

# Northwest **PUBLIC HEALTH**

## **Missoula Prepares for the Unlikely**

by **Jean Curtiss**

In Missoula we hope that we will never be the direct target of a bioterrorist attack, but we recognize that because of our location and geography we could easily be an unintentional target. We are adjacent to a major interstate between Seattle and Chicago and a major highway between Canada and Mexico; we have a major airport, by Montana standards; and the railroad passes through here. To complicate matters, Missoula sits in a narrow valley that is subject to inversions that hold pollution in the valley and would also trap biological or chemical agents.

When we think of an emergency situation, most of us assume that emergency responders, such as the fire department or law enforcement, are the ones to turn to. We don't think of public health officials as incident commanders. Biological and chemical agents have changed that picture. Learning to work together with emergency responders is one of the challenges public health workers face in becoming prepared for a bioterrorism attack.

Emergency response systems and public health operate under two very different management styles. In a public safety emergency, a police captain gives orders to his or her officers, who follow those orders. Public health problems, on the other hand, are often solved by committees. This difference in style means that good working relationships between public health and public safety must be well established before an emergency, so turf wars do not occur in the midst of the emergency.


In spring 1996, a train derailed during the night in neighboring Mineral County and released the nation's second largest chlorine spill. More than one thousand people were evacuated for three weeks, many suffering respiratory injuries. Missoula's local health department served with local, state, and federal responders on a joint incident command and deployed public health professionals from every one of its disciplines. Based on this experience, we formally adopted a "Public Health Emergency" chapter into our disaster plan. We are working with local hospitals to expand that chapter, providing for a public health/private health expert advisory team to be convened to assess and guide response to a bioterrorism or other public health emergency. We call that team H.E.A.T., for "Health Emergency Advisory Team."

Missoula had its share of anthrax scares last fall, giving us the opportunity to test our disaster plan. The plan worked. We have since been able to assess our actions and strengthen our plan. The Missoula Health Department is now providing bioterrorism agent training for staff, emergency responders, and elected officials. The Department has established a 24-hour on-call list to respond to emergencies. We have also joined forces with both of our local hospitals, the university health center, and a local health care technology company, Invizeon, to improve our communication capability through a Health Alert and Information Network. The Network will allow our medical community to notify each other of health alerts and to conduct more active surveillance.

In reaction to the attacks on September 11 and the ensuing anthrax attacks, the President and Congress appropriated new funds available to states through CDC for public health preparation and response. This is welcome money, but we must be careful not to use these funds solely to address bioterrorist threats while neglecting the other important aspects of public health. Our challenge is to find a balance that ensures our preparedness without shifting focus away from public health.

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