

**Allegany County Health Planning Coalition  
Meeting with DOD and IRT Summary  
May 14, 2012  
1:30 p.m.**

**Members Present**

Dr. Sue Raver, ACHD  
Lesa Diehl, ACHD  
Susan Stewart, WMAHEC  
Fred Tola, ACHD  
Jennifer Wilson, ACHD

**Others Present**

Brenda Caldwell, ACHD  
Al Feldstein, Appalachian Regional Commission  
Rodney Glotfelty, GCHD  
Bill Hardy, WMHS  
Glenn Emerick, WMHS  
Cindy Mankamyer, GCHD  
Jeff O'Neal, WMHS  
Barbara Rosvold, FCHD  
Bob Stephens, GCHD  
Earl Stoner, WCHD  
Shawn Stoner, WCHD  
David Stewart, Allegany Health Right  
Captain Karen Trueblood, Innovative Readiness Training  
Jo Wilson, WMHS

**Introductions**

- All in attendance introduced themselves and the agencies they represented.
- Captain Karen Trueblood, Readiness Director since 2010
  - Deputy Director since 2007
  - IRT Marine Corps
  - Marine Corps since 1994
  - IRT Neonatal ICU trained

**Presentation by Captain Trueblood**

- Power Point presentation (CD is available)
- Single-year funding
- World events take precedence
- Primary goal is military training for deployment overseas
- Volunteer training units / Unit must request training
- Provides help to underserved community
- No charge
- Since 1993 same \$20 million funding
- This year there are 24 projects nationwide

- Process once application is accepted: Call a unit, sit down and bring military, show us your community, two-day planning process, months later present plan, finalize plan and 30 days come back and deliver services
- Copy of Power Point slides attached
- Community advertises
- No screenings for uninsured/underinsured. Services are open to all.
- Persons examined receive a standard form and take it with them. Individuals are responsible to seek care elsewhere or get referral since they provide no follow-up care.

**Fred provided a list of questions (attached). Answers follow:**

- 1) Allegany Health Right may help with linkages for referrals/followup
  - Discussed team visiting facility for disabled persons
  - Captain Trueblood mentioned that community may want to provide free transportation or consider using school buses
- 2) Doesn't matter.
- 3) Separate is okay. Fill out Part A and all sign off. State Health Department could be CHO. One voice at table is best.
- 4) Okay.
- 5) Follows highest standard whether military or community. Credentialing can come through a credentialing facility or provide their military credential sheet (not from state license board).
 

Additional information discussed:

  - Blood work would be sent to partnering lab.
  - Could do PAP smear, but not microbiology.
  - No insurance billing for military work. Services are free. No charge for physician, but can file claim for lab work.
  - Community determined what services desired.
  - Maybe the State could provide oversight for blood draws for lab work since DHMH has own regulations.
  - Referring back to hold harmless, what does liability protection mean? Means we would not sue the military.
  - Cannot sign any agreement with indemnification clause. Captain Trueblood referred group to review hold harmless information in package.
- 6) Yes they will.
- 7) Flexible, go either way whatever is available.
- 8) a) and b) There is a shopping list of services available, check blocks to request. Behavioral health – psychologists and psychiatrists for initial screening for referrals, no drugs prescribed.
  - c) Eyewear – single vision only for near-sight or far-sight
  - d) No dentures or root canals, but will do some restorative work
  - e) Endocrinology and Pain management – look to see if specialists are available

Immunizations – military brings own pharmacy.  
If person has strep throat, they provide free antibiotics.
- 9) Can provide entire gamut of services medical / dental- but no root canals or dentures / optometry and veterinary. Army veterinarians can do vet services for large or small animals, neuter and spay, etc.
- 10) Already answered – whoever wants to show up.

