



A Nation Prepared

A Federal Perspective on Preparedness and Response Efforts for Emergency Support Function (ESF) 8: Public Health and Medical Services

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Objectives

- Describe the Organizational Structure of the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR)
- Outline HHS/ASPR roles and responsibilities under Emergency Support Function (ESF) #8: Public Health and Medical Services and the impact of the Pandemic and All Hazards Preparedness Act (PAHPA) since its congressional passage in January 2007
- Discuss the HHS Regional Emergency Coordinator Program
- Explore ESF #8 Assets as Proven Strategies to bolster Public Health and Medical Emergency Preparedness and Response Effort in the realm of All Hazards Planning

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ASPR: A Nation Prepared

The Assistant Secretary for Preparedness and Response (ASPR) coordinates and directs the Department's public health and medical emergency preparedness and response programs.

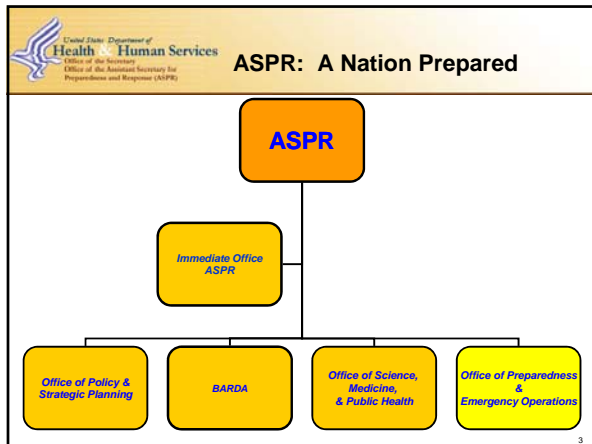
A Nation Prepared

Mission: Prevent, prepare for, respond to and recover from acts of bioterrorism and other public health emergencies

Goal: To ensure sustained public health and medical readiness for our communities and our nation against:

- Bioterrorism
- Infectious disease outbreaks
- Other public health threats and emergencies

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Pandemic and All-Hazards Preparedness Act – Jan 2007


- Public Law No: 109-417. Affects all aspects of the Department's preparedness and response functions.
- Codifies HHS as lead agency for Federal public health and medical response to public health emergencies and National Response Framework (NRF) incidents.
- Directs HHS to enter into an interagency agreement with the Department of Homeland Security and the Department of Veterans Affairs to assume operational control of Federal public health and medical personnel and assets during incidents (except Department of Defense).
- Established the Biomedical Advanced Research & Development Authority (BARDA)

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Pandemic and All-Hazards Preparedness Act


- Created a new Assistant Secretary for Preparedness and Response (ASPR):
 - Senate confirmed position
 - Principal advisor to the Secretary of HHS on public health and medical preparedness and response
 - Deployment authority for Federal (non-DOD) medical personnel (including National Disaster Medical System)
 - Oversees advanced research, development, and procurement of qualified medical countermeasures
 - Coordinates public health and medical response systems with Federal, State, local, Tribal and EMAC
 - All functions of ASPHEP now transferred to ASPR

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Pandemic and All-Hazards Preparedness Act


- ASPR has "authority over and responsibility for":
 - NDMS (transferred back to HHS as of January 1, 2007)
 - Hospital Preparedness Program (previous authority was with Health Resources Services Administration)
- ASPR shall "exercise the responsibilities and authorities of the Secretary with respect to the coordination of":
 - Medical Reserve Corps
 - ESAR-VHP (**Emergency System for Advance Registration of Volunteer Health Professionals**)
 - Strategic National Stockpile
 - Cities Readiness Initiative
 - Other duties as the Secretary determines appropriate.

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Pandemic and All-Hazards Preparedness Act

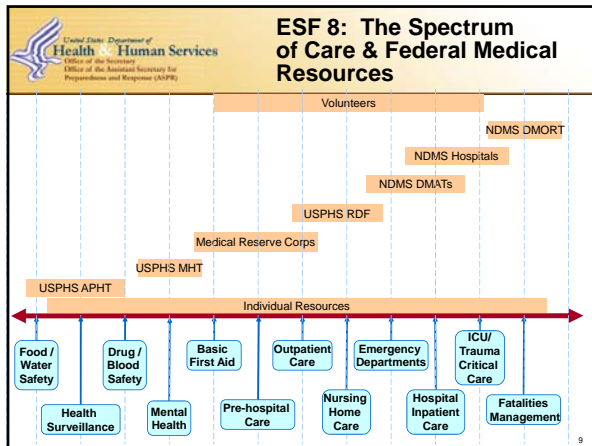
- ASPR shall carry out other duties as the Secretary determines appropriate
- Secretary to maintain SNS in collaboration with the Director of CDC
- ASPR leads in international preparedness and response initiatives and activities
- Requires evidence-based benchmarks and standards that measure levels of preparedness. Secretary shall withhold cooperative agreement funding from recipients that fail to substantially meet these standards.

