 12, 2009



OVERVIEW

- BACKGROUND
- REASONS FOR COOPERATION
- SUCCESSFUL COLLABORATIONS
- AGREEMENTS, PROGRAMS AND LEGISLATION
- LEGAL BACKGROUND
- IMPLEMENTATION
- RESOURCES FOR RESEARCH

Cross-Border Issue Analysis:

Guide to Multi-Jurisdictional Collaborations

APC Advancing Public Health Preparedness Through Innovation
Advanced Practice Centers

WESTERN NEW YORK PUBLIC HEALTH ALLIANCE, INC.
A Regional Partnership for Public Health

Preface

The contents of the material contained within this document are intended to be informational and instructional only. There is nothing stated or implied that the use of this document guarantees that multi-jurisdictional collaboration efforts will be successful. In addition, the authors cannot guarantee the validity, accuracy and content of the reference material cited in the document. The document is a work in progress and is expected to change as more information becomes available. We strongly advise that you contact your attorney for guidance. The authors welcome your suggestions for improving the content and utility of this document. You may do so via our website at: http://sphhp.buffalo.edu/emergency_preparedness/.

The content of this document is intended to augment the work and activities of the seven other National Association of County and City Health Officials (NACCHO) Advanced Practice Centers (APC). We encourage you to visit their respective websites accessible via http://www.naccho.org/topics/emergency/APC.cfm.

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I. Introduction

This Guide to Multi-jurisdictional Collaborations is a resource tool for leaders in Public Health and Emergency Preparedness who seek answers about their community's capacity to respond to disasters. This guide presents a foundation and framework to allow practitioners to answer fundamental questions such as: determining if sufficient resources for an effective response exist within their jurisdiction, what are the critically important resources needed or what alternatives exist if resources are inadequate. It is designed to be an easy to use tool to assess existing essential resources, identify gaps and provide examples where available of documents, policies, practices, procedures and activities.

In addition, this tool discusses the legal implications of exchanging resources among jurisdictions. Its purpose is to enable stakeholders with the requisite knowledge to develop, influence or effectuate policy towards inter-jurisdictional cooperation. It will address the various formal and informal means to develop inter-jurisdictional agreements, the potential legal issues these agreements may generate, and the benefits and liabilities governments and their agents may reasonably expect when entering into such agreements. The goal is for stakeholders to use the framework and tools to:

- Identify inter-jurisdictional issues related to public health preparedness
- Assist jurisdictions to assess their preparation for inter-jurisdictional collaboration
- Provide resources to facilitate inter-jurisdictional collaborations

This project is focused on the Western New York Public Health Alliance, a 501 (c)(3) not-for-profit corporation comprising the eight Western New York counties. Within this largely rural region lie metropolitan Buffalo/Niagara Falls, several Nations of the Iroquois Confederacy, an international border with Canada, and a state border with Pennsylvania. Considering the unique experience of the Western New York Public Health Alliance, this document presents research on the best inter-jurisdictional practices from across the nation.

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II. Background

Recent international and domestic incidents have mobilized the United States government at federal, state and local levels to prepare to preserve health and safety for the inevitable challenges of future incidents. The need for effective and coordinated emergency response to existing and expected threats, both human and environmental, is well documented. Since it is the responsibility of state and local governments to respond, the required response can not be constrained by any particular government's jurisdiction. Therefore governments are challenged to balance politics, law and public health with the need to find creative solutions, often in various forms of inter-governmental agreements.
[ABA Hurricane Katrina Task Force, Subcommittee Report]

For the purpose of this analysis, inter-jurisdictional agreements (hereinafter "agreements") encompass treaties, compacts, contracts and memoranda of understanding. Additionally,

jurisdiction is defined as “a government’s general power to exercise authority over all persons and things within its territory” and as “a geographic area within which political or judicial authority may be exercised.” By definition, inter-jurisdictional agreements surpass the traditional reach of government and it is this expansion of power that blurs the lines of representation and accountability to the people, thus generating the potential for controversy. History suggests that almost every element of American government—the principles of federalism, the Constitution, separation of power—evidence a strong affinity for citizens to maintain control of their leaders via elections and active participation in the economy and culture. However, the need for change is clear as recent events have precipitated the need to collaborate to ensure the safety and health in our communities.

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III. Reasons for Cooperation

a. Needs of the Nation

Testifying before Congress on the Emergency Management Assistance Compact (EMAC) in 1996, then Federal Emergency Management Agency (FEMA) General Counsel John Carey said, "FEMA strongly encourages the development of mutual aid agreements such as the one [the Emergency Mutual Assistance Compact] being considered before the subcommittee today. Mutual aid agreements among jurisdictions serve to support the self-reliance and interdependence of those jurisdictions."[i] Whether on a national or regional scale, there are numerous reasons for inter-jurisdictional cooperation including:

(1) Reductions in government budgets
(2) Increased demand for government services
(3) Requirements for increased efficiency and reduction of redundant resources
(4) Threats are rarely isolated within the arbitrary borders of a single government
(5) Certain threats may immobilize local response capacity altogether

b. Needs of the States

The strongest justification for cooperation is the need to develop relationships between and among the federal government and the fifty states. There are fifty state health departments, each with their own strengths, weaknesses, and structure. The national response mechanisms must successfully liaise with all of them and their international neighbors. Moreover, the states and their political subunits must understand and interact with each other and begin to build trust. Preplanning allows responders to know the lay of the land, literally and figuratively, where they may be called upon to respond.

c. Function Drives Form

Governments create independent configurations of political, topographical, and agency uses of land and have developed an interdependent system of regionalism. Different government agencies (environment, security, health) will cluster around different focal points and organize differently. For example, environment coordinates around watersheds, healthcare coordinates around centers of population, security coordinates around targets. As a result, there may be gaps in coverage where an agency’s or government’s jurisdiction does not align either with the

jurisdiction of a partner agency or a community's need. This is not to say that there are gaps in coverage, but rather that the interoperability of these distinct regions creates a complexity that must be recognized and incorporated into any plan.

d. Urban vs. Rural

Cities are a natural focal point for security and often have response capabilities that are more complete and more uniform. Deviation from this uniform blanket of coverage often occurs outside of urban centers. It is here that the arbitrary lines of jurisdiction are most often found. Political boundaries crafted at an earlier time are inadequate to meet the threats facing today's communities. Moreover, the communities that are most in need of government continuity are also those with the least political clout.

e. Differing Structural Models

There is a need to understand the configuration of a partnered government. To meet challenges, government leaders are drafting agreements with their peers in neighboring states, cities or towns and they are encountering challenges. To explain by example: State A has a hierarchical government structure that is copied in the local or regional authorities. Within this structure a single authority controls both policy and ownership of material. State B has an autonomous, diffused structure where policy, ownership, and control of materials are not necessarily found in the same level of government. If these states are required to interact, there needs to be an understanding on a personal, political, and structural level on how to approach this relationship. Relationships are not developed overnight, nor should they originate in crises.

f. Emergency Response Capacity

Emergency response capacity at all levels is driven by the availability and accessibility of necessary resources. An understanding of the nature, quantity and location of resources is essential.

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IV. Successful Collaborations

While others[ii] have provided an extensive overview of successful collaborations a summary of common findings may be helpful; please see: Tools for successful collaboration.

a. Elements of successful collaborations

Need	A strong sense of mutual need to solve a problem that is beyond the capacity of a single organization or group.
Time	Be patient. It takes time to develop successful collaborations. As a rule they develop through phases that may take from months to years to mature. The process is seldom linear and often goes through ups and downs.
Leadership	Leader(s) that is/are respected, committed to the effort and can guide the group toward meeting the collaboration goals.
Clear Vision	A clear picture, shared by all participants, of the intended outcomes of the collaboration.

Respect Each participant is treated with the same respect for the knowledge and skills they bring to the effort.

Open Communications Frank and open discussion of all issues, good and bad. It is critically important that opinions and feelings are shared in a non judgmental manner.

Trust Arguably, the single most important factor in successful collaborations is the level of trust that members have for one another.

Early success Most long-term successful collaborations begin with an initial project that is valued and doable in a short time. Initial success fosters trust which in turn contributes to an increase in risk taking and a willingness to take the next step.

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b. Successful Collaborations: Examples and Resources

Western New York Public Health Alliance, Inc.
http://www.wnypha.org

Santa Clara County Health Department
http://www.naccho.org/topics/demonstration/APC/CA.cfm

Coulee Region Public Health Consortium
http://www.publichealthprepare.org/contact_main.htm

Tri-County Public Health Consortium
http://www.tricountyph.org

Northwest Ohio Consortium for Public Health
http://mph.bgsu.muo.utoledo.edu

Milwaukee Waukesha County Consortium for Emergency Preparedness
http://www.phprepare.net/display/router.asp?DocID=2319

Northern Illinois Public Health Consortium, Inc.
http://www.niphc.org/

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V. Agreements, Programs and Legislation

a. Existing Agreements

Inter-jurisdictional agreements support the substantial body of international and domestic law by establishing mutually understood frameworks for cooperation, engaging communities in times of peace and crisis. Significantly, these agreements have considerable range, many are formal written documents that have the force of law and many are informal agreements that lack ceremony but are practically substantive. Generally, within any particular inter-jurisdiction

agreement, there are common elements including: title, mission, definitions, administrative structure, procedures, state dues, entry into force, and procedures for amendment, withdrawal, or termination. [iii]

Inter-jurisdictional agreements can be viewed as attempts for parties to establish a formal, legal relationship to address common concerns about future problems. The agreement can take the form of Memoranda of Understanding (MOU), a compact, treaty or by the creation of a governmental commission or authority.[iv] It should be noted that the terms "Memorandum of Agreement" and "Memorandum of Understanding" are commonly understood to be synonymous; there is no legal definition of a "Memorandum of Agreement."[v]

Inter-jurisdictional agreements may come about for a variety of reasons. Nations, states, counties, municipalities, agencies—all stakeholders—can come together to establish mutual aid agreements, establish uniform guidelines and procedures[vi] or create economies of scale.[vii] They may also be initiated to comply with federal law or to retain state sovereignty.[viii] Finally, inter-jurisdictional agreements may be the appropriate forum to promote regional interests[ix] and settle disputes.[x] [xi] Stakeholders should leave an inter-jurisdictional agreement through a previously agreed upon procedure established in the original agreement.

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i. List of Examples

1. International

Pan-American Health Organization / World Health Organization SUMA	Link	Jump
World Health Organization Inter-Agency Standing Committee, Global Health Cluster	Link	Jump
Pacific Northwest Emergency Management Arrangement (PNEMA)	Link	Jump
British Columbia - Washington MOU on Public Health Emergencies	Link	Jump
International Emergency Management Group	Link	Jump
REMAC	Link	Jump
Canada - US Consultative Group	Link	Jump
US -Mexico Border Health Association	Link	Jump
US -Mexico Border Health Commission	Link	Jump
Border Interoperability Project	Link	Jump
Container Security Initiative	Link	Jump
Customs - Trade Partnership Against Terrorism	Link	Jump
Great Lakes Border Health Initiative	Link	Jump
Security and Prosperity Partnership	Link	Jump

3. Interstate			
	Emergency Management and Assistance Compact (EMAC)	Link	Jump
	Urban Cooperation Act of 1967 (Michigan)	Link	Jump
	Interstate Mutual Aid Compact (MT, ID, WA)	Link	Jump
	Great Lakes Border Health Initiative	Link	Jump
	Mid-America Alliance	Link	Jump
	Inter-governmental Agreement (Washington State to Virginia)	Link	Jump
	Inter-governmental Agreement (Ohio to Florida)	Link	Jump
4. Intrastate			
	Western New York Public Health Alliance	Link	Jump
	Montana Statewide Mutual Aid System Act	Link	Jump
	Oregon House Bill 2049	Link	Jump
	Statewide Mutual Aid System (Arkansas)	Link	Jump
	New York - New Jersey Port Authority	Link	Jump
	Model Intrastate Mutual Aid Legislation	Link	Jump
	State Emergency Management Act (Alabama)	Link	Jump
	California Disaster and Civil Defense Master Mutual Aid Agreement	Link	Jump
	Statewide Mutual Aid Agreeement (Indiana)	Link	Jump
	Intrastate Mutual Aid Compact (Delaware)	Link	Jump
	Statewide Mutual Aid Compact (Mississippi)	Link	Jump
	Ohio Intrastate Mutual Aid Compact - IMAC (Ohio)	Link	Jump
	Iowa Mutual Aid Compact - IMAC	Link	Jump
	Intergovernmental Mutual Aid Agreement (Illinois)	Link	Jump
	Declaration of Necessity (South Dakota)	Link	Jump
	Intrastate Mutual Aid and Declarations of Emergency (North Dakota)	Link	Jump
	2003 Wisconsin Act 186	Link	Jump
	VA § 44-146.20 Joint Action by Political Subdivisions (Virginia)	Link	Jump
	Statewide Mutual Aid for Emergency Management (Virginia)	Link	Jump
	Mutual Aid Agreement among Public Health Agencies (Mass.)	Link	Jump

5. Local			
	Hospital Mutual Aid Memorandum of Understanding	Link	Jump
	Emergency Services Ordinance (California)	Link	Jump
	County Mutual Aid Resolution (Iowa)	Link	Jump
	City Mutual Aid Resolution (Iowa)	Link	Jump

6. Indian Government and State Government			
	Montana Statewide Mutual Aid System Act	Link	Jump
	Mutual Aid / Law enforcement powers of Houlton Band of Maliseet Indians	Link	Jump
	Tribal Peace Officers & Mutual Aid (Minnesota)	Link	Jump
	Mutual Aid Agreement between the Puyallup Tribe of Indians and the Tacoma-Pierce County Health Department	Link	Jump
	Generic Memorandum of Understanding Between an Indian Nation and a County Health Department		Jump

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1. Existing International Agreements

Role of Pan-American Health Organization / World Health Organization

Supply Management (SUMA) is headquartered in Costa Rica and is a tool run by the Pan-American Health Organization and the World Health Organization for inventory and management of all humanitarian supplies held by governments, NGO's, Red Cross or bilateral missions.[xii]

World Health Organization Inter-Agency Standing Committee, Global Health Cluster

The Inter-Agency Standing Committee provides health leadership in emergency and crisis preparedness, response and recovery; seeks to prevent and reduce emergency-related morbidity and mortality; ensures evidence-based actions, gap filling and sound coordination and enhances accountability, predictability and effectiveness of humanitarian health actions.[xiii] Their core objectives include: (1) ensuring predictable and accountable health emergency response through management of technical and human resources; (2) maintaining databases for nation specific health profiles and significant gaps in the health sector; (3) standardization of methods and formats; (4) monitoring efficacy of response; (5) coordinating donor appeals for the procurement of resources.[xiv]

Pacific Northwest Emergency Management Arrangement (PNEMA) [xv]

In 1996-97, four states in the U.S. Department of Health and Human Services Region X (Washington, Oregon, Idaho, and Alaska) and two Canadian provinces or territories (British Columbia and Yukon) signed the Pacific Northwest Emergency Management Arrangement (PNEMA). PNEMA was approved by the U.S. Congress in 1988 in P.L. 105-381 and remains the only authorized international civil emergency preparedness and response agreement. PNEMA provides for cooperative activities to improve civil preparedness and response across jurisdictional boundaries on the premise that a timely regional response to a natural, technological, or intentional disaster would provide better public health intervention. In addition to sharing warnings and notifications across boundaries, PNEMA provides for sharing of public health information, specimens and laboratory data. In the event of a large scale emergency, mutual assistance would include

sharing resources such as health care personnel. PNEMA also provides for movement of evacuees or refugees.[xvi] [Congressional consent for PNEMA] [Schedule of reporting among PNEMA] [Framework for Assessing Emergency Preparedness]

British Columbia - Washington MOU on Public Health Emergencies
The Canadian province of British Columbia (BC) and Washington State entered into a Memorandum of Understanding (MOU)[xvii] on Public Health Emergencies. Under the MOU, both parties agree to undertake a collaborative approach to use available health resources to prepare for, respond to and recover from public health emergencies.[xviii] [BC Washington MOU] [Joint Press Release]

International Emergency Management Group (IMEG)
International (Canadian/US) Alliance for Emergency Response was created by the International Emergency Management Assistance Compact (IEMAC). The International Emergency Management Assistance Memorandum of Understanding is among the States of Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut and the Provinces of Québec, New Brunswick, Prince Edward Island, Nova Scotia and Newfoundland and Labrador. IEMAC also allows for other states or provinces to join.

