

# Isle vulnerabilities dictate disaster strategy

## Maintaining supplies, electricity and staffing are the main concerns

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Disaster planners aim to have 1,000 beds and 500 military cots to augment the state's crowded hospitals by the time hurricane season starts in June.

"In Honolulu it's not unusual that one to three hospitals are not taking patients," said Toby Clairmont, Healthcare Association of Hawaii emergency program manager. The nonprofit association represents all hospitals and health care providers in the state. On a recent Friday, Clairmont said, five hospitals in Honolulu were unable to accept ambulance patients.

Hospitals are clogged partly because of a lack of community placements for a large number of long-term care patients who could be discharged.

Clairmont described advances in emergency preparedness and cited major concerns in a recent briefing to House and Senate health committees, and later in an interview.

Among new developments, Clairmont said five huge boxes of equipment, fold-up beds, bed linen, pillows, hygiene kits, surgical masks and other supplies -- "alternate care site caches" -- are planned for Oahu, Kauai, Maui and Hawaii.

### Top Disaster Priorities

The top five items on an action list this year for the Healthcare Association of Hawaii's Emergency Management Program include:

- » Assuring "total readiness" for the hurricane season starting in June.
- » Placing two 20-bed portable hospital systems (acute-care modules) in west Maui and east Hawaii. Kauai, Maui and the Big Island already have 20-bed portable systems,

Three will be ready by June for the start of the hurricane season, and the others about September, depending upon supply availability, Clairmont said. The caches are being custom-built as part of planning for a flu pandemic, aimed at people who are sick but don't need critical care, he said.

"Whenever the Department of Health or anyone says we've got a bunch of sick people and we need to set up something at a school, mall or the convention center, we have all the material prepackaged."

Each storage unit is about half the size of a van and can support 200 to 250 people in a shelterlike setting, he said. An emergency cache of supplies will be placed at Kalaupapa Settlement.

Two portable hospitals are being added to the four already located on the islands, and Clairmont said he would like to see one near the Polynesian Cultural Center because it is a large visitor attraction with only the 25-bed Kahuku Hospital nearby.

Clairmont and three others run an emergency management operations support center in Honolulu with pharmaceuticals, biomedical and communications equipment and other supplies for rapid response.

Staffing is small because they are trying to conserve money to use on equipment and training, he said.

Medical supplies for normal hospital operations are a big worry because hospitals can stock them only three to five days. "After that, they suffer constraints. At the 10-day mark, they are really in jeopardy," Clairmont said.

There are no local supply houses here for bulk medical supplies, so that two days after the Sept. 11, 2001, attacks, with flights disrupted, hospitals were running out of items.

That helped resolve a debate about whether to keep everything in Honolulu, where it is easy to maintain, or disperse it among the islands. "We made a decision to disperse it," he said. "They have to be able to stand on their own."

The Emergency Management Program is working closely with hospitals, the state Department of Health and county, federal and other state agencies to prepare for an emergency, disaster or catastrophe, Clairmont said.

and Oahu has one with 50 beds.

» Building and locating five caches of prepackaged equipment, beds and supplies for alternate care sites on Kauai, Oahu, Maui and Hawaii.

» Complete installation of satellite radio telephones at hospitals, plus hand-held "fly-away" radios for use in an evacuation.

» Provide training for hospital staff on National Disaster Medical System plans, response to hospital incidents and topics such as pediatric trauma and burns.

Other resources for disaster services include:

» Medical strike teams that can be deployed where needed in Hawaii, the Pacific or the mainland.

» 72-hour hospital caches with casualty triage and contamination supplies, casualty management shelters, nerve agent antidote kits and other instruments and supplies. Hospitals also are upgrading isolation rooms or adding portable filtration systems.

» A strategic reserve cache in an underground tunnel on Oahu with more than 40,000 respirators, 500 military cots, triage and mass fatality supplies, filters, ventilator circuits, batteries and other equipment.

**Source:** Toby Clairmont, emergency services director

Because potential crises could range from a plane crash, hurricane, tsunami, terrorist bombing to pandemic flu, Clairmont said a lot of flexibility is being built into the system.

"A pandemic brings a whole new milieu of issues," he said. "We have to think and act differently."

For example, enough masks for 20,000 health care workers for eight weeks are being stored in an underground strategic reserve, he said. "It's the highest percentage in the nation."

Hawaii is more vulnerable than any state except possibly Alaska, Clairmont said, citing five major concerns for disaster planning: lack of adequate hospital beds, shortage of nurses and specialty physicians, lack of public shelter space (particularly for vulnerable residents), a "fragile commercial power system" and the physical condition of health care facilities.

The power blackout on Oahu after the Oct. 15 earthquakes "brought the generator issue to the top of the list," Clairmont said.

Luckily, there was no infrastructure damage, and power was restored as soon as generators were running, he said. But if a hurricane flattens electrical poles, it could be a week before power is restored, and hospitals doubt they could sustain themselves that long, he said.

"The moment we go on generators, we have to reduce our services. It's not a good idea in a disaster, and it is also not meeting public expectations ... that a hospital is fully operating."

When severe winds caused power failures last Monday, Castle Medical Center had to use a generator, which limited functioning, Clairmont said. For example, it could not operate its magnetic resonance imaging (MRI) machine, a primary diagnostic tool.

The possibility of adding more or bigger generators at hospitals has been discussed, but it is a question of funding, he said.

The Queen's Medical Center, which operates the state's trauma center, requested \$11 million from the state last year for additional generators, but the request died in the Senate, he said.

"We did well overall" in responding to the Oct. 15 earthquakes, Clairmont said. "Where we hurt was the blackout," which will be discussed at an emergency-power workshop, he said.

The structural integrity of health care facilities also is a big worry, he said, noting that some buildings are 100 years old.

A bill is pending in the Legislature to give \$2 million to the Health Department to assess all hospitals and nursing homes to determine whether they can withstand various natural disasters.

He said Kona Community Hospital "did an excellent job" responding to the Oct. 15 earthquakes, evacuating some patients and setting up a 20-bed portable medical unit.

The Emergency Management Program is supported 75 percent by the federal government with about \$1.9 million a year, and 25 percent by Hawaii hospitals, about \$500,000 a year, Clairmont said. The program receives no state funding, and requests for Homeland Security money have been turned down, he said.

Federal funds cannot be used for maintenance, Clairmont said, estimating about \$250,000 a year will be needed eventually from the state or other sources to replace pharmaceuticals, radio batteries, respirators and other items with a three- to 10-year shelf life.