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INTERNATIONAL ASSOCIATION OF EMERGENCY MANAGERS

IAEM Bulletin

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Register by Sept. 10 for the IAEM Annual Conference and Receive Eight Bonus Presentations by Webinar

As part of the IAEM Annual Conference and EMEX, IAEM is offering an Early Edition Speaker Series exclusively to those who register for the conference by September 10. This eight-session speaker series features experts and leaders from a wide range of backgrounds and areas within emergency management. Each presentation will be an hour-long and will focus on a variety of topics necessary for an effective emergency management professional. The Early Edition Speaker Series will be webinars held on Tuesdays and Thursdays in September and October.

Session 1 – Sept. 14

The first session of our Early Edition Speaker Series will focus on debris management. Debris management can be a complex, confusing, and costly part of disaster response and recovery. This session will chart a pathway through the plethora of regulations that govern the debris management process. We will also talk about the "land mines" buried along the debris haul routes. These "land mines" are often not addressed in any FEMA literature.

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One Emergency Manager's View: Why I was the Last Adult in my Household to get a Shot

By Michael D. Prasad, CEM, Consultant, Emergency Services Consulting International, Inc.

One might think that as an emergency management professional – especially one who spent most of 2020 watching daily intelligence about COVID-19 and how it has devastated our entire world like no other type of experienced disaster – I would be the first in line to get any of the vaccines available. Nope. It did not happen that way at all. I was the last adult in my household "bubble" of six (including my granddaughter) to get vaccinated. Four out of the five of us adults qualified for early access. And let us just say that four of us already tested positive for COVID-19 before any vaccines were available. I chose to wait and watch, for several reasons, which align with the tenants of emergency management. In fact, I just finished up my second shot in late June 2021. Here are a few of my own reasons why I delayed.

Contingency Planning

So, I am that guy who asks a lot of "what if?" questions, especially when disasters strike. I have three "go" bags for myself, 30-days of dry goods in the home, two generators and a transfer switch, three ham radios, and two rain barrels for toilet water collection, just in case. And yes, the radios are stored in an EMP-shielded case. I strongly believe in planning for contingencies, now considered the field of consequence management, and it was Y2K which really got me started. I will admit that I did not have enough toilet paper or antibacterial wipes for this pandemic, but I believe I am not the only one who felt a little "behind" on this. We never ran out of either, or any other supplies. What if there is some long-term side effect of any of the vaccines? What if there is no additional efficacy to getting the vaccine, if you already have tested positive for COVID-19? What if the vaccine actually dilutes the natural antibodies built from already obtained from the virus? What if one vaccine is more or less dangerous than the other? Rushing to make a command decision without sufficient situational awareness and intelligence, was not something I had to do. So, I chose to wait a bit. And I continued to monitor open-source and other intelligence available to me. For COVID-19, there are daily reports put out by the CDC for all U.S. locations, and a great group called the International Society for Infectious Diseases (isid.org) who emails alerts for biologic threats/hazards from across the globe. They were the first group to sound the alarm on COVID-19 in 2019 – and have faster reporting on the variants out there, too.

One Big Experiment

The bottom line on the current schedule for COVID-19 vaccinations (as of June 2021) is this is all still experimental. Yes, there has been significant (and not rushed or short-changed) testing performed, but the approval to use the three vaccines in the United States is still under the U.S. Food and Drug Administration's (FDA's) Emergency Use Authorization (EUA)[1] criteria, not yet the FDA's full Approval or clearance.[2] Three areas concerned me.

•Historically, it has taken years to build a new vaccine and now there is science that allows this to be much faster.[3] Do I really understand mRNA vs DNA vs Recombinant pro-

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tein vs Replicating viral vector? Do I trust that the tactical operation is safe for me? Do I really need to be one of the first humans in history to alter my own immune system this way?

•Why is there not full immunity provided by any of the vaccines? When I get a Polio vaccine, I do not expect to possibly get a mild case of polio. Same for Tetanus and Measles. I read the wording carefully on these vaccines – "Developing immunity through vaccination means there is a reduced risk of developing the illness and its consequences. This immunity helps you fight the virus if exposed. Getting vaccinated may also protect people around you, because if you are protected from getting infected and from disease, you are less likely to infect someone else." (World Health Organization, 2021)[4]

•Finally, I had a potpourri of concerns about the logistics aspects (especially last mile transport and delivery – shot in the arm) of all of the U.S. vaccines. Temperature control, quality assurance from third-party producers and delivery services, batch control, distribution availability (I am still unclear why I cannot get a vaccine from my primary care physician), and even product tampering[5] all had a part in my apprehensions about getting vaccinated.

Cost-Benefit Ratio (Risks and Rewards)

I have been working from home since the start of this pandemic. As noted, my bubble is pretty small. While there is no tangible monetary cost to getting a vaccine, there certainly are health risks – even minor side effects – to consider. The level of FDA and other governmental approvals provide massive liability protection for those involved in production and distribution of vaccines. Many pharmaceutical companies took substantial financial risks in producing their vaccines in vast quantities before receiving EUA approval – and the whole world should recognize that they did this on their own (no one forced them to do this at gunpoint, for example). But at the end of the day, there will be many groups who will profit from this pandemic. At the very least, emergency management should have its costs and expenses covered, as is done for all disasters. I could say I was being magnanimous by waiting to get vaccinated, so that others, especially those in vulnerable population communities around me, could get vaccinated first. But candidly, that is not true for me. My local and county health officials made extraordinary efforts to get vaccine availability to those populations, and I am pretty sure that is the case in most of our country. As emergency managers responsible to our whole-community populations, we have a duty to highlight (and do something about) these gaps in service, just as we would for unmet recovery needs from any other disaster. Maybe if leaders said they would not get a vaccine themselves until everyone else in their jurisdiction had one made available to them, the cost-benefit ratio would be more aligned.