IEMAC provides for the possibility of mutual assistance among the jurisdictions in managing any emergency or disaster when the affected jurisdiction(s) ask for assistance, whether arising from natural disaster, technological hazard, man-made disaster or civil emergency aspects of resource shortages. The compact also provides for planning mechanisms among the agencies responsible and for mutual cooperation, including emergency-related exercises, testing or other training activities using equipment and personnel such as simulating performance of any aspect of the giving and receiving of aid by party jurisdictions or subdivisions of party jurisdictions. Mutual assistance in this compact may include the use of emergency forces by mutual agreement among party jurisdictions.[xix] [International Emergency Management Assistance Compact]

REMAC
Eastern REMAC:
In Canada: Regions/Provinces of New Brunswick, Nova Scotia and Quebec.
In U.S.A.: FEMA Regions I and 11, States of Maine, New Hampshire, Vermont and New York.
Central REMAC:
In Canada: Regions/Provinces of Quebec and Ontario.
In U.S.A.: FEMA Regions II and V, States of New York, Pennsylvania, Ohio, Michigan, Wisconsin and Minnesota.
Prairies REMAC:
In Canada: Regions/Provinces of Manitoba, Saskatchewan and Alberta.
In U.S.A.: FEMA Region VIII, States of Minnesota, North Dakota and Montana.

Western REMAC:
In Canada: Regions/Provinces/Territories of British Columbia and Yukon.
In U.S.A.: FEMA Region X, States of Washington, Idaho, Oregon and Alaska.

Canada – U.S. Consultative Group
A Canadian – U.S. Consultative Group was established to improve the safety and security of citizens through enhanced cooperation within North America. The Planning Group's activities include: preparing contingency plans to ensure a cooperative and well-coordinated response to national requests for military assistance in the event of a threat, attack, or civil emergency in Canada or the U.S.; coordinating maritime surveillance and intelligence sharing; assessing maritime threats, incidents, and emergencies; establishing appropriate planning and liaison mechanisms with civilian authorities involved in crisis response such as police, fire fighters and other first responders; designing and participating in exercises; conducting joint training programs; and validating the practicality and effectiveness of plans prior to their approval.[Canadian Military Press Release][xx]

US-Mexico Border Health Association
The mission of the US-Mexico Border Health Association is to promote the improvement of the health and living conditions of the people of the United State-Mexico Border. [xxi]

US-Mexico Border Health Commission[xxii]
The mission of the United States-Mexico Border Health Commission, established by P.L. 103-400, is to provide international leadership to optimize health and quality of life along the U.S.-Mexico border. The Commission is comprised of the U.S. Secretary of Health and Human Services, the chief health officers of the ten border states and prominent community health professionals from both nations. The Commission provides the necessary leadership to develop coordinated and bi-national actions that will improve the health and quality of life on the border. [xxiii]

Border Interoperability Project
Longstanding mutual aid agreements between sister-cities on either side of the Arizona-Mexico border helped lay the groundwork for a recently completed "border interoperability project." Equipment in the four Arizona counties along the border allows Mexican and U.S. firefighters, law enforcement officials, and medical teams to communicate on the same radio frequency. Arizona authorities have been conducting regular exercises around the state, including weapons of mass destruction exercises near the border, in cooperation with their Mexican colleagues.[xxiv]

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2. Existing Agreements Regarding International Points of Entry

One of the greatest recognized post-September 11 weaknesses to domestic security was international shipping. The sheer volume makes it difficult to screen containers upon arrival. Recognizing the threat, the U.S. government established the “Container Security Initiative” with partners all over the world. The Container Security Initiative uses a security regime to ensure all containers that pose a potential risk for terrorism are identified and inspected at foreign ports before they are placed on vessels destined for the United States.

The duration and strength of these agreements is not always certain. By means of example, another U.S. Government initiative to screen and secure airline passengers provided additional security through the delivery of passenger manifests on flights en route to the United States, but there are concerns from America's international partners. Originally, an agreement was signed by European governments out of perceived necessity shortly after September 11, but its continuation has been harshly scrutinized by these same governments. The European opponents to extension expressed concerns about their citizens' rights and privileges vis-à-vis demands from a foreign government. The agreement has continued, albeit under modified terms, but demonstrates the complexity of inter-jurisdictional agreements; there are two or more bodies of constituents whose needs must be independently satisfied through cooperation.

International / Interstate Transport – Cargo
The U.S. Department of Homeland Security is responsible for protecting the movement of international trade across U.S. borders, maximizing the security of the international supply chain and engaging foreign governments and trading partners in programs designed to identify and eliminate security threats before entering U.S. ports and borders. [Homeland Security – Commerce and Trade][xxv]

Container Security Initiative (CSI)
The primary purpose of CSI is to protect the global trading system and trade lanes between CSI ports and the U.S. Under the CSI program, a team of officers is deployed to work with host nations to target all containers that pose a potential threat. Announced in January 2002, CSI was first implemented in the ports shipping the greatest volume of containers to the United States. Today, customs administrations all over the world have committed to joining CSI and are at various stages of implementation. CSI is now operational at ports in North, Central, and South America, the Caribbean, Europe, Africa, the Middle East and throughout Asia. [Custom and Border Protection: CSI][xxvi]

Customs - Trade Partnership Against Terrorism (C-TPAT)[xxvii]
CBP created a public-private and international partnership with over 6,000 businesses (over 10,000 have applied) including most of the largest U.S. importers. C-TPAT, CBP and partner companies work to improve baseline security standards for supply chain and container security. [xxviii]

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3. Existing Interstate Agreements

Incorporation of Indian Tribes: Montana, Statewide Mutual Aid System Act
This statute establishes an Intrastate Mutual Aid System to aid in requesting assistance for and responding to local emergencies and disasters. It allows a political subdivision of the state to withdraw from participation in the intrastate mutual aid system; creates the Montana Intrastate Mutual Aid Committee and describes its membership, duties and authority. It also allows federally recognized Indian tribes within Montana to participate in the intrastate mutual aid system, provides for administration of the intrastate system and provides for governmental immunity from liability under certain conditions. [xxix]
[Montana Bill Establishing Intrastate Mutual Aid System]

See also: Mont. Code Anno., § 10-3-105 (2005), which defines duties of state disaster and emergency services. Mont. Code Anno., § 10-3-202 (2005) promotes mutual aid among fire responders. [Montana Statewide Mutual Aid System Act] [Montana statute empowering municipalities to enter into mutual aid agreements]

Mutual Aid / Law enforcement powers of Houlton Band of Maliseet Indians (Maine)[xxx]
This statute will be repealed by its own terms on July 1, 2010. It provides for the appointment of tribal law enforcement officers under state law, in addition to their federal duties. It also provides that state and county law enforcement officers and law enforcement officers appointed by the town have the authority to enforce all laws of the state within the Houlton Band Trust Land. Its provisions also provide capability for mutual aid between the Houlton Band of Maliseet Indians and any state, county or local law enforcement agency. Law enforcement officers appointed by the Houlton Band of Maliseet Indians pursuant to this section possess the same powers, enjoy the same immunities and are subject to the same duties, limitations and training requirements as other corresponding law enforcement officers under the laws of the state. [Maine statute providing law enforcement powers to Houlton Band of Maliseet Indians].

Significantly, there is a requirement that by January 1, 2010, the Houlton Band of Maliseet Indians shall file a report with the joint standing committee of the legislature having jurisdiction over judiciary matters detailing the band's experience with the exercise of law enforcement authority under this section. The report must include observations and comments from the state and county law enforcement agencies that provide law enforcement services in Aroostook County and from the Houlton Police Department.

Law Enforcement Authority, Tribal Peace Officers, Mutual Aid (Minn.)[xxxi]
Provides for band's law enforcement agents to assume powers if requirements are made: liability for officers, insurance is obtained and law enforcement data is respected. It also provides for the band to enter into mutual aid agreements with the sheriff where concurrent jurisdiction on trust territory.
[Minnesota Bill Providing Law Enforcement Authority to Tribal Peace Officers].

Urban Cooperation Act of 1967 (Michigan)[xxxii]
A public agency of Michigan may exercise jointly with any other public agency of this state, with a public agency of any other state of the United States, with a public agency of Canada or with any public agency of the United States government any power, privilege, or authority that the agencies share in common and that each might exercise separately. [Urban Cooperation Act]

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Interstate Mutual Aid Compact (MT, ID, WA)[xxxiii]
The compact provides voluntary assistance, among participating states, in responding to any disaster or imminent disaster that overextends the ability of local and state governments to reduce, counteract or remove the danger. Assistance may include but is not limited to rescue, fire, police, medical, communication and transportation services

and facilities to cope with problems which require the use of special equipment, trained personnel or personnel in large numbers when not locally available. [Interstate Mutual Aid Compact].

Great Lakes Border Health Initiative[xxxiv]
A group of health departments led by the Michigan Department of Health is working to develop an agreement between Michigan, Minnesota, New York, Ontario and Wisconsin to facilitate information and resource sharing to improve regional disease surveillance efforts. [Great Lakes Border Health Initiative Data Sharing Agreement]

Security and Prosperity Partnership[xxxv]
The Security and Prosperity Partnership of North America (SPP) was launched in March of 2005 as a trilateral effort to increase security and enhance prosperity among the United States, Canada and Mexico through greater cooperation and information sharing. [Security and Prosperity Partnership]

Emergency Management and Assistance Compact (EMAC)
Mutual aid agreement and partnership between the states. It has been ratified by Congress with the requirement that state legislatures must accept its provisions. It is administered by NEMA, the National Emergency Management Association. Through its enabling statutes, EMAC addresses compensation, reimbursement, reciprocal license recognition and liability for emergency responders. EMAC provides that resources will be available through the compact, but that jurisdictions may withhold resources to the extent required for self protection. [Congressional EMAC Resolution] [Emergency Management and Assistance Compact]

House Bill 2049 (Oregon)
When an emergency is declared, this legislation provides for intrastate mutual aid among its political subdivisions to be arranged by an intrastate mutual aid program that is also created within this legislation. [Oregon Bill Establishing Mutual Aid]

Statewide Mutual Aid System (Arkansas)[xxxvi]
The Statewide Mutual Aid System empowers emergency responders to respond to a declared emergency from federal, state, or local authorities. It outlays specifics concerning powers, reimbursement, licensure, duties. It states that arbitration is the means of resolving any conflict. Arkansas Code Title 12, Chapter 75, Subchapter 132 creates the Arkansas Homeland Security Advisory Group.

New York – New Jersey Port Authority[xxxvii]
On April 30, 1921, The Port of New York Authority was established to administer the common harbor interests of New York and New Jersey. The first of its kind in the Western Hemisphere, the organization was created under a clause of the Constitution permitting compacts between states, with Congressional consent. An area of jurisdiction called the "Port District," a bi-state region of about 1,500 square miles centered on the Statue of Liberty, was established. In 1972, the organization's name was changed to The Port Authority of New York and New Jersey to more accurately identify its role as a bi-state agency.

Mid-America Alliance (MAA)
The mission of the Mid America Alliance is to provide a framework for mutual assistance among states during a situation that stresses one individual state's resources but does not initiate a governor declared state of emergency. Composed of Colorado, Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah and Wyoming; the MAA will establish a system by which neighboring states can share services, resources, and information to efficiently address the needs of citizens during a public health emergency.[xxxviii]

International Fire Chiefs Association

Intrastate Mutual Aid System (IMAS)
Through a partnership with the Department of Homeland Security and the NIMS Integration Center, the International Association of Fire Chiefs (IAFC) has undertaken the development of a National Fire Service Intrastate Mutual Aid System. The ultimate goal of this project is to support the development of comprehensive and functional mutual aid plans for the fire service in all states and, eventually, other disciplines.[xxxix] The intended relationships included under this program are community to community and community to state.

Mutual Aid System Task Force (MASTF)
Interstate Mutual Aid System.

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4. Existing Intrastate Agreements

Model Intrastate Mutual Aid Legislation
The Model Intrastate Mutual Aid Legislation was produced by the National Emergency Management Association (NEMA).
[Model Intrastate Mutual Aid Legislation]

State Emergency Management Act (Alabama)[xl]
The State Emergency Management Act empowers the State of Alabama and its political divisions to develop and enter into mutual aid agreements for emergency aid. It outlays details concerning powers, duties, privileges and immunities when rendering outside aid.
[Alabama State Emergency Management Act]

California Disaster and Civil Defense Master Mutual Aid Agreement
A document produced in 1950 that provides for intrastate mutual aid among its subdivisions (cities, counties, agencies and other political subdivisions). [California Disaster and Civil Defense Master Mutual Aid Agreement]

Statewide Mutual Aid Agreement (Indiana)[xli]
The law, effective May 7, 2003, automatically makes each unit of government (county, city, town and township) in Indiana part of a Statewide Mutual Aid Agreement. It does have an opt-out provision, but one that prevents opting out entity from getting future state or federal funding.
[Indiana Statewide Mutual Aid Agreement]

Intrastate Mutual Aid Compact (Delaware)[xlii]
This compact creates a system of intrastate mutual aid between political subdivisions involving fire, rescue and emergency medical services in the State of Delaware. [Intrastate Mutual Aid Compact]

Statewide Mutual Aid Compact (Mississippi)[xliii]
A mutual aid compact passed in 2000 that requires a disaster declaration from the federal or state government to enable the Mississippi Emergency Management Agency. Those political subdivisions that have signed on will be considered party to the agreement. The Mississippi Emergency Management Agency will coordinate efforts between and among the State of Mississippi and its political subdivisions. [Mississippi Statewide Mutual Aid Compact]

Ohio Intrastate Mutual Aid Compact (IMAC) (Ohio)[xliv]
This is a mutual aid compact intended to complement existing mutual aid agreements in the event of a disaster that results in the declaration of emergency by a participating political subdivision. It provides for mutual cooperation among the participating political subdivisions in conducting disaster related exercises, testing or other training activities using the services, equipment, supplies, materials, personnel and other resources for the provision of mutual aid.
[Ohio Intrastate Mutual Aid Compact]

Voluntary Intra-State Compact / Declaration Enables License Reciprocation, Reimbursement / No Power to Arrest: Iowa, Iowa Mutual Aid Compact (IMAC) 29C.22
A voluntary compact that, to be effective, must be adopted by local resolution or ordinance and is facilitated by Iowa Homeland Security and Emergency Management. Similar to EMAC,[xlv] it is activated by local or state emergency declaration and the powers provided for are the same except for the power to arrest. Licenses are reciprocated. It has the same liability provisions as EMAC. Jurisdictions provide reimbursement for expenses incurred and damage or loss of equipment. [Iowa Mutual Aid Compact]

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Intergovernmental Mutual Aid Agreement (Illinois)
The Intergovernmental Mutual Aid Agreement is entered into by any local government that has a certified health department by the State of Illinois. It calls for the Illinois Public Health Mutual Aid System (IPHMAS) as a clearinghouse for mutual aid within the state.
[Illinois Intergovernmental Mutual Aid Agreement]

Declaration of Necessity (South Dakota)
Provides for the establishment of a Division of Emergency Management and empowers political subdivisions to enter into mutual aid agreements. Specifically does not include the judicial branch or Indian tribes.
[South Dakota Declaration of Necessity]

Intrastate Mutual Aid and Declarations of Emergency (North Dakota)
Section 37-17.1 of the North Dakota Century Code provides system of intrastate mutual aid between response units in North Dakota.
[North Dakota Intrastate Mutual Aid and Declarations of Emergency]

2003 Wisconsin Act 186
Enacted April 7, 2004, this relates to the creation of a public health council, reimbursement for quarantine costs, intrastate mutual aid, requiring use of the incident command system in an emergency and exemption from liability during a state of emergency. [2003 Wisconsin Act 186]

VA § 44-146.20 Joint Action by Political Subdivisions (Virginia)
This statute provides authority for the creation of inter-jurisdictional relationships within and among the political subdivisions of Virginia.
[Virginia Statute Authorizing Joint Action by Political Subdivisions]

Statewide Mutual Aid for Emergency Management (Virginia)
Virginia Model authorizing resolution creates a statewide mutual aid program that is run by the State Emergency Operations Center, part of the Department of Emergency Management. Further it outlines procedures for the provision of mutual aid including reimbursement, worker's compensation, insurance and severability. [Statewide Mutual Aid for Emergency Management, Model Authorizing Resolution] [Virginia Statewide Mutual Aid Operations Manual]

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5. Existing Agreements: State & Local (Including Tribal Nations)

Inter-governmental Agreement (Washington State to Virginia)
Agreement between the Washington State Military Department and Kitsap County, Washington and Virginia Emergency Management to deploy a Public Information Officer to Virginia in the wake of Hurricane Isabel.
[Inter-governmental Agreement (Washington State to Virginia)]

Inter-governmental Agreement (Ohio to Florida)
An agreement between the State of Ohio and the State of Florida to contract out employees pursuant to EMAC. [Inter-governmental Agreement (Ohio to Florida)]

Mutual Aid Agreement between the Puyallup Tribe of Indians and the Tacoma-Pierce County Health Department
This agreement provides for cooperation relating to disease and contamination control measures among signatories. [Mutual Aid Agreement]

Generic Memorandum of Understanding: Indian Nation, Health Department
The following is a sample Memorandum of Understanding that could be used to form an agreement between an Indian Nation and a County Health Department:

Generic

MEMORANDUM OF UNDERSTANDING

Between the
[INDIAN NATION] and the
[COUNTY] *Department of Health (DOH)*

A. PURPOSE

This Memorandum of Understanding (MOU) is entered into by the [INDIAN NATION] ("Nation"), a federally recognized sovereign nation, and the [COUNTY] Department of Health ("County DOH"). The purpose of this MOU is to outline the terms under which the Nation's Health Clinic facility, located at [HEALTH CLINIC ADDRESS], or comparable facility may be dedicated for use as a Point of Dispensing (POD) of assets from New York State's stockpile or the Strategic National Stockpile, in the event of a public health emergency, to establish an emergency pharmaceutical dispensing or vaccination clinic, open to the Nation's citizens and [County] County residents, at this location, and/or at another location chosen by the Nation's representatives, to provide prophylaxis or medical supplies to this nation community.

