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LETTER FROM THE EDITOR

If you have ever read this newsletter, you have probably seen the “Calendar” which highlights upcoming disaster medicine events and opportunities for our members to explore. This May, I had the chance to experience one of these events first-hand, and I cannot recommend it highly enough.

The Center for Domestic Preparedness (CDP), located in Anniston, Alabama, offers government-funded, multi-day courses that are *FREE* to all types of relevant professionals—doctors, emergency management, hospital administrators, EMS, public health officials, and more. These courses offer a mix of didactic and hands-on experience on many disaster-relevant topics and are well worth your time.

I was accepted for the Healthcare Leadership Course and was fortunate enough to attend with my two co-fellows from George Washington University and one of our residents. The CDP paid for our ticket to Atlanta, chartered buses to bring us from ATL to Anniston, housed us in private rooms on the campus, fed us, and even reimbursed our travel to and from the airport. Best of all, CDP provided us with five days of teaching, simulation, and table-top exercises to optimize hospital function in disaster situations.

The first day consisted of didactic lectures on relevant topics within disaster and hospital management. The cadence then transitioned to tabletop and small group exercises where we engaged in guided discussion, culminated in a half-day high-fidelity hospital-wide scenario.

Let’s talk more about the scenario. The CDP is located in a decommissioned hospital, complete with an emergency department, inpatient rooms, conference rooms, cafeteria, are more. Prior to the scenario, participants are assigned Incident Command Structure (ICS) roles (e.g., incident commander, liaison, public information officer). As the scenario unfolds, you function in that assigned role within this hospital.

When I say high-fidelity, I mean it. The decontamination team sets up at the entrance to the hospital and actively decontaminate walk-in and EMS patients arriving to the hospital for the scenario. The “patients” are a mix of mannequins (the kind that talk and blink) and VERY convincing volunteer actors who never break character. Once the event is underway, the ICS team makes decisions, the clinical team treats patients, the hospital administration coordinates the hospital’s response, and the public health team bridge the community and the hospital. The entire event is exceedingly well organized and orchestrated. There is even a news team providing reports on closed-circuit TV.

So, how does one take a class like this? The first step is to obtain a FEMA SID number and then create an account at cdp.dhs.gov. From there, you can access the list of available online and in-person courses. Be warned: These courses fill up fast, so you will need to be proactive when scheduling and start planning several months in advance. Once you apply and are accepted, fill out some forms and FEMA will do the rest. Just show up at the airport on time.

I highly recommend these courses for medical students, residents, or EMS/disaster fellows, or really any hospital/healthcare professional wishing to learn more about aspects of disaster response. Check them out!



Larissa Unruh, MD, MPH

Have thoughts about this newsletter? Want to contribute?
Email luh2103@caa.columbia.edu

UPCOMING DISASTER OPPORTUNITIES

MULTIPLE DATES

- Center for Domestic Preparedness ([more info here](#))
- Tactical Emergency Casualty Care (TECC) ([more info here](#))
- Medical Preparedness and Response to Bombing Incidents (MPRBI) ([more info here](#))
- TEEEX Medical Management of CBRNE Events ([more info here](#))
- NOLA Wilderness Upgrade for Medical Professionals ([more details here](#))
- FEMA Emergency Management Institute (EMI) ([more details here](#))

JULY

- **July 15-26:** Johns Hopkins Health Emergencies in Large Population (HELP) Course; Baltimore, MD ([details here](#))
- **July 15-18:** National Disaster Recovery Framework Tribal Consultations for Tribal Nations; Virtual ([details here](#))
- **July 23-25:** Workshop on disaster risk reduction and early warning systems for all through effective gender-responsive planning, digital government transformation and financing; Online ([details here](#))
- **July 24:** Second episode of the WebTalk on investing in disaster risk reduction ([details here](#))
- **July 24:** Planning for a Changing Climate Webinar; Virtual ([details here](#))

AUGUST

- **August 6-8:** REAC/TS Radiation Emergency Medicine ([details here](#))
- **August 7-8:** Joint Humanitarian Operations Course; Fort Sam Houston, TX ([details here](#))
- **August 13-15:** REAC/TS Advanced Radiation Medicine; Oak Ridge, TN ([details here](#))
- **August 18-23:** Medical Management of Chemical and Biological Casualties Course (MCBC); Aberdeen Proving Ground, MD ([details here](#))

Give Us Your Feedback!

