Day 30:
Impact of Mass Evacuations on Host Communities Following Nuclear Terrorism

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What to expect?
How to plan?

Why plan?
Disclaimers !!

1. The scenario is NOT a prediction
2. Human, societal, economic, political consequences of an IND attack are NOT informed by previous disasters
It’s a big country
...and the “detonation ground zero” is tiny
But it’s a small world,
...and the “psychological, sociological, political and economic ground zero” is enormous
Assumptions
10 KT IND detonated mid-town in MAJOR CITY in middle of a regular working day
Even against official advice, and within hours of blast, millions of those who can are starting to leave MC, including residents and commuting workers
Roberts County, Pre-Event

- 350,000 residents
- Two cities, population of each 30,000
- 290,000 people live in smaller towns and rural communities
- 30,000 regular commuters to MC
- 5 acute care hospitals, total beds 1,200
- 1 psychiatric hospital
- Rental vacancy: 15%
- Median rent: $1,100/ m
- 60 mobile home parks
- Depleted PH workforce at 130, total (budget cuts)
- Primarily volunteer EMS
- County police department: 125
Is Roberts Receptive?
Evacuation NIMBY...

Officials in South County towns are expressing cautious support for the suggestion that "concerned" New Yorkers fleeing a biological attack might be intercepted at the state line by checkpoints and possibly barricades, despite concerns raised by some critics that such an act would be unconstitutional.

"All the scenarios need to be looked at,"
Day 1-3
30 Days
Evac!
Roberts County Help Line
Roberts County
D + 30

• 100,000 displaced people (inc. 25,000 children)
• 50% population increase in each of 2 primary cities
• At least 10,000 regular Roberts CO residents left region – including many teachers and medical professionals
• 45,000 evacs without jobs and health insurance
• 2/3 of evacs are in motels, makeshift temporary housing, shelters, cars
• Local authorities remain in “crisis mode”
• Help from the region has been sporadic, unpredictable
• 500 deaths since evacs arrived
D+ 30 (continued)

- 500 children arrived without parent or legal guardian
- Classrooms very overcrowded
- Crime rates climbing, including among adolescents
- Curfew in effect
- Food assistance & other programs tapped out
- Most of relief assistance diverted to communities closer to MC
- High levels of work absenteeism across all sectors
- Severe traffic congestion
- Volunteers from elsewhere burned out, traumatized and leaving
- Volunteers competing with evacs for temporary housing, food and other resources
D + 30 (continued)

• Routine public health services discontinued
• Elective hospital care stopped/ deferred since 10/1
• Legal issues regarding standards of care, especially first 10 days
• Chaos in hospitals during first week with continued police deployment in ERs
• Controversial priority and triage protocols established
• Non-reimbursed care posing significant financial vulnerability
• Unresolved, growing “issues” between regular HC providers and influx of external providers from government, other jurisdictions, volunteers, etc.
Family reunification, location efforts going poorly
Paralyzing grief overwhelming resources, families, responders and providers
Suicides up
Growing resentment of evacs, including kids ostracized and bullied in school
Antidote to Planning Paralysis?

Talk.

Imagine.

Find out.

Talk.
Pre-IND Planning Issues for Destination Communities

1. Competition for federal and regional response resources
2. Shelter challenges
3. Loss of jobs, income, schools, health care and other basics of daily life
4. Overwhelmed local medical and public health systems
5. Sustaining public safety and order
6. Strategy for dealing with overwhelming mental health issues
7. Radiation management
8. Sanitation
9. Water safety
10. Vulnerable Populations
11. Social problems
12. Suspension and curtailment of routine state and local government public health and safety functions
END