B. DEFINITIONS

A *public health emergency* **is any incident that poses a threat to the health of the community. Such incidents could include, but are not limited to, naturally occurring large-scale disease outbreaks, natural disasters and intentional or accidental releases of nerve agents, chemical agents, or biological pathogens.**

The *Strategic National Stockpile* **("SNS") is a federal resource that supplies pharmaceuticals, medical supplies, and equipment to mitigate the effects of a public health emergency.**

A *Federally-recognized sovereign nation* **is an American Indian Nation that has a government-to-government relationship with the United States and is acknowledged by the United States Federal government to hold inherent powers of self-determination and self-governance over its citizens and tribal lands; no decisions about tribal lands or resources can be made without approval of the tribal government.**

C. NOTIFICATION

If a public health emergency occurs, resulting in activation of the Strategic National Stockpile plan, and the Nation's leaders determine that the facility needs to be activated as a Point of Dispensing for the SNS or state assets, a representative (indicated in Appendix 1B) will notify the designated contact at the County DOH as soon as possible. The County DOH will be responsible for asset delivery to the site, and will consult with the Nation's representatives to establish the most mutually-agreeable time for delivery to the Nation. The Nation agrees to have a representative present at the site when the County DOH representative(s) is/are due to arrive with the SNS or state assets. The Nation agrees to notify County DOH if the Nation changes the location of the POD, to assure that assets arrive at the correct location and to prevent delays.

D. EQUIPMENT

The Nation will supply the necessary on-site equipment to operate the POD, unless the Nation requests additional equipment from the County DOH. "On-site equipment" includes, but is not limited to, such items as: computers, printers, office supplies, tables, chairs, basic clinic supplies and basic communications equipment.

E. TERMS OF FACILITY USE

The Nation will determine the length of time the facility would need to be utilized to operate a POD(s) for the given incident. The County DOH will provide guidance and assistance for decontamination/terminal cleaning of the POD site(s) after deactivation, if requested by the Nation.

F. MANAGEMENT OF AND ACCOUNTING FOR MEDICAL ASSETS

In order for the County DOH to comply with its agreement with New York State Department of Health ("NYSDOH"), which is in place in order for NYSDOH to comply with its agreement with the CDC regarding the management and tracking of SNS assets, the parties agree as follows: Any medical materials or assets from the SNS or State stockpile provided to the Nation by the County DOH will remain under the medical management of the County Commissioner of Health/Public Health Director and will be utilized only in accordance with the latest NYSDOH guidance. The Nation will (i) maintain the physical security and integrity of the medical materials and assets while they are in the Nation's possession; (ii) comply with any handling and storage instructions provided by the County DOH, consistent with handling and storage instructions from NYSDOH; (iii) provide such material and assets free-of-charge to patients; and (iv) comply with all applicable laws and regulations. The Nation will assist the County DOH in recovering and accounting for all unused medical materials and assets. The Nation will maintain records accounting for all medical materials received, used, returned, or disposed of in accordance with instructions provided by the County DOH, consistent with instructions from NYSDOH.

G. RECOGNITION AND PRESERVATION OF SOVEREIGN IMMUNITY

The County DOH agrees that nothing in this agreement is intended as a diminution of the Nation's sovereign immunity or any other aspect of the Nation's sovereignty, or jurisdiction over its territory or its citizens. The County DOH acknowledges that the Nation's sovereignty ensures the future of the Nation and the preservation of its culture.

H. TERM OF AGREEMENT

This agreement shall be in effect from [DATE] until [DATE]. Either party may terminate this agreement by written notice of such intention with thirty days advance notice.

[NAME] , [COUNTY] [Public Health Director or other authorized representative]	Date
Chief [NAME], [INDIAN NATION]	Date
[NAME] , [INDIAN NATION]Clinic Manager	Date

APPENDIX 1: Agency Representatives & Contact Information

--All Information Is CONFIDENTIAL--

A. [COUNTY] Department of Health

Primary Contact

Name:
Title:
Office Phone:
Cellular /Emergency Phone:
Fax :
Mailing Address:
Email Address:

Contact

Name:
Title:
Office Phone:
Cellular /Emergency Phone:
Fax :
Mailing Address:
Email Address:

Contact

Name:
Title:
Office Phone:
Cellular /Emergency Phone:
Fax :
Mailing Address:
Email Address:

Contact

Name:
Title:
Office Phone:
Cellular /Emergency Phone:
Fax :
Mailing Address:
Email Address:

B. [INDIAN NATION]

Primary Contact

Name:
Title:
Office Phone:
Cellular /Emergency Phone:
Fax :
Mailing Address:
Email Address:

Contact

Name:
Title:
Office Phone:
Cellular /Emergency Phone:
Fax :
Mailing Address:
Email Address:

Contact

Name:
Title:
Office Phone:
Cellular /Emergency Phone:
Fax :
Mailing Address:
Email Address:

Contact

Name:
Title:
Office Phone:
Cellular /Emergency Phone:
Fax :
Mailing Address:
Email Address:

Mutual Aid Agreement among Public Health Agencies (Mass)[xlvi]
The model agreement is intended to be used by municipalities in Massachusetts to prepare for circumstances when "the resources normally available to any municipality are not sufficient to cope with a situation which requires [public health] action." [xlvii]
[Massachusetts Mutual Aid Agreement among Public Health Agencies]

Western New York Public Health Alliance, Inc. (New York / Ontario)
The Alliance identifies and addresses a wide range of public health issues. The Alliance is comprised of the commissioners and directors of public health from the eight county health departments in the Western New York (WNY) region with additional representation from the other public and private organizations. The Alliance membership includes the eight contiguous counties of the WNY region: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming. Six of the counties are rural (Allegany, Cattaraugus, Chautauqua, Genesee, Orleans and Wyoming) and two are urban (Erie and Niagara).[xlviii]

Hospital Mutual Aid Memorandum of Understanding (California)
MOU for private hospitals requiring a response that exceeds the resources of any individual. [Model Hospital Mutual Memorandum of Understanding].

Emergency Services Ordinance for Santa Clara County (California)
(Ord. No. NS-300.600, § 2, 5-13-97)
An ordinance to provide for the preparation and carrying out of plans for the protection of persons and property within the County of Santa Clara in the event of an emergency; the establishment, coordination and direction of the Santa Clara County Emergency Organization, the County of Santa Clara Disaster Council and the County of Santa Clara Office of Emergency Services; and finally, the coordination of the emergency functions of this county with all other public agencies, corporations, organizations and affected private persons.
[Santa Clara Emergency Services Ordinance]

County Mutual Aid Resolution (Iowa)
This is a model resolution whereby a county adopts the provisions of the Statewide Mutual Aid Compact. [County Mutual Aid Resolution]

City Mutual Aid Resolution (Iowa)
This is a model resolution whereby a city council adopts the provisions of the Statewide Mutual Aid Compact. [Iowa City Mutual Aid Resolution]

6. Other Existing Agreements

a. Social and Environmental

A list of various environmental and social service mutual aid agreements that are currently in operation.
[Link to additional social and environmental mutual aid agreements]

b. Criminal Justice

Agreement between City of New York Department of Health and Mental Hygiene and the Federal Bureau of Investigation
Provides for a coordinated response in the event of a suspected or confirmed bioterrorist event. [Agreement between NY DOH and FBI]

Inter-local Cooperation Agreement for Mutual Law Enforcement Aid Between Various Law Enforcement Agencies of Pierce County.
Agreement among municipalities within a County for the provision of law enforcement mutual aid as well as provisions for communication, responsibility, liability and reimbursement if put into action.
[Inter-local Cooperation Agreement for Mutual Law Enforcement Aid]

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b. Existing Federal Programs with Tribal Nations[xlix]

i. Disaster-Specific Assistance Programs

Fire Management Assistance Grant Program (CDFA Number: 97.046)
This program provides assistance for the mitigation, management, and control of fires on publicly or privately owned forests or grasslands. State, local and tribal governments are eligible.

Hazard Mitigation Grant Program (CDFA Number: 97.039)
This program provides grants to states and local governments to implement long-term hazard mitigation measures after a major disaster declaration. States, localities and tribal governments; certain private-nonprofit organizations or institutions; authorized tribal organizations; and Alaskan native villages or organizations (via states) are eligible.

Public Assistance Grant Program (CDFA Number: 97.036)
This program provides assistance to alleviate suffering and hardship resulting from major disasters or emergencies declared by the President. States, localities, tribal governments and private-nonprofit organizations via states are eligible.

Reimbursement for Firefighting on Federal Property (CDFA Number: 97.016)
This program provides reimbursement only for direct costs and losses over and above normal operating costs. States, localities, tribal governments and fire departments are eligible.

Pre-Disaster Mitigation Program (CDFA Numbers: 97.017)
This program provides funds for hazard mitigation planning and the implementation of mitigation projects prior to a disaster event. States, localities and tribal governments are eligible.

ii. Non-Disaster Programs

Chemical Stockpile Emergency Preparedness Program (CDFA Number: 97.040)
This program improves preparedness to protect the people of certain communities in the unlikely event of an accident involving national stockpiles of obsolete chemical munitions. States, localities and tribal governments are eligible.

Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) (CDFA Numbers: 97.02, 97.021)
This law supports programs designed to improve capabilities associated with oil and hazardous materials emergency planning and exercising States, localities and tribal governments, U.S. territories, state emergency response committee's (SERCs) and LEPCs are eligible.

Cooperating Technical Partners (CDFA Number: 97.045)
This program provides technical assistance, training and/or data to support flood hazard data development activities. States, localities, tribal governments are eligible.

Emergency Food and Shelter Program (CDFA Number: 97.024)
This program supplements the work of local social service organizations within the United States, both private and governmental, to help people in need of emergency assistance. Private-Nonprofit community and government organizations are eligible.

Superfund Amendments and Reauthorization Act
These amendments and Act provide funding for training in emergency planning, preparedness, mitigation, response and recovery capabilities associated with hazardous chemicals. Public officials, fire and police personnel, medical personnel, first responders and other tribal response and planning personnel are eligible.

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c. Existing Legislation

i. Federal Enabling Legislation

Federal Civil Defense Act of 1950
Established the Federal Civil Defense policy during the 1950's.
Created the Federal Civil Defense Agency.
Provides monetary assistance to states for preparedness activities.

Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974
Established the Federal Disaster Assistance policy.
Provides monetary assistance for disaster recovery.
FEMA - Stafford Act

Presidential Reorganization Plan # 3 of 1978
Created the Federal Emergency Management Agency (FEMA).
Shifted emphasis from civil defense to all-hazards.

Federal Superfund Amendments and Reauthorization Act of 1986
Amended federal hazardous waste policy.
Established Community Right-To-Know legislation.
Mandated establishment of State Emergency Response Commissions and Local Emergency Planning Committees to oversee enhanced hazardous substance monitoring programs.

Emergency Management Assistance Compact of 1996
Inter-jurisdiction agreements have fallen under two public laws: specifically P.L. 104-321 which essentially authorized Emergency Management Assistance Compact, EMAC and domestic mutual aid covenants.

Pacific Northwest Emergency Management Arrangement of 1998
P.L. 105-381 essentially authorized Canadian – American mutual aid covenants.

Post-Katrina Emergency Management Reform Act
Post-Katrina Emergency Management Reform Act transfers, with the exception of certain offices listed in the Act, functions of the Preparedness Directorate to the new FEMA. This transfer includes: (1) The United States Fire Administration (USFA), (2) The Office of Grants and Training (G&T), (3) The Chemical Stockpile Emergency Preparedness Division (CSEP), (4) The Radiological Emergency Preparedness Program (REPP) and (5) The Office of National Capital Region Coordination (NCRC).

International Emergency Management Assistance Compact (IEMAC)
The purpose of the International Emergency Management Assistance Compact, originally a Memorandum of Understanding, is to provide for the possibility of mutual assistance among the jurisdictions entering into this compact in managing any emergency or disaster when the affected jurisdiction or jurisdictions ask for assistance, whether arising from natural disaster, technological hazard, man-made disaster or civil emergency aspects of resources shortages. The jurisdictions include any or all of the States of Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut and the Provinces of Québec, New Brunswick, Prince Edward Island, Nova Scotia and Newfoundland, as well as such other states and provinces as may hereafter become a party to this compact.

This compact also provides for the process of planning mechanisms among the agencies responsible and for mutual cooperation. This includes emergency-related exercises, testing or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by party jurisdictions or subdivisions of party jurisdictions during emergencies, with such actions occurring outside actual declared emergency periods. Mutual assistance in this compact may include the use of emergency forces by mutual agreement among party jurisdictions.

Executive Order No. 10186 of December 1, 1950, encourages the states to enter into emergency, disaster and civil defense mutual aid agreements or pacts.

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ii. New York Enabling Legislation

New York State Defense Emergency Act of 1951
Established State Civil Defense policy; created State Civil Defense Commission; assigned Civil Defense responsibilities to County and Chief Executive Officers and City Mayors.

New York State Executive Law - Article 2-B
Created State Disaster Preparedness Commission (DPC); shifted emphasis from civil defense to all-hazards preparedness activities and mission; assigned responsibility for off-site radiological emergency preparedness for commercial nuclear power plants; and created State Emergency Assistance Program in 1993, which provides reimbursement to eligible municipalities for public damages from natural disaster. [New York State Executive Law - Article 2-B]

Outside service by local fire departments, companies, ambulance districts and airport crash-fire-rescue units (New York)[l]
Provides mutual aid capability for New York fire responders.
[NY CLS Gen Mun § 209 (2007)]

Inter-municipal Cooperation Agreement (New York)[li]
Onondaga County form providing for the cooperation of government entities to assist where feasible or during times of duress. Authorized under General Municipal Law, Article 5-G.

