Japan's unfolding crisis raises the question of how well prepared the U.S. would be to withstand such a disaster, including radiation exposure.

Healthcare industry experts are not eager to try to answer that question directly, but many will say the U.S. is in much better shape to handle a radiation disaster or one of any type as a result of preparations that came mainly in response to the Sept. 11 attacks.

"We are vastly better prepared than we have been in the past," said Connie Lackey, interim director, safety and emergency preparedness for Valley Service Area, which is composed of three hospitals that are part of Providence Health & Services, Renton, Wash. The federal government's Hospital Preparedness Program, established in the wake of the 9/11 attacks, has given the healthcare industry a big boost in its readiness for all types of potential disasters, said Lackey, a registered nurse who works out of Burbank, Calif. The preparedness program has distributed more than $3.6 billion since fiscal 2002.

Nevertheless, it's natural for people to wonder if the healthcare industry could withstand the kind of problems Japan is facing. "It's a ripple effect psychologically," said Michael Wargo, director of emergency management and emergency preparedness at Lehigh Valley Health Network, Allentown, Pa.

Wargo said he believes the U.S. is in good shape to handle a disaster, with the caveat that some events are large enough that no amount of preparation can make the country ready.

But the threat of radiation exposure is on the minds of many in the U.S., with the news from Japan leading to a run on potassium iodide, a radiation treatment. President Barack Obama ordered a review of safety at the nation's 104 nuclear reactors by the Nuclear Regulatory Commission.
And survey results published last week indicated that U.S. states are lacking in radiation disaster preparedness. The study, published in the journal Disaster Medicine and Public Health Preparedness, indicated that state health departments display substantial gaps in preparedness for a major radiation emergency, including acts of terrorism and unintentional releases of radiation. Survey responses by 38 state health departments indicated that 45% of states do not do the “most fundamental step of preparedness,” which is the development of a response plan, other than for nuclear power plant emergencies, according to the article.

"Without a comprehensive plan, states in which a radiation emergency occurs are likely to mount inefficient, ineffective, inappropriate or tardy responses that could result in (preventable) loss of life," the authors wrote. The survey also found that for some measures, up to 85% of responding states reported "insufficient capability to respond to a radiation incident."

Government officials at all levels tried to underscore to the public and to healthcare providers that the current threat from Japan was extremely low. “Let’s not let fear drive our responses,” said Dr. Kevin Yeskey, deputy assistant secretary in HHS’ Office of the Assistant Secretary for Preparedness and Response. “We have to keep in everyone's mind that the threat from Japan to the U.S. from radiation is extraordinarily low. We have to be sure to use science and objectivity as our foundation and not use fear,” he said.

Healthcare providers play an important role in educating the public on what the dangers are, Yeskey said. He noted that HHS’ Radiation Emergency Medical Management website, remm.nlm.gov, has good information for the medical community on radiation, and providers and the public can use the Public Health Emergency website, phe.gov, as a resource.

Dr. Georges Benjamin, executive director of the American Public Health Association, said the U.S. disaster response capability would be improved by creating a better trauma system. “The nation does not have a comprehensive trauma system,” he said. A national trauma system would help during a large-scale disaster by improving coordination between regions, he said.

Healthcare providers said that improving hospital coordination is a big part of the Hospital Preparedness Program. Lackey said three teams from the hospitals she works with recently traveled to Long Beach, Calif., for a disaster drill and were able to function well because of standardized procedures and equipment that resulted from the Hospital Preparedness Program.

Roslyne Schulman, director for policy development at the American Hospital Association, said the all-hazards approach to disaster preparation in the HHS' Hospital Preparedness Program coupled with the Joint Commission's accreditation requirements related to emergency planning has put U.S. healthcare on relatively strong footing.
The Missouri Hospital Association helped coordinate Missouri's share of federal funding for preparedness and garnered participation from every acute-care hospital and critical-access hospital in the state, said Leslie Porth, vice president of health planning for the MHA.

Providers in the Midwest, including members of the Missouri association, are planning to participate in a multistate earthquake training exercise centered on the Midwest's New Madrid fault line. Eleven states are planning to participate in a “ShakeOut” on April 28 modeled on ShakeOuts in California and other areas. The exercises are designed to bring together the public and first responders to train and raise awareness of how to respond to a major earthquake.

One operational concern as of last week for the AHA related to reports that travelers from Japan were being screened at airports and that those exhibiting high levels of radiation would be treated at hospitals. “We need to make sure hospitals know these people are coming,” Schulman said.