

Ensuring that we're ready for the big one

Natural disasters, disease outbreaks, hazardous material spills, and terrorist attacks: they're the stuff of news shows and scary movies for most of us, but they're everyday concerns for Dr. Robert Gougelet.

All over New Hampshire, Vermont, and Maine, medical strike teams are preparing to respond to such events. These teams are part of the Northern New England Metropolitan Medical Response System (NNE MMRS), which is headed by Gougelet, an emergency preparedness expert as well as a DHMC emergency physician.

Disaster: Gougelet is a veteran of many medical relief efforts. In addition to his role with the NNE MMRS, he's also a supervisory physician for a Boston-based disaster medical assistance team that has traveled all over the world, including to New Orleans in the wake of Hurricane

Katrina in 2005 and to Bam, Iran, after a devastating earthquake there in 2004.

If, or when, a disaster ever strikes northern New England, volunteers trained by the NNE MMRS would rush to the scene to provide care for up to 48 hours, until state and federal authorities arrive. MMRS members are currently recruiting and training doctors, nurses, medics, and other personnel to staff three 115- to 130-member teams—one for each state.

In case of a mass casualty, at least 35 people would be deployed. Volunteers from the affected state would respond first, and those from the other states would be sent in as needed.

In addition, the NNE MMRS is gathering medical supplies and equipment that will be stored strategically in each state so they can be deployed quickly in an emergency. The medications will include, for example, drugs to treat 1,000 victims of a hazardous material spill or 10,000 victims of an infectious disease outbreak. The team is also identifying facilities that can be converted into care sites—such as auditoriums, conference centers, armories, and schools—in the event that hospitals are unable to handle the patient load or have to be evacuated.

Scarce: The NNE MMRS is the nation's only multi-state MMRS, as well as the only one that serves a primarily rural region, where emergency personnel can be scarce. "It's difficult in rural states, where there's not

enough personnel on a day-to-day basis" in fire, health, and safety departments, Gougelet explains. The tri-state MMRS "is a way to maximize our resources efficiently."

Targets: The region presents other challenges, too. It includes not only an international border, but also a busy seacoast. Furthermore, it is near Boston and other densely populated urban areas that are potential targets for terrorist attacks.

The MMRS system, founded in 1996 by the Federal Emergency Management Agency, is now run by the Department of Homeland Security. The nation's 125 MMRSs provide resources and funding regionally to manage public health emergencies until state and federal resources can be deployed.

Although Gougelet does not expect the NNE MMRS to be fully operational until the summer, its members have already responded to at least one medical emergency—at Dartmouth-Hitchcock. Team members were recruited to help DHMC quickly contain a pertussis outbreak this spring. NNE MMRS volunteers helped vaccinate more than 4,500 employees in just a few days (for more on the pertussis outbreak, see page 11). And they stand ready to respond to future emergencies.

"I'm very pleased at the level of commitment," says Gougelet. "What most impresses me is the effort of many dozens of people to support a regional approach to this, and to put their egos and self-interests behind them."

Laura Evancich

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the May 1963 issue of *MHH's* staff newsletter, *Hitchcock Highlights*:

The "Staff Reports" column noted that "the fast-growing incidence of a relatively obscure, serious, and occasionally fatal respiratory illness, emphysema, is strongly suspected to be the result of an increased number of habitual cigarette smokers, Dr. William Schillhammer has reported. . . . 'We do not know the exact cause of emphysema,' Dr. Schillhammer says, 'but . . . about 95% of the emphysemic patients we see are heavy smokers.'"



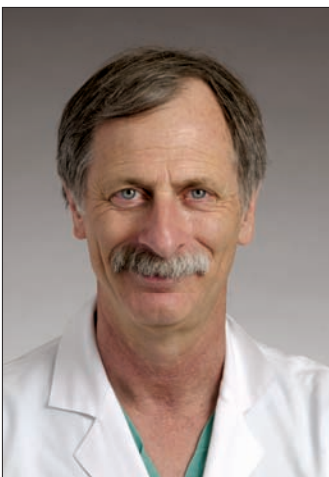
1

Number of DHMC pulmonary specialists in 1977-78

7

Number of DHMC pulmonary specialists in 2005-06

MARK WASHBURN



Gougelet tends to individual patients in DHMC's ER and to the populace of the region as head of a preparedness team.