Inter-governmental Agreement (New York)[lii]
Provides for the joint acquisition and administration of real property for the purpose of preservation of open space. Authorized, pursuant to both Article 9, § 1 of the State Constitution and Article 5-G of the General Municipal Law to enter into intergovernmental agreements; and [w]hereas, Article 9, § 2 of the State Constitution, § 64, subdivision 2 of the Town Law, § 20, subdivision 2 of the General City Law, § 10(1)(ii)(a)(6) of the Municipal Home Rule Law and § 10, subdivision 2 of the Statute of Local Governments specifically authorize municipalities to acquire, hold and administer real property for public purposes.

State incentives promoting local IGA's (New York)[liii]
The Department of State Municipal Services Incentive Grant Program includes four grant categories that focus on specific needs of local government across New York State. Grants cover costs associated with consolidations, mergers, dissolutions, cooperative agreements and shared services among municipalities, including but not limited to, legal and consultant services, feasibility studies, capital improvements and other necessary expenses. Grant Categories: (1) Shared Municipal Services Incentive Awards (Up to $200,000.00 per municipality); (2) shared Highway Services Incentive Awards (Up to $300,000 per municipality); (3) Countywide Shared Services Incentive Awards (Up to $300,000 per award); (4) Local Health Insurance Incentive Awards (Up to $500,000 per award)

New York General Municipal Law § 462
Authorizes any public agency of the state to enter into inter-local agreements with any public agency of any other state or multiple states.
[New York General Municipal Law § 462]

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VI. LEGAL BACKGROUND

a. Mutual Aid

Mutual aid is the sharing of supplies, equipment, personnel and information across political boundaries or assistance rendered by one government entity to help another government entity respond to emergency conditions. For an inventory of mutual aid agreements and related resources see http://www2a.cdc.gov/phpl/mutualaid/MutualResources.asp (sentence 3). For a menu of suggested provisions for public health mutual aid agreements see http://www2acdc.gov/phlp/mutualaid/mutualinventory.asp.

[American Journal of Public Health: Essential Legal Tools for Mutual Aid]

The process of initiating mutual aid provisions often will require a declaration of emergency by the executive branch of government. EMAC is an example of a mutual aid agreement in which a declaration is required. The initiating processes for mutual aid should be enunciated within any enabling legislation by the legislature. Maintaining a constitutionally and socially acceptable separation of powers is a concern to be mindful of when drafting the enabling legislation. These issues are evident in the deliberations surrounding the Model State Emergency Health Powers Act and the Turning Point legislative proposals. Generally speaking, mutual aid agreements take two forms: those that require a formal declaration by an executive official, as described above, and those that do not. Agreements can be established that become effective at any pre-determined time. Others can be managed by local officials, agencies or local health departments when support is required to respond to events that overwhelm local capacity but fail to rise to an emergency. As such, a municipality can voluntarily send staff and personnel to overwhelmed areas but is expected to maintain an appropriate percentage of staff to provide coverage to the "home" community. A framework for improving cross-sector coordination for emergency preparedness and response at the local, state and tribal level that involve public health, law enforcement, the judiciary and corrections can be found here: http://www2a.cdc.gov/phlp/emergencyprep.asp.

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b. Federal or State Authority

The Tenth Amendment states that "the powers not delegated to the United States by the Constitution, nor prohibited by it to the states, are reserved to the states respectively, or to the people." Traditionally, those rights not specifically enumerated to the federal government are considered part of the plenary power given to the states.[liv]

A series of Supreme Court decisions limit federal involvement in state actions to encouragement, not coercion regarding a states prerogative to accept federal incentives, adopt regulations or take ownership of responsibility, thus theoretically preventing unfunded mandates.[lv] This delegation of power is expressed in the Model State Emergency Health Powers Act and the Turning Point Model legislation where an agent acting on behalf of the federal government has sent a uniform bill to the state legislatures. It has been done in this manner because Congress cannot require states to address particular issues or to enforce a federal regulatory scheme.[lvi] The most recent statement on the Tenth Amendment was the Supreme Court's finding the Driver's Privacy Protection Act of 1994 constitutional under the Commerce Clause. The Court reasoned that the regulation of personal information is part of interstate commerce and is a proper subject of Congressional regulation.[lvii] Tensions remain in this doctrine that will continue to be tested over time. [See generally: Legal Authorities for Interventions during Public Health Emergencies].

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c. Unions among the States – Compact Clause

Prospective partners in mutual aid are required to establish, through their legislature's[lviii] legitimate authority, [lix] agreements to establish the framework under which executive agencies will operate. The agreements, formal or informal, are generally not enforceable by their own terms. This is because many include language that the quantity and type of resources provided are not fixed, but determined by the sending jurisdictions after an assessment of what it can provide.

The Compact Clause of the U.S. Constitution states that "no state shall enter into any treaty, alliance or confederation" with another state or foreign power without the consent of Congress. With this restriction, the Compact Clause addresses concern that a state might abrogate the capacity, authority and power of the federal government to conduct foreign affairs. There is not a substantial amount of case law that deals with this issue. [lx]

The Supreme Court has indicated that not all compacts require Congressional approval.[lxi] Today, it is well established that only those compacts that affect a power delegated to the federal government or alter the political balance within the federal system, require the consent of Congress."[lxii] Where the assent of Congress is in the form of permission to contract, the compact is operative immediately after the adoption of legislation by both states, embodying their agreement.[lxiii lxiv]

In determining if a compact requires congressional assent, the Supreme Court found in *New Hampshire v. Maine*, 426 U.S. 363 (1976), that the Compact Clause is not implicated unless it leads to "an increase of political power in the states, which may encroach upon or interfere with the just supremacy of the United States."[lxv] In a later decision, the Supreme Court later clarified that collaboration is acceptable to "accomplish fruitful and un-prohibited ends."[lxvi] These cases establish broad parameters in which inter-state agreements have legal foundation. However, the shallow pool of case law and the fact that the Supreme Court's terms have yet to be clearly defined raise questions such as: what is "fruitful," what is "un-prohibited" or what will in the future be deemed to implicate the federal power that does not today?

The consent requirement of the Compact Clause, should it be required, is not particularly burdensome. Though usually satisfied by means of a congressional resolution granting the states the authority to create a compact, the Constitution specifies neither the means nor the timing of the required consent. Over the years, the Supreme Court has held that congressional consent may be expressed or implied and may be obtained either before or after a compact is enacted.[lxvii] To date, inter-jurisdictional agreements for the public health sector have thus far fallen under the aegis of two federal public laws: specifically P.L. 104-321 which authorized Emergency Management Assistance Compact (EMAC) and by extension all similar domestic mutual aid covenants and P.L. 105-381 which authorized a Canadian/American mutual aid covenant in the Pacific Northwest. The authority to enter into mutual aid agreements granted EMAC applies to the territories of the United States as if they were a state. [lxviii]

Congressional consent may be conditional, limited, or temporary, and is always subject to modification or repeal, even if this right is not expressly reserved when the consent is initially given. Thus, whether a compact requires consent or not, and regardless of the form that consent may take, no compact is immune from future invalidation by an Act of Congress. Therefore, express congressional consent is sometimes considered desirable; even if not strictly required at the time the compact is created.[lxix] When signed and agreed by Congress, interstate compact has the same effect as a treaty.[lxx] Yet even without congressional assent, once a mutual aid agreement has been entered into the terms binding unless the state has, through proper procedure delineated in the agreement, withdrawn from the compact.

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d. Privacy

Privacy is broadly defined as an individual's right to limit access by others to some aspect of his / her personal life. Within this context there is "decisional privacy," the "right to be left alone," and "informational" or "relational" privacy. This discussion will be limited to the ability of an individual to control the collection, use, holding and transmission of personal medical information.[lxxi]

Privacy issues have surfaced specifically with international cooperation. By means of example, Canada has expressed serious concerns over international privacy policies, especially due to more expansive surveillance measures in recent years in both the public and private sectors.

Health Insurance Portability and Accountability Act of 1996 (HIPPA) does not deal exclusively with privacy, but its privacy provisions are what the Act is best known for. HIPPA addresses the privacy of individuals' health information by establishing a nation-wide federal standard concerning the privacy of health information and how it can be used and disclosed, preempting all state privacy laws except for those that establish stronger protections. [HHS Summary of the HIPAA Privacy Rule]

e. Patriot Act

A summary of the Patriot Act is beyond the scope of this document. However, its importance when dealing with international and domestic commerce, information, property, security and rights cannot be underscored. Full text of both the 2001 and 2005 documents, provided by the Library of Congress's THOMAS (www.thomas.gov), have links provided below. The 2001 version is cited as Public Law (PL) 107-56, the 2005 version is cited as Public Law (PL) 109-177. [Privacy and the US Patriot Act]
[Patriot Act - Text] [41]

f. Search and Seizure

The Fourth Amendment protects people from unreasonable search and seizures, essentially allowing a right to be secure in their persons, houses, papers and effects. This right prevents warrants from being issued without probable cause and when they are issued they must describe with specificity what is to be seized.

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g. Isolation and Quarantine

Primary authority remains with the states for isolation and quarantine.[lxxii] However, when persons enter the United States or cross state borders, the federal government through the Secretary of Health and Human Services has the authority under 42 U.S.C. § 264 to "prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one state or possession into any other state or possession." This power confers upon the secretary the power to apprehend or examine any person reasonably believed to be infected with certain listed conditions; notably, SARS was recently added. 42 U.S.C. § 264 also provides the secretary authority to inspect, disinfect, or destroy infected property that may pose a danger. [Executive Order, Revised List of Communicable Diseases]

h. Due Process: Substantial & Procedural

"The central aim of due process doctrine is to assure fair procedure when the government imposes a burden on an individual. The doctrine seeks to prevent arbitrary government action, avoid mistaken deprivations, allow persons to know about and respond to charges against them, and promote a sense of the legitimacy of official behavior."[lxxiii] These rights are protected by the Fifth and Fourteenth Amendments. The Fifth Amendment requires that the *federal* government not deprive any person of "life, liberty, or property without due process of law." The Fourteenth Amendment requires that the *state* governments not deprive any person of "life, liberty, or property with out due process of law."

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i. International Borders

An individual at an international border has limited rights due to the substantial government need in securing the borders. Federal courts have affirmed this position by finding it consistent with Congressional power to protect the Nation by stopping and examining persons entering this country. Moreover, federal courts recognize the Fourth Amendment's balance of reasonableness is qualitatively different at the international border than in the interior. Collectively, the cases reflect a "longstanding concern for the protection of the integrity of the border."[lxxiv] Consequently, when a person is crossing into the United States the person can be searched and any goods inspected. No warrant is required nor must authorities possess any evidence of criminality before they search a person.

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j. Tribal Nations

In general, the body of Indian law is not consistent or easily described.

Worcester v. Georgia (1832) establishes the basis for Indian law and the relationship of federally recognized tribes to the U.S. government—federal, state and local. In a case that challenged the reach of states rights, the Supreme Court found that the Cherokee nation, here acting as a proxy for the collective nations, "is a distinct community occupying its own territory…in which the laws of Georgia have no right to enter."[lxxv] The effect was a severe reduction of state authority over Indian nations. Decisions of Indian courts hold the full weight of law in state and federal courts in the collection of U.S. governments. The ability of each Indian nation to enforce its own laws is subject to restrictions placed on them by Congress, an example being the Major Crimes Act.

Arizona v. Williams (1959) reviewed the findings of *Worcester v. Georgia* where the Court continued its insistence of Indian nation's sovereignty by finding Indian courts remained the appropriate jurisdiction for the issue at hand. Subsequently, other cases such as *Cabazon Band of Mission Indians v. Wilson* (1986) found that Indian nations had the right to control their own economies so long as federal interests were not impaired.

The Indian Civil Rights Act, adopted as Title II of the Civil Rights Act of 1968, limits tribal governments by applying portions of the Bill of Rights. Of interest in this discussion is its protection against unreasonable search and seizures and takings of property. These protections apply to both the person and their property, both real and personal.

However, *Oliphant v. Susquamish* (1981) illustrates the contradictory nature of the law. In *Oliphant*, the Supreme Court found that the jurisdiction of Indian courts did not extend over a non-Indian. *Oliphant* has been used to overrule Indian courts in its exercise of tribal authority.

Additionally, the modern understanding of federalism requires states, as a matter of practicality, to enter into relationships with Indian nations independent of the federal government. Indian nations have developed relationships with states regarding common interests in police, fire,

medical, zoning and environmental concerns. The change is significant as Indian nations were previously protected from the incursion of state power into their affairs. The relationship between states and the Indian nations was further complicated when Congress required that Indian nations enter into "compacts" with the respective states for gambling facilities. On this point the Supreme Court case *Seminole Tribe v. Florida* (1996) finds that the Eleventh Amendment, providing sovereign immunity to the states, applies to Indian nations, thus preventing lawsuits by Indian nations seeking to compel state action.

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k. National Efforts for Legal Reform

Several reforms have been initiated on a federal level to harmonize state-based reforms and preparedness. They include the Model State Emergency Health Powers Act (MSEHPA) and the Turning Point Legislation.

i. MSEHPA

The Model State Emergency Health Powers Act is a federal effort meant to "facilitate and encourage communication among the various interested parties and stakeholders about the complex issues pertaining to the use of state emergency health powers."

In response to the terrorist acts of 2001 and the subsequent threats to the United States from biological agents, the Centers for Disease Control, in association with the Center for Law and the Public's Health at Georgetown and Johns Hopkins University initiated the drafting of model legislation that could be utilized by the states in preparation for an emergency event. The result of this initiative is the Model State Emergency Health Powers Act (MSEHPA). Designed to fill the gaps in current state statutory provisions, MSEHPA has five basic goals: (1) preparedness, (2) surveillance, (3) management of property, (4) protection of persons and (5) communication.

MSEHPA was originally released from the Center for Law and the Public's Health on October 23, 2001 for comment. It was revised and re-released on December 21, 2001 with several changes. MSEHPA is meant to guide the states exercise of the police and *parens patriae* powers they hold. Its proponents argue that an appropriate response from the government requires synergy from citizens, civil society and government, from local to international.

The genesis of MSEHPA came from the realization that the tools of government were insufficient to meet the required response to emergency events. Exactly how much power the legislature would divest to the executive in both times of relative peace, and when under threat, remains to be determined in several states. The debate in state legislatures is how to strike the balance of government capability and the rights of citizens. The legislative process that surrounds MSEHPA has garnered different responses in states across the nation.
[Model State Emergency Health Powers Act]

ii. Turning Point

The effectiveness of the future public health system largely depends on the ability of organizations to form strong collaborative relationships across all interested parties, both public and private. The Turning Point initiative served as a catalyst for the development of these innovative partnerships at the state and local levels, bringing together community groups and leaders, elected officials, health care providers, hospitals, public and environmental health agencies and other governmental units, academic institutions, philanthropy, faith networks, businesses and a variety of others.[lxxvi]

The Turning Point Initiative has been funded by the Robert Wood Johnson Foundation and is a multi-disciplinary collaborative group comprised of representatives from five states (lead state, Alaska, and Colorado, Nebraska, Oregon, Wisconsin), nine national organizations and government agencies and experts in specialty areas of public health.[lxxvii] The Turning Point Model State Public Health Act is designed to serve as a tool for state, local, and tribal governments to use to revise or update public health statutes and administrative regulations. More information can be found at: *http://www.publichealthlaw.net/Resources/Modellaws.htm#TP*.

