Author's response to reviews

Title: Business and public health collaboration for emergency preparedness in Georgia: a case study

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Author's response to reviews: see over
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Annabel Phillips PhD  
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Re: MS: 212293010110749 (BioMed Central Public Health)  
Business and public health collaboration for emergency preparedness in Georgia: a case study.

Dear Dr. Phillips:

My co-authors and I were pleased to receive the reviews of our manuscript. Please consider the attached revision, which incorporates the following changes in response to the reviews by Mr. James Ransom and Dr. Cindy Parker.

Ransom: This reader was curious to know the following: "Has this group produced tools and documents that can be shared with other jurisdictions? If so, the paper could provide links to those or refer readers to a place for more information.

Response: In essence, this paper represents an effort to provide just such information. I presume from the question that Mr. Ransom is seeking more specific information on SNS dispensing procedures that have been developed. At present, such information is not yet available from BENS or the Georgia Division of Public Health for public dissemination, although BENS is increasingly involved in providing consultation or technical assistance to other areas. Regarding the latter, we added a statement (page 22) that, "CDC has enlisted BENS members to consult with businesses and public health officials in other states." In addition, I will make sure that my colleagues at BENS and the GA Division of Public Health are aware of this interest.

Ransom: Is there a reference the authors can provide for their statement about liability protections not extending to preparedness activities?

Response: I contacted Mr. Gene Matthews who is a national leader in the field of public health law, and he confirmed that there is no published document that we can cite to support this observation (he is currently working on such a document). However, he did provide information that we have cited as "personal communication," and we have added the following text (pages 28-29):

For example, most state Good Samaritan laws provide liability protection to individuals but do not extend to businesses or non-profit organizations that assist in an emergency response; moreover, these laws typically come into play once disasters occur but do not apply during pre-event drills or exercises (personal communication, November 8, 2006, Gene Matthews, JD, former CDC General Counsel and Senior Fellow, University of North...
Carolina School of Public Health). These limits of Good Samaritan laws may discourage some businesses from engaging in public health emergency planning and exercises, and efforts to describe and characterize their limits can provide the foundation for efforts to seek legislative or policy changes.

To accommodate this insertion, we have revised the text that precedes this addition in the section that has been re-labeled as: "There are multiple and complex challenges to collaboration, including some that can be managed but probably not eliminated and others that may be resolved through ongoing efforts." These changes clarify the distinction between challenges that are inherent to business-public health partnerships and that may be amenable through legislative or other policy changes.

Ransom: Only minor revision is that on page 5, the correct "SNS City Readiness Initiative" to "Cities Readiness Initiative."

Response: This correction has been made.

Parker: Page 6, line 4: "This SS project..." Did you mean SNS? If not, please spell out what SS refers to.

Response: We meant "SNS" and have made this correction.

Parker: Page 21, line 12: "...who I am and they'll take may call" should be "my call"

Response: Correction made

Parker: [Discretionary Revisions] Page 17, last paragraph before Facilitators to Collaboration: This seems a very important conclusion, perhaps you could emphasize it more greatly here and in the discussion or conclusions section of the paper.

Response: In response to this suggestion, we have made several changes:

We have expanded the first sentence the paragraph noted by Dr. Parker to:

While this inventory of challenges may seem daunting, none of these obstacles was viewed as insurmountable, nor were they viewed as a deterrent to planned expansions of the SNS dispensing model or extension of the partnership to pandemic influenza planning.

And, we have added the following sentence to the conclusion of that paragraph:

Identifying potential barriers to growth in collaboration has enabled the partners to target these concerns, including ongoing work to address legal questions surrounding confidentiality and liability.
The changes noted above in response to Mr. Ransom's suggestions regarding the section headed "There are multiple and complex challenges to collaboration..." were also made with this comment from Dr. Parker in mind, particularly with respect to clarifying the distinction between challenges that are inherent to such partnerships and others may be amenable through legislative or other policy changes. In addition, we added the following sentence to the start of that section:

While our investigation identified multiple challenges to collaboration, the business and public health leaders responsible for forging the partnership in Georgia viewed their ability to recognize and confront these challenges as an important accomplishment and not as a deterrent to advancing the partnership.

In keeping with the spirit of this recommendation, we have replaced the word "barrier" with "challenge" in most instances throughout the document.

Parker: page 19, last sentence of first paragraph: "... has enabled public health leaders to better understand the role of businesses in community continuity as essential to disaster response and recovery." You mention this concept a couple of times, which is good. This is such an important concept, though, that you might want to consider emphasizing it by including some of the literature, particularly the growing disaster mental health literature, that discusses how the mental health recovery of a community after a disaster or any kind of a critical incident is not complete until economic recovery has been achieved. This, of course, depends on the recovery of the business community, and that recovery may depend largely on business continuity. Thus, the role of business is absolutely essential to disaster response and recovery and to the public health of the community.

In response to this recommendation, we have added to the Discussion a new (fifth) key lesson learned from our investigation. This includes the addition of 4 references [17-20] cited in the following new paragraph (page 29):

The concept of community continuity links principles of business continuity and public health. The importance of business continuity planning is widely accepted among business leaders. Public health officials are accustomed to taking a community-level perspective in seeking to protect and promote health. The link between these concepts is that a healthy population (e.g., healthy employees, customers, suppliers) is essential to business survival during and following a public health crisis, and viable businesses are essential to provide jobs, essential goods and services, and a sense of economic well-being necessary to support health.[17] Calls for a comprehensive approach to disaster planning, response, and recovery emphasize the importance of the economic impacts of disasters on physical and mental health.[18,19] Businesses can also play a key role in supporting the recovery of communities from an epidemic or
disaster. This was illustrated in 2003 following the SARS epidemic in Toronto. Conventions and tourism—two of the city’s key industries—suffered when organizations cancelled conventions and tourists turned away. Responding to this threat to the economic health of Toronto, businesses that would normally be competitors, such as airline, rail, and bus companies, collaborated to foster the return of conventions and tourists.[20]

We have also added the phrase "the realization that business and community continuity are intertwined" to the list of bases for the partnership in the first sentence of the Abstract.

Other changes

With the perspective of having set the document aside during the period of peer review, we have made a number of minor clarifying edits and edits to the references to assure adherence to BMC style recommendations. We also made minor edits to Additional Files #1 and #2. For completeness, we are re-attaching all three Additional Files, even though no changes were made to Additional File #3.

The most notable change is that we have eliminated use of the abbreviation GBF (for Georgia Business Force) either alone or as "GBF/BENS" throughout the manuscript. In reviewing the paper, we do not believe it is critical to distinguish between the Business Executives for National Security and its Georgia Business Force project. Since the GBF is part of BENS, we have simplified the text by using the abbreviation "BENS" in places where our original submission had referred either to GBF or to GBF/BENS. Hopefully, this will avoid unnecessary confusion in distinguishing between references to BENS, GBF, or GBF/BENS. To this end, we have added the following sentence (page 6): "For brevity, we will use the abbreviation 'BENS' to refer interchangeably to the Metro Atlanta Region of BENS and its Georgia Businesses Force."

Lastly, in the process of searching for additional resources in response to Dr. Parker's suggestions, we identified another reference that is relevant to our findings (new reference # 29), and this is cited in the paragraph that begins with the sentence "The ground rules for public-private partnerships in public health are in flux" on pages 31-32.

Thank you again for your interest in our manuscript. My coauthors and I look forward to hearing your final editorial decision.

Sincerely,

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