

How can clinical pharmacists participate in the response to national emergencies?

Mika Jankowski, Pharm.D.
PGY1 Pharmacy Practice Resident
University of Colorado Hospital
Aurora, Colorado

The following is an interview with Dora Cheung, Pharm.D., BCPS, BCGP, a clinical pharmacy specialist at the University of Colorado Hospital, by Dr. Mika Jankowski.

Disaster Medical Assistance: A Pharmacist's Story behind Responding to Hurricanes Harvey and Irma

Imagine receiving an emergency deployment from the federal government to respond to the devastation caused by hurricanes Harvey and Irma, which occurred last fall. The first step is to grab your prepacked bag with all the necessary supplies and board the next flight heading toward the center of the storm. A member of a disaster medical assistance team (DMAT) must rapidly respond to natural disasters in order to provide health care to the individuals severely injured or affected. The following is an interview with Dora Cheung, Pharm.D., BCPS, BCGP, a clinical pharmacist at the University of Colorado Hospital and a member of DMAT Colorado-2 (CO-2), who responded to two of the most horrific hurricanes in 2017, Hurricane Harvey and Hurricane Irma:

Jankowski: How did you become involved in a DMAT?

Cheung: I stumbled upon this opportunity after receiving an e-mail in 2011 inviting all interested health care professionals to attend the DMAT CO-2's monthly meeting, which was held at the University of Colorado Hospital. I attended that meeting and decided it was something I wanted to be part of.

Jankowski: What is the process to become a DMAT member?

Cheung: The process to join has changed a bit compared to when I joined 7 years ago. Currently, a position opening on the DMAT team needs to be available and posted on www.usajobs.gov. You then apply for this position online. In addition to the application process (various forms, fingerprinting, and background checks), you need to complete several online modules on topics related to federal service, such as the Incident Command System and ethical issues, before your application will be reviewed. For additional information, please see <https://www.phe.gov/Preparedness/responders/ndms/Pages/join-ndms.aspx>.

Jankowski: What additional training (either optional or non-optional) was provided to you as a DMAT member? And if you had a favorite training session, why was it your favorite?

Cheung: Additional training for a DMAT member usually occurs during DMAT team meetings in the form of lectures, online modules (both elective and required), and opportunities to enroll in training courses at the Center for Domestic Preparedness (CDP) in Anniston, Alabama. My favorite training was a trip I made with my team to the Frederick, Maryland, CDP warehouse. We got to see the cache (supplies) our team would have for our deployments, and learned how to put up a Western Shelter and properly put on and remove personal protective equipment.

Jankowski: Was your deployment for hurricanes Harvey and Irma your first mission? If so, what were some of your challenges or fears?

Cheung: No, this was not my first deployment. I was previously deployed (with DMAT GA-3) from November 9 to 20, 2012, to help with the aftermath of Hurricane Sandy. I assisted with resident check-ins at Coney Island and Rockaway and also spent time providing care at a shelter at York College. I was again deployed in October 2016 with my team, DMAT CO-2, to a mobilization center in Anniston, Alabama, in anticipation for any medical needs for Hurricane Matthew. Luckily, we were not needed for that deployment and were sent home. Hurricanes Harvey and Irma were my third deployment experience. With any deployment, my fear has always been whether I am adequately prepared to handle the needs in the devastated area. I have learned from previous deployments and other team members what to pack but am always learning new tricks. Challenges with DMAT deployments are that every deployment and mission may be vastly different, so you must be open-minded and ready for anything. Another challenge that I often struggle with is the amount of waiting that happens with deployments. DMATs are often deployed in advance of an actual need, so it can be difficult just waiting to provide help when you are ready.

Jankowski: Where were you stationed during your mission for hurricanes Harvey and Irma, and what were your responsibilities at each site?

Cheung: For Hurricane Harvey, we were stationed in Dallas, Texas, and told that we would mobilize to Houston when a mission was assigned. For Hurricane Irma, we were stationed in San Juan, Puerto Rico. I provided care in San Juan for hemodialysis patients who were evacuated from the U.S. Virgin Islands (St. John and St. Thomas). Several of my teammates were sent to St. John to help staff an urgent care center that was still operational.

Jankowski: What most surprised you during these missions?

Cheung: The two things I am always amazed at during deployments are (1) how resilient people are – a lot of them may have lost everything from the disaster, but they are still so grateful to be alive and to receive our help; and (2) the many wonderful volunteers who are willing to leave their home and families for long periods to help those in need.

Jankowski: What was the most rewarding part of this mission?

Cheung: I am grateful for the opportunity to help people in need and to use my pharmacy skills beyond my experience as an inpatient pharmacist. Also, I enjoy being able to work with other health care professionals from my DMAT team, other DMAT teams, and personnel from other agencies who are also helping with the devastation. Finally, I am humbled by seeing the people affected by the hurricanes, many of whom still have very positive attitudes.

Jankowski: What would you do differently for your next mission?

Cheung: During this past deployment, I realized I did not have enough in my daypack to be self-sufficient for 48–72 hours. I saw what some of the other members of my DMAT team and other DMAT teams had brought with them, which I plan to incorporate into my future deployments.

Jankowski: How do the experiences from your missions influence your clinical practice at the University of Colorado Hospital?

Cheung: It has made me appreciate the tremendous amount of tools we have at our fingertips in normal everyday life. These deployments have also taught me to adapt and improvise when limited resources are available.

Jankowski: For students or new practitioners interested in becoming involved in a DMAT, what advice would you give?

Cheung: This is a great opportunity to volunteer and use your skills during natural disasters. However, you will need to make sure you are committed to attending meetings and trainings regularly, are able to complete all the necessary paperwork and online modules, and are prepared to be deployed for up to 2–3 weeks at any given time.

Other organizations to consider for medical relief:

- Doctors Without Borders (www.doctorswithoutborders.org/work-us/work-field/who-we-need/pharmacists)
- International Medical Corps (<https://internationalmedicalcorps.org/>)
- International Medical Relief (www.internationalmedicalrelief.org/pharmacists/)
- Timmy Global Health (<https://timmyglobalhealth.org/medical-professionals/>)

Dr. Cheung received her Pharm.D. degree from the University of New Mexico in 2002, completed a pharmacy practice residency at the University of Arizona in 2003, and attained board certification as a pharmacotherapy specialist (BCPS) in 2006 and as a geriatric pharmacist (BCGP) in 2013. She currently serves as the clinical pharmacy specialist for the Acute Care for the Elderly (ACE) service, where she provides drug therapy recommendations and information to medical teams, nursing staff, and patients.

Dr. Jankowski completed her bachelors' degrees in molecular and cellular biology, physiology, and creative writing in 2013 and her Pharm.D. degree in 2017 from the University of Arizona. Her current career interests include oncology and academia.