Due to the decentralized governance structure of public health, and the large scope of this program, two National Program Offices (NPO) were established. National Association of City and County Health Officials (NACCHO) focused its attention on local efforts, and the University of Washington works primarily on the state component. The NPO's provided technical support to state and local participants by brokering resources to assist the partnerships in achieving their goals.[lxxviii]

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VII. IMPLEMENTATION

a. Surge

Surge has two components relevant to emergency capabilities: surges of patients requiring medical services and surges of population during an evacuation. "Surge capacity" or "surge capability" is the ability of hospitals and first responders to cope with a sudden influx of patients caused by a natural disaster such as a deadly hurricane, disease such as pandemic bird flu or manmade calamity such as a terrorist attack.[lxxix] It may require a community to accommodate demands within existing facilities, re-open shuttered facilities or develop appropriate accommodations. [Legal Issues for Opening a Shuttered Hospital] A population surge to other communities is where there is a mass population influx from one community to another in the event of a disaster or public health emergency. Key considerations for emergency planners include appraising the infrastructure, and recognizing that evacuees will be traveling *to* and *through* rural areas straining fuel, food, water and sanitation resources.
[Western New York Public Health Alliance - Principal Documents]

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b. Credentialing of Health Professionals

A disaster scenario will likely outstrip the local capacity to respond with sufficient clinical care. Consequently, these communities will require additional assistance from health care professionals from other cities, states and nations. Those caregivers who respond will need to be licensed or certified in that state, unless the health professional is a member of a federal disaster team (in which case the person may be federalized) or the disaster state has agreement(s) in place to recognize the licenses and certifications of other designated states. These reciprocity agreements are required because each state requires that potential surge hospital staff members—physicians, nurses, nurse aides and nurse practitioners, dietitians, physician assistants, pharmacists, respiratory therapists, emergency medical technicians (EMTs), paramedics and social workers—be licensed or certified by the state in which they practice because health systems and their medical staffs may be held liable for damages if they permit an unqualified practitioner to practice in the organization or to provide special clinical services that he or she has not been deemed competent to perform within that health system.[lxxx] The verification process is complicated due to each states specific training requirements for licensing and certification.[lxxxi] In order to facilitate this process, Congress passed the Public Health Service Act, 42 U.S.C. § 247 d-7b, which calls for the establishment and maintenance of a system for verifying credentials of medical personnel.

A number of potential regulatory models exist for credentialing, some examples include: (1) Fast endorsement—a speedy system for each state to approve each individual licensure application; (2) reciprocity—a system in which states enter into agreement to accept each other's licensees without individual review; (3) corporate credentialing (a revised term for institutional licensure)—a conceptual idea which involves issuance of a credential by an employer. Currently no legal authority exists for this system; (4) Ontario Model—a system adopted in Ontario which focuses on authorizing certain professionals to perform specific "acts;" (5) Mutual recognition—a system used primarily in Australia and the European Union which facilitates states recognizing credentials as authorized by another state, i.e., the driver's license model, the system in the U.S.A. which allows a person licensed by one state to drive in other states; (6) Multi-state license—a conceptual idea for issuing a "special license" to authorize multi-state practice. [lxxxii]

Credentialing standards specific to physicians, nurse practitioners and physician assistants, as found in a policy statement in the Annals of Emergency Medicine, finds that physicians responding as volunteers in a disaster situation will need one or more of the following: (1) current hospital identification card; (2) current license to practice and valid picture ID issued by state, federal or regulatory agency; (3) identification showing individual is a Disaster Medical Assistance Team (DMAT) team member; (4) identification indicating that the individual has been granted authority to render patient care in disaster circumstances, such authority having been granted by a federal, state or municipal entity; (5) presentation by current hospital or medical staff member with personal knowledge regarding the practitioner's identity. When practical, the following should also be verified: (1) current and unencumbered medical license verification and (2) Drug Enforcement Administration and State narcotics registration verification. Similarly, the policy finds that all nurse practitioners and physician assistants will need current professional license and picture identification. Credentials and privileges should be verified at his or her home hospital.[lxxxiii]

[Uniform Emergency Volunteer Health Practitioners Act]

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c. Good Samaritan, Individual Volunteer

The Federal Volunteer Protection Act of 1997 provides immunity for volunteers serving nonprofit organizations or governmental entities for harm caused by their acts or omissions if: (1) the volunteer was acting within the scope of his/her responsibilities; (2) the volunteer was properly licensed, certified or authorized to act; (3) harm was not caused by willful, criminal or reckless misconduct or gross negligence or (4) harm was not caused by volunteer operating a motor vehicle, vessel or aircraft.

A volunteer in the context of the law is defined as an individual who performs a service for a nonprofit organization or government entity and does not receive compensation (or anything of value in lieu of compensation) in excess of $500 per year. The law includes as volunteers directors, officers, trustees, and direct service providers. Federal law preempts state law to the extent that the state law is inconsistent with the federal law, meaning that the state may provide greater protection to volunteers than that allowed in the federal law, but not less protection.

Most states have enacted some form of “Good Samaritan” or volunteer protection law. These laws vary in terms of whom or what constitutes a volunteer organization and the situations in which immunity may not apply. For most states, only uncompensated volunteers are protected. A definition of compensation, however, may differ from state to state. In about one-third of states, protection is limited to directors, officers and trustees of an entity and volunteers in general are afforded no special protection. The type of entity covered also varies in terms of tax status, organization under state law and specified types of service or interest of the nonprofit organization. In some states hospitals and governmental entities are included in the scope of protection in addition to nonprofit organization. Lastly, states vary in specifying situations in which the immunity does not apply. Generally, immunity is not granted for conduct that is "willful and wanton." Some states also add conduct that is "grossly negligent, reckless, malicious, in bad faith, fraudulent, intentionally tortuous or that is a knowing violation of the law."

As an example, Massachusetts provides immunity for EMTs, fire and police who render first aid in the course of their jobs. The law also states that no physician, physician assistant, or nurse who renders emergency care or treatment as a volunteer without fee other than in the ordinary course of his or her practice, shall be liable in a suit for damages as a result of his acts or omissions. Lastly, Massachusetts' law also protects physicians and nurses administering immunizations or other protective programs under public health programs. The law states that they shall not be held liable in a civil suit for damages as a result of any act or omission.

Organizations are advised to: (1) review their state statutes to determine if (or which) sections provide greater or lesser protection than the federal law; (2) review compensation arrangements with volunteers, especially members of governing boards, to verify that compensation is within the $500 maximum allowed amount; (3) ensure that volunteer duties are clearly defined so that

all volunteers are acting within their scope of duties and hence protected under the law. [Uniform Emergency Volunteer Health Practitioners Act]

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d. Good Samaritan, Proposals for Corporations

There are arguments to authorize "Good Samaritan" provisions for corporate entities. The theory argues that considerable resources, human and material, reside in the private sector and response to disaster incidents would be improved if they could commit resources with appropriate levels of protection for themselves and society.

e. National Incident Management System (NIMS)

NIMS was developed so responders from different jurisdictions and disciplines can work together better to respond to natural disasters and emergencies, including acts of terrorism. The benefits of NIMS include a unified approach to incident management; standard command and management structures; and emphasis on preparedness, mutual aid and resource management.[lxxxiv]

In order to implement the system, the NIMS Integration Center (NIC) was established by the Secretary of Homeland Security to provide "strategic direction for and oversight of the National Incident Management System (NIMS)…supporting both routine maintenance and the continuous refinement of the system and its components over the long term." The Center oversees all aspects of NIMS including the development of compliance criteria and implementation activities at federal, state and local levels. It provides guidance and support to jurisdictions and incident management and responder organizations as they adopt the system. The Center is a multidisciplinary entity made up of federal stakeholders and over time, it will include representatives of state, local and tribal incident management and responder organizations. It is situated within the Department of Homeland Security's Federal Emergency Management Agency.[lxxxv]

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f. Resource Typing

Resource typing is the categorization and description of response resources that are commonly exchanged in disasters through mutual aid agreements. The NIMS Integration Center has developed and published 120 Resource Typing Definitions. See [FEMA Typed Resource Definitions]. The Center is continuing resource typing work and has established new working groups for the ongoing initiative. Resource typing definitions can give emergency responders the information they need to make sure they request and receive the appropriate resources during an emergency or disaster. Ordering resources, which have been typed using these definitions, make the resource request and dispatch process more accurate and efficient. In 2006, state, territorial, tribal and local jurisdictions were required to type their inventory response assets to conform to NIMS Resource Typing standards.[lxxxvi]

Standard resource typing definitions help responders request and deploy the resources they need through the use of common terminology. They allow emergency management personnel to identify, locate, request, order and track outside resources quickly and effectively and facilitate the movement of these resources to the jurisdiction that needs them.[lxxxvii] [NIMS Resource Typing]

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g. Reimbursement

If a donor does respond with personnel and/or material, there is the potential for compensation. FEMA has created a schedule, FEMA Reimbursement Schedule, found at (http://www.fema.gov/government/grant/pa/eqrates.shtm), which establishes uniform rates for governments to compensate for specific categories of equipment provided under auspices of mutual aid. The rates are for applicant-owned equipment in good mechanical condition, complete with all required attachments. Each rate covers all costs eligible under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5121, et seq., for ownership and operation of equipment, including depreciation, overhead, all maintenance, field repairs, fuel, lubricants, tires, OSHA equipment and other costs incident to operation. Standby equipment costs are not eligible. Equipment must be performing and eligible work in order for reimbursement to be eligible. LABOR COSTS OF OPERATOR ARE NOT INCLUDED in the rates and should be approved separately from equipment costs. [DHS: Emergency Preparedness and Response Directorate].

Information regarding the use of the schedule is contained in 44 CFR § 206.228 Allowable Costs. Rates for equipment not listed will be furnished by FEMA upon request. Any appeals shall be in accordance with 44 CFR § 206.206 Appeals.

The responding state is entitled to be reimbursed by the requesting state for any loss or damage to or expense incurred in the operation of any equipment, as well as expenditures due to coordinating response. Workers' compensation costs are NOT reimbursed.

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h. National Disaster Medical System (NDMS)[lxxxviii]

The National Disaster Medical System (NDMS) is a federally coordinated system that augments the nation's medical response capability. The overall purpose of the NDMS is to establish a single integrated national medical response capability for assisting state and local authorities in dealing with the medical impacts of major peacetime disasters and to provide support to the military and the Department of Veterans Affairs medical systems in caring for casualties evacuated back to the U.S. from overseas conflicts.

The National Response Plan (NRP) utilizes the National Disaster Medical System (NDMS), as part of the Department of Health and Human Services, Office of Preparedness and Response, under Emergency Support Function #8 (ESF #8), Health and Medical Care, to support federal

agencies in the management and coordination of the federal medical response to major emergencies and federally declared disasters including: (1) natural disasters; (2) technological disasters; (3) major transportation accidents; (4) acts of terrorism including weapons of mass destruction events.

i. Strategic National Stockpile (SNS)

In order to ensure that there are sufficient resources available during periods of emergency, the Public Health Service Act directs the Secretary of Health and Human Services to coordinate with the Department of Homeland Security to protect communities with a stockpile of "drugs, vaccines, and other biological products, medical devices and other supplies." 42 U.S.C. § 247d-6b (a)(1). Depending upon the material, the stockpile is either a physical accumulation of material or it is a contractual agreement with venders to supply as needed. 42 U.S.C. § 247d-6b(e).

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j. Compulsory Medical Treatment

i. Order for Medical Treatment

Prepared by the New Hampshire Office of the Attorney General in 2003 as part of the state's emergency preparedness activities, it can be used by the New Hampshire Department of Health and Human Services to compel individuals suspected of having a contagious disease to undergo medical treatment to render them non-contagious.

ii. Order for Medical Examination and Specimen Collection

Prepared by the New Hampshire Office of the Attorney General in 2003 as part of the state's emergency preparedness activities, it can be used by the New Hampshire Department of Health and Human Services to order an individual suspected of being infected with a contagious disease to undergo a medical examination, including production of such specimens as determined necessary by medical personnel to determine the presence of a communicable disease.

iii. Complaint for Compulsory Medical Examination and Treatment Pursuant to RSA 141-C:15, VI

Prepared by the New Hampshire Office of the Attorney General in 2003 as part of the state's emergency preparedness activities, a signed complaint is attached to a copy of an Order for Treatment issued by the New Hampshire Department of Health and Human Services. The complaint and order can be used by law enforcement officers to compel an individual suspected of being infected with a contagious disease to be isolated or quarantined.

iv. Request for Superior Court Hearing under RSA 141-C:14-A to Review Order of Medical Examination and Treatment

Prepared by New Hampshire Office of the Attorney General in 2003 as part of the state's emergency preparedness activities, it can be used by an individual ordered to submit to an examination, immunization, treatment, isolation or quarantine by the New Hampshire Department of Health and Human Services to request a hearing to contest the order.[lxxxix]

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k. Authority for Responders

Individuals responding in an overwhelmed community will operate under the direction of the staff of the receiving community.

l. Liability

Any person responding to a mutual aid request remains an employee of his or her own (sending) community even while working in another community. Each agency, sending or receiving, is responsible for its own employees' wages, benefits and similar obligations. Workers' compensation remains with the responding state and operates as if the injury or death occurred in their home state. Each employer is responsible for the acts of its own employees; consistent with police and fire mutual aid agreements.[xc] Volunteers are liable for their actions.[xci]

Many agreements stipulate that those responding are considered agents of the requesting state for tort liability and immunity purposes. No responding state or its officers, employees are liable so long as their act or omission is in good faith. This does not cover responders from willful misconduct, gross negligence and/or recklessness.

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m. Communication: Federal

800 MHz

Public safety radio systems (such as those used by police, firefighters and emergency medical technicians) operating at 806-824 MHz/851-869 MHz – conventionally known as "the 800 MHz band"- are experiencing increasing levels of interference from commercial wireless carriers, such as Nextel and the cellular carriers which operate in the same part of the spectrum or in adjacent spectrum bands. A number of private radio systems also operate in the 800 MHz band but are not a significant source of interference for public safety radio systems because they use fundamentally different system architecture.[xcii]

The structure of public safety radio systems operate from a single base with a high antenna in a favorable location relative to the coverage area. The signal is strongest near the base and weakens with distance. As a result, public safety radio systems use receivers that can receive a relatively weak signal. 800 MHz public safety radio systems have become more widespread.[xciii]

At the same time, cellular wireless services have become extremely popular in recent years both in numbers of subscribers and usage. This market has established a "cellular-type" technology consisting of a large number of base stations, using relatively high power, but relatively low antennas to provide coverage to a limited area.[xciv]

The combination of the two uses and structures has created "dead zones" for public safety receivers and consequentially a need for policy shift requiring technology. The FCC sought to determine if public safety or the private sector should be given protection and in order to address the root cause of the interference, a reconfiguration of the band's use will be initiated. This reconfiguration will require certain private stakeholders to move, at their own expense, to another part of the 800 MHz band.[xcv]

President Bush signed S.1932, as part of the Deficit Reduction Act of 2005, established the clearing date for 700 MHz waves. 47 C.F.R. § 90.527

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700 MHz

On August 6, 1998 the FCC[xcvi] adopted service rules for the 24 megahertz of spectrum in the 764-776/794-806 MHz frequency bands (collectively, the 700 MHz band). The FCC previously reallocated this spectrum from television broadcast services to public safety services (Advanced Television Systems (DTV)). Broadcast spectrum will be made available for public safety use in concert with the deployment schedule for digital television. In January 1999, the Commission released a Public Notice stating that it has established a committee pursuant to the Federal Advisory Committee Act - the Public Safety National Coordination Committee (NCC).[xcvii]

The 700 MHz band will serve as a platform to support state of the art networks and applications. Technology will allow existing networks to perform at advanced levels and will prevent networks from becoming "obsolete," as quickly. In addition, technology will help inform local and state government decision-making about investment in network upgrades.[xcviii]

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n. Communications: New York

New York State radio communication infrastructure is in the process of upgrading towards a uniform system that has been directed since 2000 when the Statewide Wireless Network Project Office was established within the New York State Office for Technology. The underlying purpose of the Statewide Wireless Network is to provide an integrated wireless public safety/service radio network with statewide coverage allowing interagency and intergovernmental communications or "interoperability." A ubiquitous system will provide dependable communication for our state's first responders and public service agencies.

The state is seeking voluntary partnerships with local governments to share infrastructure and radio frequencies that will provide both financial savings and improved communications for state and local public safety and public service agencies. A statewide enterprise approach involving local governments will eliminate redundancy and duplicate costs, addresses training issues, provides standardization and eliminates competition for radio spectrum and real estate. With the

state's investment in infrastructure, a variety of solutions to solve local communication needs will be possible.

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o. Pets

Estimates show that roughly seventy percent of any given population own pets. Analysis of past evacuations demonstrates a "direct correlation between people risking their lives in a disaster and the presence of pets in the home."[xcix] Public Law 109-308, the "Pets Evacuation and Transportation Standards Act of 2006," amends the Robert T. Stafford Disaster Relief and Emergency Assistance Act to require the Director of the Federal Emergency Management Agency (FEMA) to ensure that state and local emergency preparedness operational plans address the needs of individuals with household pets and service animals prior to, during and following a major disaster or emergency.

