

Mutual Aid Agreements Between Public and Private-Sector Laboratories

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Objective

The purpose of this discussion is to explain the importance of mutual aid agreements between public and private-sector laboratories in public health incident preparedness and response. This discussion also incorporates the elements of an effective mutual aid agreement, how a mutual aid agreement becomes implemented, and at which point it can be concluded that mutual aid agreements are a best practice today.

Implications

The issue of improved working relationships between public and private health laboratories is important to Hawai'i and the Pacific because Hawai'i can be a gateway for diseases, viruses, or other biohazard incidents which could travel across international boundaries. Since mutual aid agreements are commonly used in the Emergency Management field, with incidents also having public health implications, mutual aid agreements would work well in Hawai'i.

In recent years, the public health and emergency management professions have combined forces when natural, man-made, or technological emergencies have resulted in public health-related incidents. For example, the threat of bioterrorism isn't solely a homeland security issue. Because the health of the communities is also put at risk, public health agencies become key response players. The most prominent recent example where public health and emergency management resources have collaborated was at the peak of the threat of the Avian Flu, subtype H5N1- A(H5N1). The purpose of this discussion is to delineate the individual functions of private-sector laboratories and government-run laboratories, and then identify how, through the use of mutual aid agreements, both sectors can collaborate to better prepare for biohazard situations where response is required.

The Different Laboratories

Private-sector laboratories — both profit-making firms and non-profit firms— provide medical testing services. Most firms provide a full-range of services including phlebotomy, genetics, chemistry, toxicology/drug testing, microbiology, cytology, and even consultations, as well as other services. In some instances, these laboratories are functional divisions of pharmaceutical companies, and in other instances they

are stand-alone firms. In private-sector laboratories, the budgetary planning is dependent on revenues from goods and services and expenditures forecasted from previous fiscal years, whether it be one fiscal year or over a multi-year fiscal period, depending on the individual laboratory's business plan.

Public sector laboratories are different in several ways, which all are derived from their primary mission. These government-owned laboratories conduct testing in some of the same areas that private-sector laboratories do, except that they are charged with supporting environmental health, the monitoring of communicable diseases and preventative/control activities. With their main focus being on disease prevention and control, they are not profit-driven as opposed to private-sector laboratories. Therefore, their budgetary planning is predicated on the previous fiscal year's governmental revenues and other economic factors, including inflation and the role of Capital Improvement Projects (CIP), requiring the approval of the jurisdiction's respective legislative body.

Mutual Aid Agreements

Although these two types of laboratories perform some of the same types of testing and look to accomplish the same goals in terms of identifying a health hazard, such as a bacterium or virus, in finding the treatment for the pathogen, the private-sector laboratory works for profits the public-sector laboratory works for program support. However, in times of a major public health emergency, which can include a pandemic or a bioterrorism incident, mutual aid agreements may become important, in order to allow the two different laboratory sectors to be able to combine their human resources, technology, and logistical support. This cooperation will expedite the public health response in a judicious manner. Mutual aid agreements are a common managerial practice in both sectors because these agreements in public and private sector laboratories allows for the sharing of all resources across political and corporate atmospheres. The cooperation of public and private laboratories improves public health by ensuring the timely arrival of aid, by minimizing administrative conflict and litigation, by recovering the costs of response, and by maximizing the use of all resources.

Mutual aid agreements have proven to be an effective tool in helping with the response to not only health crises, but also natural disasters and terrorist

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incidents. Both government and private-sector entities typically have liaisons that interface with each other to coordinate planning and preparedness activities such as designing exercises, classifying resources, and creating and implementing preparedness and safety training programs.

The establishment of mutual aid agreements has barriers in both public and private sectors. These barriers may include mutual mistrust, an unwillingness to concede that support is needed, and a misunderstanding or lack of knowledge of mutual aid agreements. To overcome these issues, first, a mutual aid agreement needs to be established, and the rest of the barriers can be overcome through educating the groups involved of the successes of mutual aid agreements in the history of incident response, and by taking existing mutual aid agreements and adapting them to be jurisdiction-specific.

For mutual aid agreements to be successful, there are several areas that need to be defined, but like all agreements, they need to specifically outline the purposes, definitions, authorities and roles/responsibilities, the effects on existing agreements, training methodology, liability, and other terms and conditions. Once these aspects have been defined, the existing agreements need to be reviewed, a hazard identification and vulnerability assessment needs to be conducted or re-evaluated, a capability assessment needs to be done, emergency operation plans and resource inventories need to be updated, resource needs and gaps need to be identified, and finally, based on all of these steps, a new agreement or update of a previous agreement can be developed. After this process has been completed, a mutual aid operation plan that provides a framework for the agreement's implementation needs to be created based on training, accountability, activation, after-action review, and plan maintenance. Once this operation plan has been created, mutual aid agreements can be implemented and accepted with best practices in the public health community.

Final Thought

Public and private laboratories have a major role to play in preparing, planning, and responding to public health emergencies. Because of this reason alone, there exists a need to be able to bring these two types of entities together to be able to most effectively respond to any emergency that may arise. Therefore, the best managerial practice to incorporate is a mutual aid agreement between these two entities, so they can best plan the use of their resources. The mutual aid agreement is a complex document that details the complete relationship needed to be able to respond to an incident, but it cannot take effect without the implementation framework provided by the mutual aid

operational plan. These two elements can take a practical aspect of planning and response and make it a best practice to be used in the future. Mutual aid agreements have a proven history of effectiveness and can only benefit the public health arena, which is why the importance of them has been highlighted here. The question isn't if a public health emergency happens, it's when a public health emergency will happen.

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