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ESF 8: Public Health and Medical Services Roles/Responsibilities

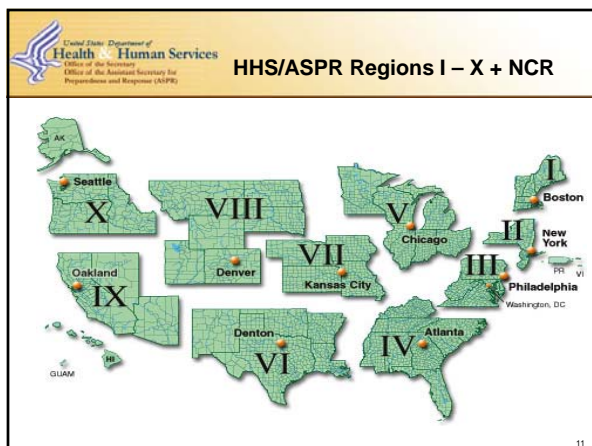
1. Assessment of Health and Medical Needs
2. Health Surveillance
3. Medical Care Personnel
4. Health/Medical Equipment and Supplies
5. Patient Evacuation
6. In-Hospital Care
7. Food/Drug/Medical Device Safety
8. Worker Health/Safety
9. Radiological, Chemical, and Biological Hazards
10. Mental Health
11. Public Health Information
12. Vector Control
13. Potable Water/Wastewater & Solid Waste Disposal
14. Victim Identification/Mortuary Services
15. Veterinary Services

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ASPR Regional Emergency Coordinator Program (RECP)

- ASPR's primary presence throughout the nation is at the regional level (10 HHS Regions across the nation)
- Serve as the eyes and ears of ASPR during day-to-day operations: working to build strong relationships with regional, state, tribal and local health and emergency management officials.
- Coordinate preparedness and response activities with state, local, tribal and private sector health officials within their region.
- Serve as a liaison between state, tribal and local health officials and ASPR headquarters in Washington DC during emergency preparedness and response activities.
- Assume the role of Incident Response Coordination Team (IRCT) Commander during public health emergencies for Federal asset oversight, management and support processes.



Regional Emergency Coordinators (REC)

- Region I – Gary Kleinman (FS), Mark Libby, Greg Banner
- Region II – (FS position vacant), CAPT Bonnie Pylar, LT Andy Chen,
- NCR - Glen Blanchette
- Region III – Harry Mayer (FS), CAPT Steve Formanski, Nick Dejesse
- Region IV – Don Wetter (FS), CAPT Tom Bowman, CAPT Bill Greim, CAPT John Smart, CDR Patti Pettis,
- Region V – Carl Adrianopoli (FS), CAPT Janet Odum
- Region VI – CDR Mick Cote (FS), CDR Skip Lightner, CDR Amy Taylor, Jean Bennett.
- Region VII – CAPT Jim Imholte (FS), CDR Dana Hall, CDR Chris Kates.
- Region VIII – CDR Scott Lee (FS - TDY), LCDR Ron Pinheiro (Acting FS)
- Region IX – CDR Tim Gruber (FS), CAPT Mike Bryce, Jerry Fenner, CDR Kevin Sheehan
- Region X –Rick Buell (Acting FS), CAPT David Kerschner

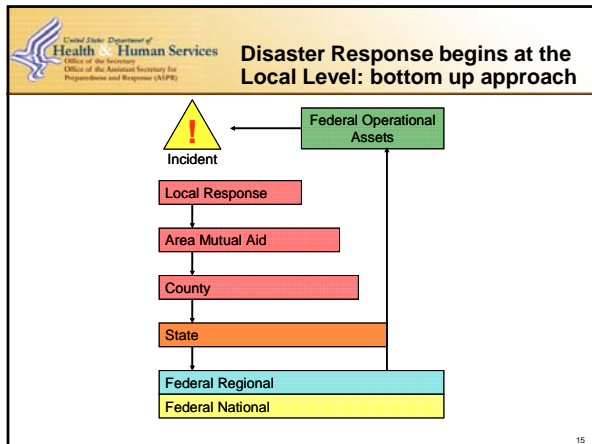
FS = Field Supervisor

Regional Emergency Coordinators



RECP Concept of Operations

- RECs and State/Local officials work continuously to identify current capabilities, capacity and community resiliency
- RECs assist in determining unmet resource requirements prior to an event/disaster from local to regional level
- RECs support requests for ESF 8 assets at local, state, tribal and federal levels during an event – **all requests must come from the state**
- RECs recommend possible courses of action to take during an event, as well as potential uses of Federal assets (and **which Federal assets are best suited / qualified** to provide support) during an event
- RECs supervise and direct the deployment of federal resources; command the IRCT
- RECs monitor mission progress via IRCT and state liaison roles
- RECs implement demobilization plan and transition to recovery (ESF 14)