It authorizes the director to study and develop plans that take into account the needs of individuals with pets and service animals prior to, during and following a major disaster or emergency. It also authorizes the director to make financial contributions, on the basis of programs or projects approved by the director, to the states and local authorities for animal emergency preparedness purposes, including the procurement, construction, leasing or renovating of emergency shelter facilities and materials that will accommodate people with pets and service animals.

Finally, the act also authorizes federal agencies to provide, as assistance essential to meeting threats to life and property resulting from a major disaster, rescue, care, shelter and essential needs to individuals with household pets and service animals and to such pets and animals."[c]

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p. Readiness Assessment

i. Initial Readiness Assessment

If you were to take an assessment of your emergency capabilities and with a view to what your likely responsibilities will be, would you find that you were prepared for an emergency? Would your preparedness continue if you were expected to provide for hundreds or thousands of non-residents? What would you do? This tool will outline potential first steps:

1.) If an emergency occurs within your jurisdiction **OR** outside your jurisdiction that will impact you, do you have enough critical resources to effectively respond?

It may be helpful to answer the questions below based upon three possible scenarios: A) a small chemical explosion, B) pandemic flu and C) a dirty bomb explosion. Each of these possibilities may produce a population surge in your community from <1% to greater than 25% that may last from hours to months. You may choose to base your response on each scenario individually, or on a worst case basis.

CORE Public Health Components			
Personnel	Y	N	Not Known
Supplies	Y	N	Not Known
Equipment	Y	N	Not Known
Specimens	Y	N	Not Known
Data/information	Y	N	Not Known
Patients/Evacuees	Y	N	Not Known
Communications	Y	N	Not Known
Legal	Y	N	Not Known
Governance	Y	N	Not Known
Other Infrastructure Components			
Drinking Water	Y	N	Not Known
Food	Y	N	Not Known
Energy	Y	N	Not Known
Housing	Y	N	Not Known
Sanitation	Y	N	Not Known
Hospital Capacity	Y	N	Not Known
Pharmacy Capacity	Y	N	Not Known
Transportation	Y	N	Not Known
School Capacity	Y	N	Not Known
Veterinarian	Y	N	Not Known

2.) If you determine that the majority of the answers to question one are no, do you have plans in place that would enable you to secure the resources that you need when you answer them?
3.) If you answered no to question two, would you be interested in exploring other opportunities to obtain the resources that you may need?
4.) If you answered yes to question three, you may be interested in exploring collaborations with agencies outside your jurisdiction.
5.) For a more complete assessment complete the multi-jurisdictional Readiness Assessment below.

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ii. Multi-jurisdictional Readiness Assessment

1. Intended Audience and Use:

The goal of the multi-jurisdictional checklist is to provide regional officials and others that work as public health emergency preparedness responders and planners, a tool to aid in identifying issues that may be addressed on a multi-jurisdictional basis. The checklist is not intended to be prescriptive, nor does it portend to be universal. It is intended to provide a platform for potential multi-jurisdictional collaborative discussions. The checklist may be expanded or contracted based on regional circumstances. It is possible to use portions of the checklist and not others. For example, it may be helpful initially to

focus on just the core public health components leaving the other infrastructure issues for future consideration. Some jurisdictions may choose to address the other infrastructure components first.

2. **Description of the Checklist:**

   The checklist encompasses the public health resources that may need to be mobilized across borders during an event and a set of other infrastructure components that reflect a community's ability to cope with potential population surges. The checklist describes protocols, agreements, policies, processes and procedures that should be considered for development in multi-jurisdictional emergency preparedness collaborative planning initiatives and examples of existing agreements, documents, policies, protocols and procedures, et cetera, are provide in the bracketed numbers [ ] in the appendix. The columns "existing structures" and "comments" are meant for regional assessment and may best be addressed after the self assessment is completed. The self assessment columns are intended to determine whether the issues in the checklist have been addressed by the local jurisdiction. Once completed, the list of yes, no and partial, form the basis for discussion with potential collaborators. Two or more jurisdictions completing the self assessment are in a position to complete the regional assessment checklist and explore the potential benefits of collaborative agreements.

Before completing the Checklist it may be useful to consider the three scenarios presented in the initial assessment. A) a small chemical release, B) pandemic flu and C) a dirty bomb explosion. Each of these possibilities may produce a population surge in your community from <1% to greater than 25% that may last from hours to months. You may choose to base your response on each scenario individually, or on a worst case basis.

a. Readiness Assessment Checklists (Appendix C)

i. Legal
ii. Material
iii. Financial
iv. Communication
v. Personnel
vi. Data
vii. Governance
viii. Patients
ix. Specimens
x. Staff
xi. Supplies

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VIII. Resources for Research

ABA: Are You Prepared?

Inter-Jurisdiction Legal Coordination

Local Government Legal Preparedness

Civil Liability

Community Emergency Planning Guide

Model State Public Health Act

Assessing Regional Public Health Preparedness

CDC Public Health Guide for State Local and Tribal Health Directors

Library of Congress
http://www.loc.gov/

Thomas
http://thomas.loc.gov/
THOMAS was launched in January of 1995, at the inception of the 104th Congress making federal legislative information freely available to the public. Since that time THOMAS has expanded the scope of its offerings to include: bills, resolutions, activity in Congress, Congressional Record, schedules, calendars, committee information, presidential nominations, treaties and government resources.[ci]

Access
http://www.gpoaccess.gov/
GPO Access is a service of the U.S. Government Printing Office that provides free electronic access to a wealth of important information produced by the federal government. The information provided on this site is the official, published version and the information retrieved from GPO Access can be used without restriction, unless specifically noted. This free service is funded by the Federal Depository Library Program and has grown out of Public Law 103-40, known as the Government Printing Office Electronic Information Enhancement Act of 1993.[cii]

CQ researcher
http://library.cqpress.com/
A subscription based Web site created and hosted by CQ Press/ CQ Press Online Reference. Also a resource for research in American government, politics, history, public policy, and current affairs.[ciii]

National Association of City and County Health Officials

http://www.naccho.org/
NACCHO is the national organization representing local health departments. NACCHO works to support efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity and supporting effective local public health practice and systems.[civ]

The Center for Law and the Public's Health at Georgetown University and Johns Hopkins University
http://www.publichealthlaw.net/
Founded in October, 2000 as a collaborating center of the Centers for Disease Control and Prevention (CDC), and in June, 2005 as a WHO/PAHO collaborating center in public health law and human rights, the Center for Law and the Public's Health is a primary, international, national, state and local resource on public health law, ethics and policy for public health practitioners, lawyers, legislators, judges, academics, policymakers and others.[cv]

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National Governors Association
http://www.nga.org/portal/site/nga/
Founded in 1908, the National Governors Association (NGA) is the collective voice of the nation's governors and one of Washington, D.C.'s, most respected public policy organizations. NGA provides governors and their senior staff members with services that range from representing states on Capitol Hill and before the Administration on key federal issues to developing policy reports on innovative state programs and hosting networking seminars for state government executive branch officials. The NGA Center for Best Practices focuses on state innovations and best practices on issues that range from education and health to technology, welfare reform, and the environment. NGA also provides management and technical assistance to both new and incumbent governors.

Governors Homeland Security Advisors Council[cvi]
The National Governors Association Center for Best Practices formed the Governors Homeland Security Advisors Council in June 2006 to provide an organizational structure in which the homeland security directors from each state and territory can discuss issues, share information and expertise, and keep governors informed of the matters affecting implementation of homeland security policies in the states.

Department of Health and Human Services, Centers for Disease Control, Public Health Law Program
http://www2a.cdc.gov/phlp/

New York State Legislative Resources
http://www.nysl.nysed.gov/ils/legislature/legis.html

University of Pittsburgh
http://www.prepare.pitt.edu/

Pace Law School
http://www.library.law.pace.edu/research/public_health_emergencies3.html

a. Documents for Review

Pennsylvania Public Health Law Bench Book
Information compiled for Pennsylvania courts that provides critical information needed for public health cases. Pennsylvania's effort is one of many across the nation. [Pennsylvania Public Health Law Bench Book]

Mutual Aid: Multi-jurisdictional Partnerships for Meeting Regional Threats
Document produced by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. [Mutual Aid: Multi-jurisdictional Partnerships for Meeting Regional Threats]

Partnerships and Collaboration Building at
http://www.naccho.org/topics/demonstration/APC/CA.cfm

Huff, Andrew. "**Keys to Building Successful Partnerships**." *AmeriCorps* VISTA Source.* Issue 4. (Summer, 1998).

Linden, Russell M. ***Working Across Boundaries: Making Collaboration Work in Government and Non-Profit Organizations***. San Francisco: Jossey-Bass, 2002.

Marshall, Caroline. ***Museum as Catalyst for Interdisciplinary Collaboration: Beginning a Conversation***. Cambridge: Museum Loan Network, 2002.

Marressich, Paul W. and Monsey, Barbara R. ***Collaboration: What Makes it Work: A Review of Research and Literature on Factors Influencing Successful Collaboration***. St. Paul, Minnesota: Amherst H. Wilder Foundation, 1992.

Winer, Michael and Ray, Karen. ***Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey.*** St. Paul: Amherst H. Wilder Foundation, 1994.

"**Understanding Twenty Factors Influencing Successful Collaborations**":
http://nationalserviceresources.org/epicenter/practices/index.php?ep action=view&web id=332 84

"**Building Successful Partnerships**":
http://nationalserviceresources.org/epicenter/practices/index.php?ep action=view&web id=329 17, Corporation for National & Community Service: The Resource Center, Tools and Training for Volunteer and Service Programs.

"**Making a NICER Transition to the Millennium: Five Keys to Successful Collaboration**", David Smallen and Karen Leach: *Edcom Review,* Volume 34, Number 4 1999. http://www.educause.edu/ir/library/html/erm/erm99/erm9945.html

"**Managing Collaborations**", Mary E.S. Loomis, Hewlett Packard Company 1997: http://www.hpl.hp.com/techreports/97/HPL-97-117.pdf#search='successful%20collaborations

"**Principles of Partnerships**", School and Scholars: The Woodrow Wilson National Fellowship Foundation: http://www.woodrow.org/
"**Principles of Partnerships**", Community Campus Partnerships for Health: http://www.ccph.info/ or http://haas.stanford.edu/files/Principles%20of%20Partnerships.pdf

"**Keys to Successful Collaboration**", Special Report, University of Pittsburgh Office of Child Development: http://www.education.pitt.edu/ocd/publications/sr1999-03.pdf

"**Collaboration Training Program Manual**", National Network for Collaboration, Lynne Borden, Ph.D., The Ohio State University and Daniel Perkins, Ph.D., University of Florida, The University of Vermont, http://crs.uvm.edu/nnco/cd/checklis.htm

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b. Examples of Public Health Emergency Preparedness Collaborations

Below are examples of Public Health collaborations. The list is not a compendium, but illustrative only.

Western New York Public Health Alliance, Inc.
http://www.wnypha.org

Santa Clara County Health Department
http://www.naccho.org/topics/demonstration/APC/CA.cfm

Coulee Region Public Health Consortium
http://www.publichealthprepare.org/contact_main.htm

Tri-County Public Health Consortium
http://www.tricountyph.org

Northwest Ohio Consortium for Public Health
http://mph.bgsu.muo.utoledo.edu

Milwaukee Waukesha County Consortium for Emergency Preparedness
http://www.phprepare.net/display/router.asp?DocID=2319

Northern Illinois Public Health Consortium, Inc.
http://www.niphc.org/strategicplan.html

IX. APPENDICES

a. Tools of Use

Additional definitions can be found at [FEMA: National Mutual Aid and Resource Management Initiative Glossary of Terms and Definitions]

Advanced Practice Center is a local health department (LHD) that is developing cutting-edge tools and resources that will help it and other LHDs nationwide prepare for, respond to and recover from major emergencies.[cvii]

Area of Operations (AO) The jurisdictional area for which a deployed coordinating team element is responsible. For example, a State is the AO for a State EM organization. A federal region can consider one or more states within that region as being in their AO. EMAC personnel deployed to a local area would refer to that area as his or her AO.

Article An Article defines a binding agreement among parties that is enforceable by law - the terms and conditions of a contract or law.

Assisting State An Assisting State is any EMAC Member State providing assistance to another Member State requesting aid using the EMAC Request for Assistance (REQ-A) process. Once a Member State duly executes the REQ-A with a Requesting State, that Member State is referred to as an Assisting State until the terms the REQ-A have been completed and the resources being provided have been released and demobilized.

A-Team An A-Team normally consists of two persons from any Member State who are knowledgeable about and prepared to implement EMAC procedures in their own state or any other Member State. At the request of a Member State, an A-Team is deployed to the Requesting State's EOC to facilitate EMAC requests and assistance between Member States. The A-Team assists the Requesting State with requests for assistance, tracks the location and status of the assistance accepted and deployed to the Requesting State's locations and assists the deployed personnel as needed and required while they are deployed. The A-Team is the primary point-of-contact for requesting and acquiring assistance provided under EMAC.

Authorized Representative (AR) The Authorized Representative is the person empowered to obligate state resources and expend state funds for EMAC purposes. In a Requesting State, the AR is the person who is legally empowered under Article III. B. of the Compact to initiate a request for assistance under EMAC. In an Assisting State, the AR is the person who can legally approve the response to a request for assistance. State Emergency Management Directors are automatically Authorized Representatives. The director can delegate this authority to other EM officials within the organization as long as they possess the same obligating authority as the director.

Broadcast The EMAC Broadcast is an email sent to all member EMAC states when a request for assistance or other important information needs to be shared. It is the primary means used to alert EMAC states of an impending or occurring emergency event or to request assistance and is sent via the EMAC website.

Compact An agreement or covenant between two or more parties, especially between governments or states.[cviii]

Demobilization This is the process of releasing assets (personnel and/or equipment) whose mission is completed or no longer needed to support a specific mission within an event. The process involves debriefing personnel, returning issued equipment, completing and submitting required paperwork, arranging return travel and tracking released assets back to their home duty station in the Requesting State in a safe and timely manner.

Designated Contact (DC) This person is very familiar with the EMAC process and serves as the point of contact for EMAC in their state and can discuss the details of a request for assistance. The DC is not usually legally empowered to initiate an EMAC request or authorize EMAC assistance without direction from a superior.

EMAC The Emergency Management Assistance Compact, an interstate agreement which enables entities to provide mutual assistance during times of need.

EMAC Executive Task Force (ETF) These are the EMAC Member State personnel who conduct the day-to-day activities on behalf of the other Member States.

EMAC Member State The term applies to the states, the Commonwealth of Puerto Rico, the District of Columbia and all U. S. territorial possessions whose governors have signed the Compact into law. It is used on a daily basis to refer to states during periods of non-emergency activity. See definition of the Requesting and Assisting State used when denoting EMAC Member State's roles during activation of the EMAC.

EMAC Operations Subcommittee The subcommittee, under the leadership of the Chair, that is responsible for ensuring that the Operating Protocols, Operations Manual and Standard Operating Procedures and the Field Guide are kept in a current state of readiness. It is comprised of a representative from each EMAC Member State.

Intrastate refers to anything within that member state, but not between states.

Interstate refers to anything between states.

Interstate Compact An agreement between two or more states established for the purpose of remedying a particular problem of multistate concern;[cix] a voluntary agreement between states that is enacted into law upon federal congressional approval.[cx]

Isolation The separation, for the period of communicability, of known infected persons in such places and under such conditions as to prevent or limit the transmission of the infectious agent.

Joint Field Office (JFO) This facility is used to house state, federal and volunteer agency personnel who administer state and federal recovery assistance programs and manage recovery operations within each state declared a major disaster by the president.

Lead State Representative (LSR) A member of the EMAC Executive Committee responsible for representing.

Memorandum of Understanding (MOU) Also called a "letter of intent."[cxi] It is a written statement detailing the preliminary understanding of parties who plan to enter into a contract or some other agreement. It is not meant to be binding and does not hinder the parties from bargaining with a third party.

National Coordinating Team (NCT) In the event that the National Emergency Operations Center (NEOC) in activated at FEMA Headquarters in Washington, D.C. and a coordinating team is needed to maintain over all coordination among the deployed EMAC components, FEMA will request the NCG to deploy an NCT to the NEOC. Costs for deploying and maintaining an NCT are reimbursed by FEMA through NEMA/CSG.