Our goal is to align the ACEP Disaster Medicine Section with the educational and professional goals of our members. Please take this 5 minute survey to provide us with your valuable feedback.

[SURVEY LINK HERE](#)

SEPTEMBER

- **September 3-5:** Te Hiranga Ru QuakeCoRE Annual Meeting-New Zealand Centre for Earthquake Resilience; Napier, New Zealand ([details here](#))
- **September 24-Oct 2:** ACEP 2024 Scientific Assembly; Las Vegas ([details here](#))

OCTOBER

- **October 10-11:** Public Health & Disasters 2024 Conference; West Jordan Utah ([details here](#))
- **October 14-17:** Asia-Pacific Ministerial Conference on Disaster Risk Reduction; Manila, Philippines ([details here](#))
- **October 21-24:** 9th Africa Regional Platform for Disaster Risk Reduction; UN Office for Disaster Risk Reduction-Regional Office for Africa ([details here](#))
- **October 23-24:** Center for Advanced Medical Learning & Simulation: Mass Casualty Incident Training (MCIT); Tampa, FL ([details here](#))
- **October 28-31:** 6th Arab Platform for DRR; Kuwait ([details here](#))

NOVEMBER

- **November 6-8:** Europe and Central Asia Regional Platform for Disaster Risk Reduction (EFDRR); Geneva, Switzerland ([details here](#))
- **November 15-21:** International Association of Emergency Managers Annual Conference; Colorado Springs, CO ([details here](#))
- **November 20-22:** National Disaster Resilience Conference; Clearwater Beach, FL ([details here](#))

MEMBER HIGHLIGHT



David Callaway, MD, MPA

Dr. Callaway is a Professor of Emergency Medicine at Carolinas Medical Center and the current Director of Operational and Disaster Medicine as well as Enterprise Chief of Crisis Operations and Sustainability at Atrium Health. Prior to this role he was a physician supporting the US Marine Corps where he served in Iraq and Kuwait. Currently he is the Chief Medical Officer for Team Rubicon and his current interests include climate change, global health security, crisis innovation and firearm violence and injury prevention.

What inspired you to get involved in emergency medicine and ultimately disaster medicine?

I began my career as a surgery resident and Naval Officer on July 1, 2001. I was planning to be a Trauma Surgeon. 10 weeks later, terrorists attacked the United States and we were at war. I completed internship and volunteered to serve with the Marines as a Battalion Surgeon. This took me to Kuwait, Iraq, El Salvador and Burma. I was a pretty decent operator for an intern and worked with a trauma surgery stabilization team during the first months of the war in Iraq- laparotomies, amputations, some vascular stuff. Then, I got sent on a mission that resulted in me working out of a special operations safe house. A man brought in his 7 year old son who had picked up a cluster munition and taken shrapnel to the face a couple days prior. He had a 100% hyphema- an 8-ball pupil. His other kid had 10% third degree burns on his leg. And his wife was in labor. I was totally in the deep end and I loved it. I found that I really enjoyed operating, but found my passion in the chaos and intensity of out of hospital crisis medicine. I decided there in Al Kut that the diversity and flexibility of emergency medicine offered the greatest chance for me to harness my wicked ADHD and have a positive impact on people's lives during their worst moments.

What were some of the key milestones or achievements in your professional journey?

