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For American Indian tribes from the Pacific Northwest, the annual Canoe Journey is an important event, allowing young and old to reconnect to their culture through a traditional canoe paddle and community celebration. With an hour-long drive to the nearest hospital and limited medical staff, the Quinault Indian Nation (QIN)—host of the 2013 Canoe Journey—was faced with the daunting challenge of protecting the health of 10,000 visitors. Thorough planning, strong partnerships, and good resource management led to a successful and safe event.

Northwest Center for Public Health Practice

UNIVERSITY of WASHINGTON
SCHOOL OF PUBLIC HEALTH

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For American Indian tribes from the Pacific Northwest, the annual Canoe Journey is an important summer event, allowing young and old to reconnect to their culture, learn about their history, and grow spiritually. First conceived as the "Paddle to Seattle" in 1989, today the event draws thousands of people from Washington, Alaska, British Columbia, and beyond. The Canoe Journey revives traditional ways of travel across Puget Sound, with families building and paddling cedar canoes to a designated tribal host site, journeying and potlatching for up to a month depending on the distance. Once at the host site, tribes camp together for days, sharing traditional song, dance, art, and food.

As the host for the 2013 Canoe Journey, the [Quinault Indian Nation \(QIN\)](#) was faced with a daunting challenge. Located on the Olympic Peninsula in Washington State, the QIN has approximately 2,750 people living on the reservation and in the nearby village of Queets. QIN Fire Chief and Emergency Medical Services (EMS) Coordinator Lisa Hall quickly realized her team of two permanent staff, five volunteers, and three ambulances, would be overwhelmed protecting the health of the anticipated 10,000 visitors for the "Paddle to Quinault." To prepare, she and her team began pulling together resources in July 2012, and later reached out to the canoe families and other agencies.

For Hall, her experience with previous Canoe Journeys gave key insight on how to tackle the 2013 event. Each Canoe Journey shares similar health concerns that can be planned for. Traditionally cooked meals hold the potential for foodborne illness. Thousands of people camping in close quarters mean communicable diseases can spread quickly. For those paddling on the water, there's the potential for dehydration, hypothermia, and exhaustion.

Hall recalled helping the QIN host the Canoe Journey in 2002. Though the event was smaller, drawing around 2,000 visitors, Hall learned a crucial lesson when the canoes diverted from their original landing site due to fog.

"We realized we needed a plan B in place, not just a plan A," explained Hall. "For 2013, we put together a plan A, B, C, and D, so if plan A didn't work, we could go down the line."

For the 2013 event, Hall and her team focused on building strong relationships with partners and properly assessing and managing their resources. With an hour-long drive to the nearest hospital and limited medical staff, surge capacity was an important issue. She partnered with the local clinic to create a 24/7 satellite clinic near the event to supplement their normal services, and recruited volunteer medics, nurses, and physicians from the local area and surrounding states.

The team also discussed ways to handle large-scale foodborne illness outbreaks with Grays Harbor County Health Department, and worked with the county's Planning Department to improve a vital road, adding another way in and out of the site. They partnered with the transit system and local schools to make sure buses were available for major evacuations and distributed photos of the canoes to fishing fleets and harbor masters, so boaters had forewarning. Finally, they worked with the Washington Department of Health for technical assistance and help running a tabletop exercise with nearby EMS.

"You've got to know your community and their capabilities so you can make your plan around that and adjust it as necessary," said Hall. "It's a matter of looking at potentials and what can happen; seeing how you can take care of an issue before it happens."

When the 2013 Paddle to Quinault finally came around, Hall and her team were prepared. Having anticipated the possibility of hypothermia, the team was ready with supplies and staffing when several canoes flipped in the rough waters. In total, the satellite clinic treated 400 patients, with EMS serving 189 patients.

"All the credit goes to Lisa and the team," said Michael Smith, EMS Terrorism & Disaster Response for the Washington Department of Health, who helped with technical assistance. "They had the insight and a great plan put together."