National Coordination Group (NCG) Comprised of members from the state of the Chair of the EMAC Operations Sub-Committee and Executive Task Force. They are the nationwide EMAC point-of-contact during normal day-to-day, non-emergency periods. The NCG is prepared to activate EMAC on short notice by coordinating with the EMAC Authorized Representatives or Designated Contacts of the other Member States.

National Emergency Operations Center (NEOC) Renamed in the National Response Plan as the National Response Coordination Center (NRCC), the facility in Washington, D. C. used by DHS/FEMA to coordinate federal response and recovery operations. Federal Emergency Support Functions (ESFs) are co-located at the NRCC to provide resource support to state counter-parts through the Regional Operations Centers.

National Incident Management System (NIMS) The system used to conducting incident management as specified in Homeland Security Presidential Directive (HSPD)-5. NIMS established a national standard methodology for managing emergencies and ensure seamless integration of all local, state and federal forces into the system.

National Response Coordination Center (NRCC) The facility in Washington, D. C. used by DHS/FEMA to coordinate federal response and recovery operations. Federal Emergency Support Functions (ESFs) are co-located at the NRCC to provide resource support to state counter-parts through the Regional Operations Centers. This was formerly called the NEOC and was changed in the National Response Plan.

Operations Manual These are the written standardized process to ensure each Member State understands the EMAC agreement, is adequately prepared to participate in the agreement, and follows the same standardized procedures while implementing EMAC. This manual sets forth the terms of the EMAC agreement and establishes the EMAC procedures that all Member States are to follow.

Parens Patriae Latin for "parent of his or her country." The state is regarded as a sovereign; the state in its capacity as provider of protection to those unable to care for themselves.

Point of Contact (POC) The person or entity who is the main contact.

Providing Entity (PE) Any local government political sub-division, organization or state agency of a Assisting State, other than the state emergency management organization, that is providing an EMAC requested resource on behalf of the Assisting State to fulfill an official EMAC REQ-A mission requirement.

Quarantine The restriction of the activities of healthy persons who have been exposed to communicable disease, during its period of communicability, to prevent the transmission during the incubation period of infection should occur.

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R-1 Form The form used to summarize the costs of all interstate assistance requested and provided by an Assisting State. A single R-1 should be completed and submitted to the Requesting State by each Assisting State that provided assistance. All of the costs for providing assistance under the REQ-A(s) are totaled. Copies of receipts and payment vouchers are attached to the R-1. The R-1 is signed and sent to the Requesting State for reimbursement.

R-2 Form The form used to summarize the costs of all intrastate assistance requested and provided by an agency, municipality, county or other organization within a State providing assisting to another state under EMAC. A single R-2, accompanied by copies

of receipts, payment vouchers and other costs supporting documents, should be completed and submitted to the Assisting State for each agency, municipality, county or other organization who provided assistance. The R-2 is signed by the appropriate authority of the requesting entity and sent to the Assisting State for reimbursement. The Assisting State attaches copies of all R-2's and supporting documents to all applicable R-1's as appropriate.

Regional Coordinating Team (RCT) If the disaster event involves more than one state in a single federal region or multiple states in multiple regions, FEMA may request that an RCT be deployed to the federal Regional Operations Center (ROC) to coordinate with A-Teams deployed to Requesting States. The RCT supports the A-Teams within their Area of Operations (AO) but does not directly acquire resources from other Member States without approval of the NCG. The RCT prepares regional Situation Reports and channels information up to the NCT.

Regional Operations Center (ROC) The federal facility from which federal personnel coordinate response operations and provide resource support to states within each federal region. ROCs usually stand-down once a Disaster Field Office is operational in the affected state(s) within the region.

Reimbursement The process of submitting documented eligible costs by an Assisting State to a Requesting State in order to receive financial compensation for providing assistance specified in the REQ-A and in accordance with the EMAC.

REQ-A Form The EMAC Request for Assistance (REQ-A) Form is used to officially request assistance, offer assistance and accept assistance. The use of the single form simplifies and streamlines the paperwork necessary to request and receive assistance from Member States. It is important to remember that when duly executed by the Authorized Representative of both the Requesting and Assisting State(s), the REQ-A becomes a legally binding agreement between the Requesting and Assisting State(s) under EMAC.

Requesting State Any EMAC Member State that has informally or formally requested interstate assistance using any of the systems established by EMAC for this purpose.

Resource Typing is the categorization and description of response resources that are commonly exchanged in disasters through mutual aid agreements.[cxii]

Situation Report (SITREPS) At least once daily, and sometimes more frequently, this status report that is prepared by an A-Team and posted on the EMAC website. It details the current status of the emergency operation and the response to that emergency event. The purpose of the SITREP is to ensure that all parties involved in the response effort are thoroughly informed of every facet of the current operation.

Surge - Communities A mass population influx to rural communities from nearby cities in the event of a disaster or public health emergency.

Surge – Hospitals "Surge capacity" or "surge capability" is the ability of hospitals and first responders to cope with a sudden influx of patients caused by a natural disaster such as a deadly hurricane, disease such as pandemic bird flu or manmade calamity such as a terrorist attack.[cxiii]

Theater of Operations (TO) Applies to an EMAC operation in its totality whereby A-Teams and Regional Coordinating Teams focus on affected jurisdictions. The control of the EMAC TO falls under the purview of the NCG with support from the NCT. An EMAC TO is comprised of potentially many Areas of Operations.

Treaty An agreement formally signed, ratified or adhered to between two nations or sovereigns; an international agreement concluded between two or more states in written form and governed by international law.[cxiv]

Additional definitions can be found at [FEMA: National Mutual Aid and Resource Management Initiative Glossary of Terms and Definitions]

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b. Table

The following data is the result of a survey conducted to ascertain the areas that would be most important to Public Health and Emergency Preparedness professionals to include in an emergency preparedness guide such as this one. The results of this survey, shown below, directly contributed to, and resulted in, the creation of this guide.

Which of the following areas would be important to include in the Guide?

	1 (No Interest)	2	3	4	5 (High Interest)	Response Average
Liability Protection	0% (0)	0% (0)	13% (8)	24% (15)	**63% (39)**	**4.50**
Legal authority to enter into agreements	0% (0)	6% (4)	8% (5)	32% (20)	**53% (33)**	**4.32**
Tool to assess your readiness to handle population surges in a public health emergency	0% (0)	5% (3)	15% (9)	**42% (26)**	39% (24)	**4.15**
Examples or templates of public health mutual aid agreements	0% (0)	6% (4)	21% (13)	29% (18)	**44% (27)**	**4.10**
Credentialing	2% (1)	0% (0)	20% (12)	**45% (27)**	33% (20)	**4.08**
Examples of existing multi-jurisdictional collaborations	0% (0)	2% (1)	23% (14)	**44% (27)**	31% (19)	**4.05**
Assessing current agency emergency capacity/limitations	0% (0)	3% (2)	29% (18)	**37% (23)**	31% (19)	**3.95**
A list of critical resources (i.e. shelter, food, water, hospitals, etc.) that would be needed in an emergency	3% (2)	10% (6)	26% (16)	23% (14)	**39% (24)**	**3.84**
Compensation	2% (1)	13% (8)	21% (13)	**32% (20)**	**32% (20)**	**3.81**
Case histories of successful multi-jurisdictional emergency preparedness partnerships	2% (1)	6% (4)	**35% (22)**	34% (21)	23% (14)	**3.69**
Examples of interoperable communication systems (i.e. 800MHz radio system able to communicate with a 900MHz system)	2% (1)	15% (9)	26% (16)	**34% (21)**	24% (15)	**3.65**
					Total Respondents:	**62**
					(skipped this question)	1

c. Readiness Assessment Checklists

Readiness Assessment: Legal					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Have you discussed emergency preparedness issues with your attorney?	[ABA Checklist for State and Local Government Attorneys to Prepare for Possible Disasters]				
Does your state have mutual aid empowering legislation?	See "existing agreements" and "empowering legislation."				
Does your municipality have mutual aid empowering legislation?					
Do you know the EMAC contact person for your state?		State contact persons can be found at http://www.emacweb.org			
Do you know where legal responsibility lies for certain categories of property in your jurisdiction such as hospitals, jails, prisons?	[Inter-local Cooperation Agreement between County Law Enforcement Authorities]	[ABA Hurricane Katrina Task Force Subcommittee Report] [ABA Checklist for State and Local Government Attorneys to Prepare for Possible Disasters]			
Do you know your legal rights with respect to the use of private property such as hotels?		[ABA Hurricane Katrina Task Force Subcommittee Report] [ABA Checklist for State and Local Government Attorneys to Prepare for Possible Disasters]			

Note: Adapted with permission from Maggie Jones, MPH and Patrick O'Carroll, MD, MPH, et al; 2008.
This document represents a work in progress and should be considered a non-finalized draft. Updated: 08/2009.

[back to Table of Contents] [Printable/Writeable Version of "Legal" Checklist]

Readiness Assessment: Material					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Do you know the location and capacity of fuel reserves?					
Do you know the location / capacity of hotels?					
Is there adequate human waste treatment capacity?					
Is there adequate food reserves?					
Do you know the location / capacity of restaurants?					
Is there sufficient drinking water?					
Is there adequate medical care?					
Is there adequate veterinary care?					
Is there adequate hospital care / capacity?	[Model Hospital Mutual Aid Memorandum of Understanding]	Hospitals are usually private and require individualized agreements.			
Are there sufficient pharmacy services?					
Is there adequate transportation services?					
Is there capacity to provide emergency shelters?					
Have you located the major warehouses in your jurisdiction?					

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[Printable/Writeable Version of "Material" Checklist]

Readiness Assessment: Financial					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Does your local government have agreements with the private sector for federal reimbursement?		Federal government will not reimburse private sector			

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[Printable/Writeable Version of "Financial" Checklist]

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Readiness Assessment: Communication					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Are there systems in place to ensure consistent risk communication messages across the region?		NIMS processes and concepts of a Joint Information Center (JIC) that could be adapted for this purpose.			
Are there mechanisms to communicate with special needs populations?		Included as a requirement in the 2006 CDC guidance to the states.			
Are there protocols for effective interstate communication during response in the field?		NIMS processes could be adapted to develop regional protocols for communication of public health workers in the field.			

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[Printable/Writeable Version of "Communication" Checklist]

Readiness Assessment: Personnel					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Is there consistent language in job classification and responsibilities across the region through staff and resource typing?	NIMS	http://www.fema.gov/emergency/nims/index			
Are protocols in place for sharing staff across borders?	IEMAC, EMAC				
Are there agreements for sharing staff (e.g., licensing and credentialing, workers' compensation and death benefits, and liability / malpractice).	EMAC				
Do you conduct regular training for public health on preparedness?					
Have you conducted multi-jurisdictional drills?					
Are your responders' duties, rights, responsibilities clearly defined?					

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[Printable/Writeable Version of "Personnel" Checklist]

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Readiness Assessment: Data					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Are there agreements and systems for exchanging data during an emergency response?	Informal, relationship-based networks.	There are some existing electronic systems: Health Alert Network (HAN), The Epidemic Information Exchange (EpiX), Web-based Emergency Operations Center (WebEOC), Laboratory Response Network (LRN).			
Are there protocols for secure, efficient data exchange (ideally electronically)?	Informal networks using secure fax and phone lines.				
Protocols for sharing data: what should be shared, who owns the data, when it should be shared, with whom, etc.					

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[Printable/Writeable Version of "Data" Checklist]

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Readiness Assessment: Governance					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Is there multi-jurisdictional agreement(s) to offer assistance to adjacent states / provinces in an event?		EMAC & PNEMA have only regional agreement with Congressional approval.			
Agreements and systems in place to exchange emergency, warning, and notification plans and 24-hour contact lists with adjacent jurisdictions?					
Is there an established working group to lead the process?					
Are there annual regionally planned / managed drills (including exercising logistics chain)?					
Is there a formalized structure for regional decision making in a multi-jurisdictional response?		NIMS processes could be adapted to develop regional decision-making structures.			

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[Printable/Writeable Version of "Governance" Checklist]

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Readiness Assessment: Patients					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Are protocols in place for the transport of patients / evacuees between state borders within the US?		This is routine between states.			
Are protocols in place for the transport of patients / evacuees between US and Canada?	PNEMA, [International Emergency Management Assistance Memorandum of Understanding]	This would fall under the jurisdiction of the federal governments.			
Have you anticipated problems related to Medicaid and insurance coverage in other states?		This would fall under the jurisdiction of the federal governments.			

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[Printable/Writeable Version of "Patients" Checklist]

Readiness Assessment: Specimens					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Is there an agreement to exchange specimens / samples during an event, including issues of compensation and reimbursement?	Region X Public Health Laboratory MOU.	Region X MOU gives permission, but does not describe how to implement it.			
Are there protocols for transportation of specimens samples during an event?					
Are there protocols for chain of custody?					

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[Printable/Writeable Version of "Specimens" Checklist]

Readiness Assessment: Staff					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Is there consistent language in job classification and responsibilities across the region through staff resource-typing.		National Incident Management System (NIMS) offers a framework for resource-typing, suggesting the need to categorize resources based on standards of capability and performance.			
Are there protocols for sharing staff across borders.					
Agreements for sharing staff (e.g.: licensing and credentialing, workers' compensation and death benefits, and liability/ malpractice).	EMAC, PNEMA, Annex B.	In the US, hospitals are private, so there would need to be agreements with the hospitals stating that they would accept credentialing from other states.			
Is there regular training for public health staff on preparedness and incident command systems.		In public health, training on preparedness is more prevalent than training on incident command.			

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[Printable/Writeable Version of "Staff" Checklist]

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Readiness Assessment: Supplies					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Is there resource typing through national resource inventories?		NIMS offers a framework for resource-typing, suggesting the need to categorize resources based on standards of capability and performance.			
Is there a multi-jurisdictional agreement to share laboratory supplies in an event, including issues of compensation and reimbursement?	Region X Public Health Laboratory MOU.	Region X MOU gives permission, but does not describe how to implement it.			
Multi-jurisdictional agreement to share other relevant equipment, including issues of compensation and reimbursement.	PNEMA, Annex B.				