There are a lot of pivot points in my career. But when I think of them, I mostly think of the great people I have gotten to work with. Early on, when I got back from Iraq as a still very green and inexperienced doctor, I was looking to improve training for my Marines in preparation for our next deployment. I got on the internet and read about Tactical Combat Casualty Care (TCCC) which was still nascent and only in the US Special Operations Command (SOCOM). I found this guy's name on the internet and emailed. 4 hours later Captain Frank Butler, SOCOM Surgeon was calling me and inviting me to train with a SEAL team. When we got done he invited me to join the Committee on TCCC (CoTCCC) as one of the first non Special Operations representatives. That changed my career. I gained mentors like Norm McSwain- the legendary trauma surgeon from Charity Hospital in New Orleans, John Holcomb, the trauma surgeon who led the reimplementation of Damage Control Resuscitation, and Bob Mabry, an EM doctor who was also a medic in Somalia. These guys honed my perspective on service, professionalism, and taking bold action in the service of others.

When I returned to residency, our chair at Beth Israel Deaconess Medical Center, Dr. Rich Wolfe, became a mentor and advocate which allowed Greg Ciottono and I to start the Harvard Disaster Medicine Fellowship that Greg has turned into one of the best in the world.

Butler, McSwain, Mabry, Wolfe and others set the foundation for work that I was honored to help lead on the domestic front such as establishing the Committee for Tactical Emergency Casualty Care (C-TECC) in 2010 with Dr. Reed Smith (my med school big brother) and a group of awesome medics. C-TECC now creates the national standard for high threat out of hospital emergency care in the civilian setting- domestically and in crisis zones globally.

What are your research interests?

Climate change, community resilience, fire arm violence, and counter terrorism. That said, my days of doing research are pretty much behind me. Probably for the better since I was never great at stats. Mostly these days I focus on implementation of novel initiatives at our health system- Advocate Health.

MEMBER HIGHLIGHT CONT'D

What are some lesser-known aspects of your life that have influenced your work?

I was raised by a single mom and played soccer in an all Vietnamese league when I was in high school in Minnesota. I saw a lot of what I felt to be injustice that was both gender and racially based. My mom taught me to love people and be curious. She also had my back when I did stupid stuff which helped me learn about loyalty, trust, and selflessness. My time playing soccer with refugees and first generation Americans from the Vietnam war gave me an early sense of what it is like to be "the other". Here I was this 16 year old white kid in Rochester, Minnesota sitting on the sidelines eating freshly cooked Vietnamese food and getting ribbed because I couldn't handle the spiciness of the "real food". I couldn't communicate with the parents, and even a few of the players on my team. But I was accepted because I was willing to be uncomfortable and was curious about their culture...and we shared a love of soccer, I think the first two parts have fundamentally shaped how I have grown as a doctor.

Are there any upcoming projects or initiatives that you are currently involved in?

At Advocate Health, I currently run our Military Civilian Partnership program supporting the Mission Zero Act and we are running a variety of climate resilience and preparedness initiative. Team Rubicon is always on the look out for great EM docs to deploy to disaster zones around the world.

Do you have any hobbies outside of medicine? I love soccer and traveling with my family. I am trying to learn to fly fish, and am a sworn US Marshal Special Deputy- which my wife says "can't be a hobby", but who doesn't love chasing bad guys?

How do you stay motivated and innovative in your work? Well, it used to be a lot of Red Bull until a short run of VTACH. In all seriousness, there are four things. First, strip away all the BS that drives us crazy and we still have the best profession in the world; we get to help people in their time of greatest need whether in the ED, in a field hospital, or on the street. This is an amazing gift and responsibility. Second, I think about my 9 and 11 year old daughters and ask if my actions are creating a better world for them? Another bad guy off the street- yes. Shifting our health system to renewable energy- yes. Exposing them to colleagues I have met from work in disaster zones around the world- yes. Third, I am intentional about being the dumbest guy in the room. I love being around smart, often younger people, from different professions who are trying to solve really complex problems. They inspire me and challenge me to imagine things in a different way. And, finally, as my wife says, I have "a healthy distaste for the status quo". Fundamentally, I believe that we can all do better. This is the nature of humanity- an unrelenting march toward improving how we treat each other, engage with our planet, and explore our existence. This keeps me motivated.