Command and Control Missteps

"Don't wear a mask. Now wear a mask. Wait, now you don't need to wear a mask." While I know there will be a massive collection of after-action reports, journal articles, and books written about this pandemic and all that really went wrong (which by the way we, as emergency managers, had already warned would go wrong), the whole PPE thing is still a big disappointment for me. As a nation, we still do not do enough to protect first and

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emergency responders through proper use, fit testing, and disposal of PPE. I saw these missteps in non-pharmaceutical interventions (NPIs) and when the medical countermeasures (vaccines, convalescent plasma, etc.) became active, I feared it would be more of the same. As noted, before, the decision to change your own immune system via a pharmaceutical intervention is a very personal one, and being driven by propaganda[6] and a lack of full transparency (Remember the need for herd immunity? No one is sure if any of the vaccines actually provide this.) is not the way I operate. Especially in disaster-mode.

We should be wary of governmental leaders who do not fully follow the guidance of experts on a particular subject matter. Emergency Support Function #8 - Public Health is certainly one of those categories. And it can go in both directions: too restrictive or too loose – and many times, it boils down to economic factors that drive the command-and-control decisions. There is much historical precedent for this view in U.S. disaster history, especially as it relates to federalism and the rights of states to make their own disaster-related response and recovery decisions. While the response to COVID-19 may have started as a national security event, it quickly became a series of 56+ simultaneous CBRNE mass casualty incidents, each with its own set of incident command structures. Case in point is the state of West Virginia. The last CONUS state to publicly report a positive case[8,9] but one of the first to get vaccines available through existing community pharmacies, rather than wait for pop-up clinics to be established or using the national chains to distribute the vaccines.[10] While back in February 2021, West Virginia was leading the nation (only second to Alaska then in percentage of adults receiving at least one dose), as of the end of June that same year, they are at the bottom of the pack (45th out of the 50 states).[11] All of this is derived from political decision-making, and I suspect some economic factors as well. When disaster priorities are turned upside-down, and property/asset/revenue protection is placed above incident stabilization and even life safety, things go badly. One only needs to look up where there were successes, and deplorably, failures as well, in the responses at long-term care facilities across the country.[12]

Why I finally changed my mind

For some, the decision to get vaccinated was based on their paid or volunteer work. Even the Red Cross, while not requiring all volunteers get vaccinated, will make command and control staffing decisions for disaster preparedness and response, based on vaccination status of the volunteer. It is ironic that the need to get "back to normal" and put our unmasked faces in front of each other daily has taken priority over the continued threat of this pandemic, especially for those who have not been vaccinated yet or never will. How quickly we have lost the extraordinary occupational health safety gains we made with virtual/remote work in so many fields of service, including emergency management. Will next year's seasonal flu be a culling event as well?
As I mentioned, I have a six-year-old granddaughter. There is no shot (yet) for her. If there was even a chance that I could do something which could prevent her from getting sick, I would do everything in my power to make that happen. That was the (selfish in many ways) tipping point for me. Risks and rewards. I finally decided I will take the risk, to

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provide her with even a little reward of life safety, especially since she is still under this pandemic risk for quite some time. Even if she is vaccinated sometime in 2022, the long-term impacts to her are still there. And if you think this virus was a "one and done" fluke, you may be in the wrong line of business. By the time you read this, the next pandemic[13] may have already begun.

1 https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization

2 https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained

3 https://www1.cgmh.org.tw/library_s/2020/paper/P-0428%20The%20COVID-19%20vaccine%20development%20landscape.pdf

4 https://www.who.int/news-room/q-a-detail/coronavirus-disease-(covid-19)-vaccines?topicsurvey=v8kj13)&gclid=CjwKCAjwrPCGBhALEiwAUl9X0-yFGrI3VJ0r9uC9kpncYQP-Pb1o64xab2Kkuvklg2HjAvrBNwwJxOhoC10E-QAvD_BwE

5 https://www.justice.gov/opa/pr/hospital-pharmacist-plead-guilty-attempting-spoil-hundreds-covid-vaccine-doses

6 https://www.axios.com/states-incentives-prizes-coronavirus-vaccine-e76159cc-7e8b-4835-81f5-04bacd3d264d.html

7 https://www.health.state.mn.us/diseases/coronavirus/vaccine/basics.html#herd

8 https://time.com/5805097/west-virginia-covid-19-testing/

9 I am not counting the territories, as they benefitted from distance and isolation, but are still suffering from lack of accessible resources in the same way. There's undoubtably a whole article or more, on this topic itself. And let us not forget the sovereign tribal nations within CONUS. Their COVID-19 story needs to be shared as well.

10 https://www.uspharmacist.com/article/community-pharmacies-put-west-virginia-in-the-vaccination-lead

11 https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html

12 https://www.cdc.gov/longtermcare/success-stories.html

13 https://www.who.int/emergencies/situations

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The IAEM Bulletin, which is a benefit of IAEM membership, is in its 38th year of providing valuable information, resources and ideas for members.