## Medical Surge

- Consider coordinating with jurisdiction – how to set up, deploy and staff clinic
- Test procedures for activating a medical surge
- Deploy one site for each county and use different means of communicating
- What about adjacent counties and do they fit into surge?
- Liability and who is in charge – dealing across state lines – interstate response with multiple governments - DOD emergency agencies and also other state requests
- Four states in one exercise in Tennessee/Arkansas – four communities for 4 states, sent a person from each community and sat down and said what is time period? how you will set up? where to be? then round robin visit tour of each of sites, meeting at end of week to determine how many people to bring in and set up logistics. Delta Regional Authority submitted application for 4 towns/4 states.
- For this project, Appalachian Regional Commission (APR) would sign. Frederick County is not part of APR.
- Would APR assume liability issue? Al couldn't say and said to contact Erik Stokton.
- Military issue – dog infection following surgery referred to military Tort claim file and will be handled. Investigation and review and determine if something needed.
- 20% came from WV for MoM first year advertised – second year didn't – word of mouth – will they hear (65% Allegany / 20% WV, Mineral and Hampshire)
- Al – some type of training exercise in coordinating service in case of emergencies among different jurisdictions and referenced 4 MD counties service areas would be crossing state jurisdictions – how play out in emergency situation
- Local medical schools can send medical students to help – nursing school / certified nurse assistant programs through VoTech – all can come – huge event – community red cross, fire stations, make it an event with a lot of educational materials, for example, no electricity for 3 days – inform about “go” bag for each individual with water, dry goods, and clothes use as teaching moment. Consider using a school that would be closed in summer – use gym as waiting area – classrooms can be used for services, education, counseling
- How to do a joint command part of surge planning, how to work with other state jurisdictions (WV / PA) on joint command and how to bring folks in and take advantage of services provided. Military doing it makes it easier.
- Military does their own joint operations command for 3 different communities or counties by finding a central location and placing headquarters there - from there communications, daily reports, running stats, resupply lines or refills, food and water needs are managed
- IRT does not respond to natural or man-made emergencies or police actions. No authority to do.
- Communicable disease - yes
- Bob asked if anything has taken precedence and bumped an event? Yes, the war. Then what? Applicant was notified in advance. Some military went and provided a small, scaled-down event.
- If an emergency occurs they will not respond to. Others would be brought in.

### **Fred summarized surge**

- Opportunity to test communications – local – state – national and communications across jurisdictions and organize for area command and then deploy
- Captain Trueblood suggested that on the weekend surge folks could come to put up stuff at the same time military arrives to set up. Monday services begin.

### **How do we fill out application?**

- Identify CHO supervisor
- Three counties each fill out section of application

### **For liability protection**

- We are under MD tort claims act
- Federal government – need to figure out how best to play with folks across state

### **Are we moving forward with project, medical and surge?**

- FY2014 for Summer – October 1 applications are due for review
- Could experiment by doing 1 small project in community
- Length of clinic for medical is two weeks
- Same location is not done year after year, but can return – some every 5 years

### **Washington County comments**

- WCHD is interested and on board with group from an issue perspective
- Surge and medical - two parts happening at the same time (surge first day or ½ day)
- Initially only Maryland 1 and 2 jurisdictions but may need to look at including others

Rodney questioned how a local community who is limited in handling services deals with a surge of medical needs for individuals coming to county in an epidemic situation. (Garrett County)

### **Credentialing information**

- Can be provided for review – name/capability/authority
- Some HDs have requested credentialing information in advance
- WMHS only credentials for individuals working in their facility (Bill Hardy)

### **Community provides:**

- Manages advertising for clients
- Traffic management
- Managing lines
- Screening / checking in

### **Coinciding services mentioned by Captain Trueblood:**

- Mission of Mercy
- State health department
- Dental students could work in portable trailers (occurred at previous events)
- Partner with multiple community agencies
- Physical therapists can come and work with followup from surgeries.

- Medical students participating would have to have authority figures there and responsible
- Captured audience – use opportunity to educate, provide other services, referrals, etc. Have tables, booths or rooms set up for education information
- Could have Medical Assistance there to answer questions about MA
- Could have VA to help persons with signing up for VA Medical Care

### **Supplies**

- Military will supply their own equipment and supplies
- Civilian organizations running concurrently provide their own materials
- No anesthesia is used in order to provide dental care to profoundly disabled

### **Infrastructure will be decided early on**

- Three meetings / site visits / final planning conference / confirmation briefing saying this is a go. Who is coming? / this is the date we are showing up / these are the people staying / this is happening, etc. Information is very specifically written down one year in advance.

### **Does application need to provide specific sites?**

- We can make suggestions but the military will come and assess what is available and what works.

### **IRT cannot commit until formal application is received**

- Request is put on website to sell idea to branches of service
- The more capability requested the better it is for training value
- 50-100 applications for 20 sites
- Just hit record - 29,000 points of contact in 10 days
- Medical / Dental / Optometry is best (Veterinary would be good here and could be requested)
- Al mentioned that he understood that other applicants have an opportunity if a project drops out. He was pointing out that we should apply as soon as we are ready.

### **Frederick County**

- Barbara confirmed CHO for each jurisdiction and asked if Frederick could be included since not a part of ARC. Al gave ARC approval.

### **Wrap up**

- Community is in agreement for medical care and each county indicate areas of services they are interested in
- Separate application for each county, but under one project label
- Surge up in air – may revisit

Adjourned at 3:15 p.m.

Submitted by Tana Wolfe