What advice do you have for aspiring professionals in disaster medicine

Be curious. Don't forget your family. And, act boldly in the service of others.

Additional Disaster Resources

What to Read



The Disaster Project
([listen here](#))



WADDEM Pre-Hospital and Disaster
([listen here](#))



Disaster Podcast
([listen here](#))



Red-Med
([listen here](#))

- Cornelius AP, et al . Disaster healthcare disparities solutions: Part 1– 3 . American Journal of Disaster Medicine: Vol .19 No 2 (2024) Spring.
- Shiota et al. Development and implementation of a rehabilitation triage algorithm for disasters in the subacute phase: an experience for the 2024 Noto peninsula earthquake. *Frontiers in Disaster Medicine*: Vol 2. June 2024.
- Jam MB, et al. Evaluating the disaster preparedness of emergency medical services (EMS) facilities: a cross sectional investigation in Iran. *BMC Emergency Medicine*. March 2024

DISASTERS IN THE NEWS



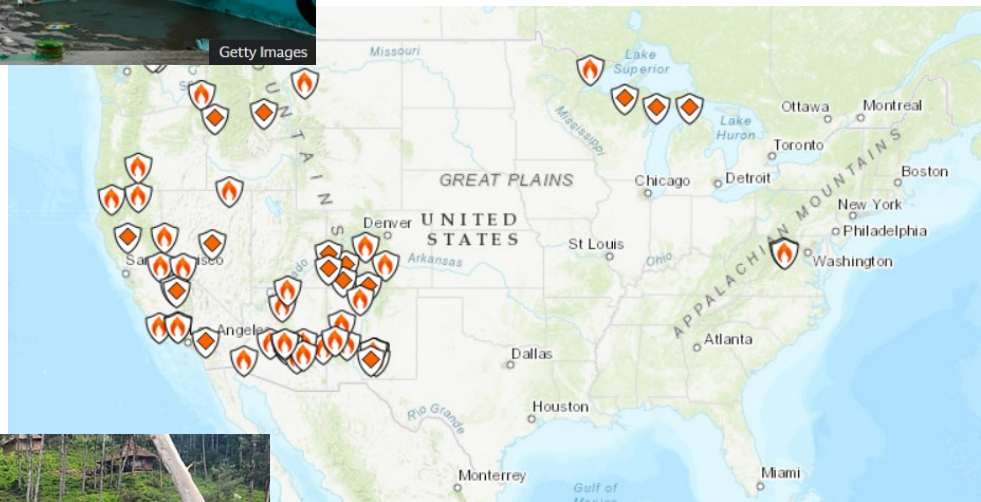
Hurricane Beryl

<https://www.bbc.com/news/articles/cn09gn5pvqqo>

Wildfire Watch

Interested in monitoring the wildfires this year?

[InciWeb the Incident Information System \(wildfire.gov\)](https://www.wildfire.gov)



Papua New Guinea Landslides.

- [1. Papua New Guinea landslide: satellite imagery shows scale of devastation | CNN](#)
- [2. Papua New Guinea landslide: 80,000 people face starvation after disaster | RNZ News](#)

Floods in... China, Brazil, Tanzania, Kenya, Dubai, Oman, Bahrain, Qatar...

- [1. Dam breach triggers floods in central China - CNA \(channelnewsasia.com\)](#)
- [2. Brazil floods: Hundreds of Rio Grande do Sul towns under water \(bbc.com\)](#)
- [3. Tanzania floods and landslides kill more than 150 - PM Kassim Majaliwa \(bbc.com\)](#)
- [4. 'Apocalyptic' Dubai floods shake picture-perfect city \(bbc.com\)](#)