United States Department of Health & Human Services
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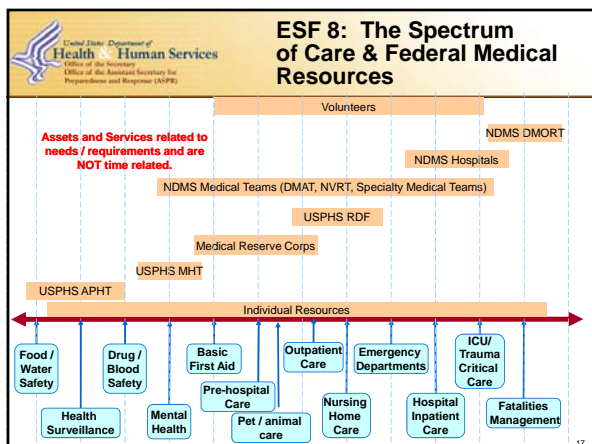
Incident Response Coordination Team (IRCT)


The Incident Response Coordination Team (IRCT) is a rostered regional management, liaison and support team under the command and control of an REC cadre and made up of USPHS Commissioned Officers, Civil Service employees and other Federal partners (Dept. of Veteran's Affairs, CDC, etc.).

During ESF 8 response operations, the IRCT forward deploys three cadres of responders:





- **IRCT Advanced Element** – based in the Region and led by the REC staff; provides the most rapid command and coordination of ESF 8 in the Region
- **Liaison Cadre** – elements of the IRCT who will be embedded in the FEMA Regional Unified Command System (the RRCC, JFO etc.) and State/Local Emergency Operations Centers
- **National IRCT** is a national resource deployed to augment a Regional response

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National Disaster Medical System

- As established by statute in 2002, NDMS is a coordinated effort of HHS, DoD, VA and DHS (FEMA), in collaboration with the States and other appropriate public or private entities.
- Partner agencies provide a continuum of care and services
- Complementary assets


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National Disaster Medical System

The statutory mission of the National Disaster Medical System (NDMS) is to provide:


- health services
- health-related services
- other appropriate human services
- and appropriate auxiliary services



to respond to the needs of victims of a public health emergency; or be present, for limited periods of time, at locations at *risk of a public health emergency*.

The Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Pub. L. 107-188, 42 U.S.C. Sec. 300hh-11


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National Disaster Medical System

Under the direction of the ASPR, NDMS is the federal government's primary response resource for public health and medical emergencies.

- Supplements state and local medical resources during disasters or major emergencies
- Provides medical coverage for federal events
- Provides backup medical support to Department of Defense and Veterans Administration medical care systems during a military conflict



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NDMS Response Teams

- ~8,000 personnel
- 102 teams



NDMS Response Teams

- 50 Disaster Medical Assistance Teams
- 3 National Medical Response Teams / WMD *
- 4 Burn Teams
- 2 Pediatric Teams
- 1 Crush Medicine Team
- 3 International Medical/Surgical Response Teams
- 2 Mental Health Teams
- 5 National Veterinary Response Teams
- 10 Disaster Mortuary Operational Response Teams
- 1 Disaster Mortuary Operational Response Team - WMD
- 1 Disaster Portable Morgue Unit Team
- 1 Family Assistance Center Team
- 3 National Pharmacy Response Teams
- 3 National Nurse Response Teams

* 1 additional NMRT via contract (NMRT-NCR)

NDMS Response Teams

- Disaster Medical Assistance Teams (DMAT)
- National Nurse Response Teams (NNRT)
- National Pharmacy Response Teams (NPRT)
- National Veterinary Response Teams (NVRT)
- Disaster Mortuary Operational Response Teams (DMORT)
- Disaster Portable Morgue Unit Team (DPMU)



NDMS: A DMAT Configuration

- Deploys as a 35 member team with a defined cache of medical supplies, equipment and pharmaceuticals
- Physicians, nurses, paramedics, EMTs, respiratory therapists, pharmacists, communications, logistics
- Self-contained for 3 days
- Typical deployment is 2 weeks