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[Printable/Writeable Version of "Supplies" Checklist]

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d. Endnotes

[i] http://www.emacweb.org/?10
[ii] Collaboration Training Program Manual, http://crs.uvm.edu/nnco/
[iii] Council of State Government Document
[iv] The Port Authority of New York & New Jersey
[v] Black's Law Dictionary
[vi] Interstate Compact for the Supervision of Parolees and Probationers
[vii] Western Higher Education Compact
[viii] Interstate Compact on Industrialized/Modular Buildings
[ix] Southern Growth Policies Board
[x] state boundary compacts
[xi] Council of State Government Document
[xii] http://www.paho.org/English/DD/PED/te_suma.htm
[xiii] http://www.humanitarianreform.org/humanitarianreform/Default.aspx?tabid=75
[xiv] http://www.humanitarianreform.org/humanitarianreform/Default.aspx?tabid=75
[xv] P.L. 105-381
[xvi] http://www.doh.wa.gov/EHSPHL/epitrends/07-epitrends/07-01-epitrends.htm
[xvii] http://www.gov.bc.ca/health/down/mou_public_health.pdf
[xviii] http://www2.news.gov.bc.ca/news_releases_2005-2009/2006OTP0107-000829-Attachment1.htm
[xix] http://www.iemg-gigu.org/mou-e.asp
[xx] http://www.forces.gc.ca/site/news-nouvelles/view-news-afficher-nouvelles-eng.asp?id=509
[xxi] http://www.usmbha.org/
[xxii] P.L. 103-400
[xxiii] http://www.borderhealth.org
[xxiv] http://www.ndol.org/ndol_ci.cfm?contentid=252473&kaid=137&subid=900014
[xxv] http://www.dhs.gov/xcommtrad/
[xxvi] http://www.cbp.gov/xp/cgov/trade/cargo_security/csi/
[xxvii] http://www.cbp.gov/xp/cgov/trade/cargo_security/ctpat/
[xxviii] http://www.cbp.gov/xp/cgov/newsroom/fact_sheets/port_security/securing_us_ports.xml
[xxix] SBO 140.02
[xxx] 30 M.R.S. § 6206-B (2006)
[xxxi] Minn. Stat. § 626.90 (2006)
[xxxii] MCLS § 124.504 (2007)
[xxxiii] http://www.bhs.idaho.gov/agency/legal/interstate.htm
[xxxiv] http://www.michigan.gov/documents/GLBHI_brochure_165571_7.pdf
[xxxv] http://www.spp.gov/
[xxxvi] Arkansas Code § 12-75-103
[xxxvii] http://www.panynj.gov/AboutthePortAuthority/HistoryofthePortAuthority/
[xxxviii] http://www.midamericaalliance.org/
[xxxix] http://www.iafc.org/displaycommon.cfm?an=1&subarticlenbr=391
[xl] Section 31-9-01
[xli] IC 10-14-3-10.6 and IC 10-14-3-10.7
[xlii] Delaware Code § 3201
[xliii] 33-15-19 and others
[xliv] § 5502.41
[xlv] 29C.21
[xlvi] http://www.cambridgepublichealth.org/services/emergency-preparedness/products/Mutual_Aid_Template.pdf
[xlvii] M.G.L c. 40 § 8G (mutual aid agreements between police departments)
[xlviii] http://www.srph.tamhsc.edu/centers/rhp2010/html/phinfrastructure/westny.htm
[xlix] Catalog of Federal Disaster Assistance (CFDA) numbers are provided to help you find additional information on the CFDA website.
[l] NY CLS Gen. Mun. § 209 (2007).
[li] http://www.dos.state.ny.us/cnsl/hiway.html

[lii] http://www.dos.state.ny.us/cnsl/space.html
[liii] http://www.dos.state.ny.us/lgss/smsi/
[liv] The Fourteenth Amendment was ratified in 1868, shortly after the Civil War, states:

Section. 1. All persons born or naturalized in the United States and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

Section. 2. Representatives shall be apportioned among the several States according to their respective numbers, counting the whole number of persons in each State, excluding Indians not taxed. But when the right to vote at any election for the choice of electors for President and Vice President of the United States, Representatives in Congress, the Executive and Judicial officers of a State, or the members of the Legislature thereof, is denied to any of the male inhabitants of such State, being twenty-one years of age, and citizens of the United States, or in any way abridged, except for participation in rebellion, or other crime, the basis of representation therein shall be reduced in the proportion which the number of such male citizens shall bear to the whole number of male citizens twenty-one years of age in such State.

Section. 3. No person shall be a Senator or Representative in Congress, or elector of President and Vice President, or hold any office, civil or military, under the United States, or under any State, who, having previously taken an oath, as a member of Congress, or as an officer of the United States, or as a member of any State legislature, or as an executive or judicial officer of any State, to support the Constitution of the United States, shall have engaged in insurrection or rebellion against the same, or given aid or comfort to the enemies thereof. But Congress may by a vote of two-thirds of each House, remove such disability.

Section. 4. The validity of the public debt of the United States, authorized by law, including debts incurred for payment of pensions and bounties for services in suppressing insurrection or rebellion, shall not be questioned. But neither the United States nor any State shall assume or pay any debt or obligation incurred in aid of insurrection or rebellion against the United States, or any claim for the loss or emancipation of any slave; but all such debts, obligations and claims shall be held illegal and void.

Section. 5. The Congress shall have power to enforce, by appropriate legislation, the provisions of this article.

[lv] New York v. US (1992)
[lvi] Printz v. United States (1997)
[lvii] Reno v. Condon (2000)
[lviii] Chesapeake & O. Canal Co. v. Baltimore & O.R. Co., 4 G. & J. 1, 1832 WL 1258 (Md. 1832); State ex rel. List v. Douglas County, 90 Nev. 272, 524 P.2d 1271 (1974)
[lix] LaForge v. State Bd. of Health, 237 Wis. 597, 296 N.W. 93 (1941).
[lx] Earlier caselaw suggests that the prohibition would be more absolute. See generally Holmes v. Jennison, 39 U.S. (14 Pet.) 540 (1840), where the court required Congressional consent for "any agreement or compact." The Court believed that the framers could not have meant to apply to treaties alone, but would include all and any agreements, including verbal.
[lxi] *Virginia v. Tennessee*, 148 U.S. 503 (1893)
[lxii] US Council of State Governments report on interstate compacts.
[lxiii] Couch v. State, 140 Tenn. 156, 203 S.W. 831 (1918).
[lxiv] See 81A C.J.S. States § 68
[lxv] 148 U.S. 503 at 519 (1976).
[lxvi] The court uses as an example the draining of malarial districts on the border between two states and agreements to combat an "immediate threat, such as [an] epidemic." U.S. Steel Corp. v. Multistate Tax Comm. 434 U.S. 452, 468 (1978).
[lxvii] Cuyler v. Adams, 449 U.S. 433, 101 S. Ct. 703, 66 L. Ed. 2d 641 (1981).
Mass.—Opinion of the Justices, 344 Mass. 770, 184 N.E.2d 353 (1962).
N.Y.—Courtesy Sandwich Shop, Inc. v. Port of New York Authority, 12 N.Y.2d 379, 240 N.Y.S.2d 1, 190 N.E.2d 402 (1963).
[lxviii] District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the United States Virgin Islands. Palmyra Atoll, Guantanamo Bay, Cuba; associated states of the U.S. under the Compact Free Association include The Federated States of Micronesia (since 1986), Palau (since 1994), and the Marshall Islands (since 1986)

[lxix] Virginia v. Tennessee, 148 U.S. 503 (1893).
[lxx] Poole v. Fleeger, 36 U.S. (11 Pet.) 185, 209 (1837); Rhode Island v. Massachusetts, 37 U.S. (12 Pet.) 657, 725 (1838).
[lxxi] Gostin, pg 127-8
[lxxii] Jacobson v. Massachusetts, 197 U.S. 11 (1905).
[lxxiii] Hall, Oxford Companion to the Supreme Court, Due Process, Procedural
[lxxiv] See United States v. Smith, 557 F.2d 1206 (5th Cir. 1977); United States v. Mastberg, 503 F.2d 465 (9th Cir. 1974; United States v. Montoya 473 U.S. 531.
[lxxv] Pg 561…taken from oxford companion, og 671.

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[lxxvi] http://www.naccho.org/topics/infrastructure/turningpoint/background.cfm
[lxxvii] http://www.publichealthlaw.net/Resources/Modellaws.htm#TP
[lxxviii] http://www.naccho.org/topics/infrastructure/turningpoint/background.cfm
[lxxix] http://www.ngb.army.mil/news/archives/080706-ANG_med_surge.aspx
[lxxx] Galt, KA. 2004. Credentialing and Privileging for Pharmacists. *American Journal Health-Systems Pharmacists*. 61(7): 661-70.
[lxxxi] http://www.ahrq.gov/research/shuttered/shuthosp4b.htm
[lxxxii] http://nursingworld.org/ojin/topic9/topic9_2.htm
[lxxxiii] http://www.ahrq.gov/research/shuttered/shuthosp4b.htm
[lxxxiv] http://www.fema.gov/emergency/nims/
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[lxxxvi] http://www.fema.gov/emergency/nims/faq/rm.shtm
[lxxxvii] http://www.fema.gov/emergency/nims/faq/rm.shtm
[lxxxviii] http://www.oep-ndms.dhhs.gov/
[lxxxix] http://www2a.cdc.gov/phlp/CompulsoryTreatment.asp
[xc] FAQ Cambridge Public Health Department
[xci] Stier, Mutual Aid Agreements: Essential Legal Tools for Public Health Preparedness and Response, citingThe Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities. Hurricanes Katrina and Rita, legal issues concerning volunteer health personnel. http://www.publichealthlaw.net/Research/Katrina.htm
[xcii] http://www.fcc.gov/pshs/spectrum/800mhz/bandreconfiguration/overview.html
[xciii] http://www.fcc.gov/pshs/spectrum/800mhz/bandreconfiguration/overview.html
[xciv] http://www.fcc.gov/pshs/spectrum/800mhz/bandreconfiguration/overview.html
[xcv] http://www.fcc.gov/pshs/spectrum/800mhz/bandreconfiguration/overview.html
[xcvi] First Report and Order and Third Notice of Proposed Rule Making (R&O) in WT Docket No. 96-86.
[xcvii] http://www.fcc.gov/pshs/spectrum/ncc/
[xcviii] http://www.fcc.gov/pshs/spectrum/ncc/
[xcix] Jay Romano, Protecting Pets in a Disaster, N.Y. Times, September 25, 2005, at 14.
[c] http://thomas.loc.gov/cgi-bin/bdquery/z?d109:HR03858:@@@D&summ2=m&
[ci] http://thomas.loc.gov/home/abt_thom.html
[cii] http://www.gpoaccess.gov/about/
[ciii] http://www.cqpress.com/lib/electronic-products.html
[civ] http://www.naccho.org/about/
[cv] http://www.publichealthlaw.net/
[cvi]http://www.nga.org/portal/site/nga/menuitem.1f41d49be2d3d33eacdcbeeb501010a0/?vgnextoid=93b1ff821d16e010VgnVCM1000001a01010aRCRD
[cvii] http://www.naccho.org/topics/emergency/APC.cfm
[cviii] Black's Law Dictionary (8th ed. 2004), compact
[cix] Black's Law Dictionary
[cx] Black's Law Dictionary (8th ed. 2004), compact
[cxi] Black's Law Dictionary (8th ed. 2004), letter of intent
[cxii] http://www.fema.gov/emergency/nims/faq/rm.shtm
[cxiii] http://www.ngb.army.mil/news/archives/080706-ANG_med_surge.aspx
[cxiv] Black's Law Dictionary (8th ed. 2004), treaty

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Readiness Assessment: Legal					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Have you discussed emergency preparedness issues with your attorney?		ABA Checklist for State and Local Government Attorneys to Prepare for Possible Disasters: http://sphhp.buffalo.edu/emergency_preparedness/appendices/002_ABA_are_you_prepared.pdf	☐	☐	
Does your state have mutual aid empowering legislation?		See "existing agreements" and "empowering legislation."	☐	☐	
Does your municipality have mutual aid empowering legislation?			☐	☐	

Do you know the EMAC contact person for your state?		State contact persons can be found at: www.emacweb.org	☐	☐	
Do you know where legal responsibility lies for certain categories of property in your jurisdiction such as hospitals, jails, prisons?		Inter-local Cooperation Agreement: http://sphhp.buffalo.edu/emergency_preparedness/appendices/052_pierce_county_mutual_aid_agreement.pdf ABA Katrina Task Force Subcommittee Report: http://sphhp.buffalo.edu/emergency_preparedness/ppendices/001_ABA_katrina_report.pdf	☐	☐	
Do you know your legal rights with respect to the use of private property such as hotels?			☐	☐	

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Readiness Assessment: Material					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Do you know the location and capacity of fuel reserves?			☐	☐	
Do you know the location / capacity of hotels?			☐	☐	
Is there adequate human waste treatment capacity?			☐	☐	
Is there adequate food reserves?			☐	☐	
Do you know the location / capacity of restaurants?			☐	☐	
Is there sufficient drinking water?			☐	☐	
Is there adequate medical care?			☐	☐	

Is there adequate veterinary care?			☐	☐	
Is there adequate hospital care / capacity?		Hospitals are usually private and require individualized agreements. Model Hospital Memorandum of Understanding: http://sphhp.buffalo.edu/Emergency_Preparedness/Appendices/014_hospital_To_hospital_mutual_aid_California.pdf	☐	☐	
Are there sufficient pharmacy services?			☐	☐	
Is there adequate transportation services?			☐	☐	
Is there capacity to provide emergency shelters?			☐	☐	
Have you located the major warehouses in your jurisdiction?			☐	☐	

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Readiness Assessment: Financial					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Does your local government have agreements with the private sector for federal reimbursement?			☐	☐	

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Readiness Assessment: Communication					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Are there systems in place to ensure consistent risk communication messages across the region?		NIMS processes and concepts of a Joint Information Center (JIC) that could be adapted for this purpose.	☐	☐	
Are there mechanisms to communicate with special needs populations?		Included as a requirement in the 2006 CDC guidance to the states.	☐	☐	
Are there protocols for effective interstate communication during response in the field?		NIMS processes could be adapted to develop regional protocols for communication of public health workers in the field.	☐	☐	

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Readiness Assessment: Personnel					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Is there consistent language in job classification and responsibilities across the region through staff and resource typing?		NIMS www.fema.gov/emergency/nims/index	☐	☐	
Are protocols in place for sharing staff across borders?		IEMAC, EMAC	☐	☐	
Are there agreements for sharing staff (e.g., licensing and credentialing, workers' compensation and death benefits, and liability / malpractice)?		EMAC	☐	☐	
Do you conduct regular training for public health on preparedness?			☐	☐	
Have you conducted multi-jurisdictional drills?			☐	☐	
Are the responder's duties, rights, responsibilities clearly defined?			☐	☐	

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Readiness Assessment: Data					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Are there agreements and systems for exchanging data during an emergency response?		There are some existing electronic systems: Health Alert Network (HAN), The Epidemic Information Exchange (EpiX), Web-based Emergency Operations Center (WebEOC), Laboratory Response Network (LRN).	☐	☐	
Are there protocols for secure, efficient data exchange (ideally electronically)?			☐	☐	
Protocols for sharing data: What should be shared, who owns the data, when it should be shared, with whom, etc?			☐	☐	

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Readiness Assessment: Governance					
	Existing Structures		Self Assessment		
Checklist Item		Comments	Yes	No	Partially (comments)
Are there multi-jurisdictional agreements to offer assistance to adjacent states / provinces in an event?		EMAC & PNEMA have only regional agreement with Congressional approval.	☐	☐	
Agreements and systems in place to exchange emergency, warning, and notification plans and 24-hour contact lists with adjacent jurisdictions?			☐	☐	
Is there an established working group to lead the process?			☐	☐	
Are there annual regionally planned / managed drills (including exercising logistics chain)?			☐	☐	
Is there a formalized structure for regional decision making in a multi-jurisdictional response?		NIMS processes could be adapted to develop regional decision-making structures.	☐	☐	

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Readiness Assessment: Patients					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Are protocols in place for the transport of patients / evacuees between state borders within the US?		This is routine between states.	☐	☐	
Are protocols in place for the transport of patients / evacuees between US and Canada?		Federal government jurisdiction, PNEMA, International Emergency Management Assistance Memorandum of Understanding: sphhp.buffalo.edu/ emergency_preparedness/ appendices/017_MOU_ NE_eastern_canada.doc	☐	☐	
Have you anticipated problems related to Medicaid and insurance coverage in other states?		This would fall under the jurisdiction of the federal governments.	☐	☐	

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Readiness Assessment: Specimens					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Is there an agreement to exchange specimens / samples during an event, including issues of compensation and reimbursement?			☐	☐	
Are there protocols for transportation of specimens samples during an event?			☐	☐	
Are there protocols for chain of custody?			☐	☐	

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Readiness Assessment: Staff					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Is there consistent language in job classification and responsibilities across the region through staff resource-typing?		National Incident Management System (NIMS) offers a framework for resource-typing, suggesting the need to categorize resources based on standards of capability and performance.	☐	☐	
Are there protocols for sharing staff across borders?			☐	☐	
Agreements for sharing staff (e.g.: licensing and credentialing, workers' compensation and death benefits, and liability/ malpractice)?		In the US, hospitals are private, so there would need to be agreements with the hospitals stating that they would accept credentialing from other states. (e.g. EMAC, PNEMA)	☐	☐	
Is there regular training for public health staff on preparedness and incident command systems?		In public health, training on preparedness is more prevalent than training on incident command.	☐	☐	

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Readiness Assessment: Supplies					
			Self Assessment		
Checklist Item	Existing Structures	Comments	Yes	No	Partially (comments)
Is there resource typing through national resource inventories?		NIMS offers a framework for resource-typing, suggesting the need to categorize resources based on standards of capability and performance.	☐	☐	
Is there a multi-jurisdictional agreement to share laboratory supplies in an event, including issues of compensation and reimbursement?			☐	☐	
Multi-jurisdictional agreement to share other relevant equipment, including issues of compensation and reimbursement.			☐	☐	

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