NDMS: A DMAT Shelter



NDMS: DMAT Capabilities



- Augment or temporarily replace local medical care
- Force protection / worker health and safety
- Medical and minor surgical stabilization
- Continued care and monitoring
- Evacuation to definitive medical care



United States Department of Health & Human Services
Office of the Assistant Secretary for Preparedness and Response (ASPPR)

NDMS: National Veterinary Response Teams








- Rescue and decontamination
- Provide care to service and working animals
- Care for livestock, special populations
- Control disease outbreaks

United States Department of Health & Human Services
Office of the Assistant Secretary for Preparedness and Response (ASPPR)

NDMS: Disaster Mortuary Operational Response Teams




- Forensic identification
- Mortuary services
- Family support
- Disaster Portable Morgue Unit





United States Department of Health & Human Services
Office of the Assistant Secretary for Preparedness and Response (ASPPR)

Medical Reserve Corps




The mission of the Medical Reserve Corps (MRC) is to improve the health and safety of communities across the country by organizing and utilizing local public health, medical and other volunteers

- Sponsored by HHS / Office of the U.S. Surgeon General's Office of Civilian Volunteers
- Part of Citizens Corps
- MOU with HHS/ASPPR for response authority



Medical Reserve Corps



- Community-based and function as a way to locally organize and utilize volunteers who want to donate their time and expertise to prepare for and respond to emergencies and promote healthy living throughout the year
- Volunteers include physicians, nurses, pharmacists, dentists, veterinarians, and epidemiologists. Many community members—interpreters, chaplains, office workers, legal advisors, and others—can fill key support positions
- 742 units Nationwide
- 165,000+ volunteers
- Participate in routine health and medical related events
- Selected units have volunteered and deployed outside their communities (e.g. Katrina response)

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**USPHS Commissioned Corps:
An HHS Uniformed Service**


- All Officer Corps: 6,000 total force strength, >70% deployable at the request of ASPR
- 11 categories of Medical/Public Health and Allied Health Professionals
- Employed by Federal Agencies; some detailed to state health agencies
- Led by the U.S. Surgeon General
- Managed by Office of Force Readiness and Deployment during Response Operations


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USPHS Commissioned Corps

Response Teams

- **Tier 1 – Respond in 12 hours**
 - Rapid Deployment Force (RDF) -105 personnel
- **Tier 2 – Respond in 36 hours**
 - Applied Public Health Team (APHT) - 47 personnel
 - Mental Health Team (MHT) - 26 personnel
- **Tier 3 – Respond in 72 hours**
 - Remainder of Corps


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A Word or two about HHS/ASPR ESF 8 Logistics...

- **FEMA/HHS Ambulance Contract** – Ambulance (air and ground) and paratransit seats (wheelchair accessible)
- **Community Outreach Caches for Healthcare Providers** – go bags for HHS medical “strike teams”
- **Strategic National Stockpile** - Managed by DSNS Program at CDC
- **Federal Medical Stations**
 - Low Acuity Medical Care - scalable
 - Standardized Units of 250 Cots and Equipment
 - Requires a building of opportunity and wrap around services
 - Can be used as Special Medical Needs Shelters, Quarantine/Isolation, non-acute inpatient to absorb hospital overflow

FMS Layout Example



Department of Defense

Army – examples:

- Combat Support Hospital ~ 300 beds
- Field hospital ~ 500 beds
- Medical Company – air or ground ambulance
- Medical Detachment – Preventive Medicine

Navy – examples:

- Amphibious Assault ships (LHA, D) – 60 beds + ORs
- Mercy class Hospital ships – 1000 beds
- Expeditionary Medical Facility ~ 100 beds
- Fleet Surgical Team



Dept. of Defense

Air Force – examples:

- Expeditionary Medical Support (EMEDS)
- Mobile Aero-medical Staging Facility (MASF) - 20 beds for holding pts until aero evacuated.
- Aero-medical Evacuation Liaison Team (AELT) – provides coordination and communications

Joint Regional Medical Planner

- NORTHCOM
- USAF, USN & USA staff in regional offices



Department of Veterans Affairs

- Regional Emergency Manager (REM) assigned to FEMA/HHS Regions
- NDMS Definitive Care – Coordinated by DoD and VA medical facilities that are designated as Federal Coordination Centers (47 VA and 23 DoD)
- Disaster Emergency Medical Personnel System – registry of VA employees and retirees volunteering for deployment
- Medical Emergency Radiological Response Team
- Mobile clinics



Questions?





ASPR: A Nation Prepared

Thank You

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Regional Emergency Coordinator

www.HHS.gov