



Testimony
Before the Committee on Veterans Affairs
House of Representatives

**The Role of HHS's Office of
Emergency Preparedness in
the Federal Response Plan**

Statement of
Claude A. Allen
Deputy Secretary,
Department of Health and Human
Services



For Release on Delivery

Expected at 2:00 pm
on Monday, October 15, 2001

Mr. Chairman and Members of the Committee, I am Claude A. Allen, Deputy Secretary
of the Department of Health and Human Services (HHS). I am pleased to be here today to

discuss the role of HHS's Office of Emergency Preparedness (OEP) in the Federal Response Plan.

The nation watched in disbelief, on the morning of September 11th, as American Airlines flight #11 crashed into the North Tower of the World Trade Center. As we all know, shortly thereafter, United Airlines flight #175 crashed into its twin building. Within minutes, we had activated our Department's Emergency Operations Center (EOC), knowing that our Department and our National Disaster Medical System (NDMS) partners in the Department of Veterans Affairs (VA), the Department of Defense (DoD), and the Federal Emergency Management Agency (FEMA) might be called upon to assist New York City in its response.

By the end of that tragic morning, with the almost simultaneous crashes of American Airlines flight #77 into the Pentagon, the crash of United Airlines flight #93 in Pennsylvania and the collapse of the World Trade Center buildings, Secretary Thompson had ordered activation of the entire NDMS, including notification of all of its 7,000 volunteer health workers and 2,000 hospitals. Verbal mission assignments were being obtained from FEMA, and teams were beginning to prepare to move during that day to staging areas around New York City and within Washington, D.C. It is a day that witnessed heroic actions, rapid responses, and profound grief.

HHS Preparedness and Response

The broad goals of a national response to an emergency, including acts of terrorism, or any epidemic involving a large population, are to detect the problem, control the epidemic's spread and treat the victims. At HHS, our efforts are focused on improving the nation's public health surveillance network to quickly detect and identify the biological agent that has been released; strengthening the capacities for medical response, especially at the local level; expanding the stockpile of pharmaceuticals for use if needed; expanding research on disease agents that might be released; developing new and more rapid methods for identifying biological agents and improved treatments and vaccines; improving information and communications systems; and preventing bioterrorism by regulation of the shipment of hazardous biological agents or toxins. HHS has also worked to forge new partnerships with organizations related to national security.

We are striving at HHS to strengthen our readiness and response, and our ability to respond has been greatly improved over the last several years. The system is not perfect, however, and we must continue to accelerate our preparedness efforts.

As you know, much of the initial burden and responsibility for providing an effective response by medical and public health professionals to a terrorist attack rests with local governments, which would receive supplemental support from state and federal agencies. However, if a disaster or disease outbreak reaches any significant magnitude, such as what occurred on September 11th, local resources could be overwhelmed and the federal government may be required to provide protective and responsive measures for the affected populations.

Office of Emergency Preparedness Role in Federal Response

Within my Department, the Office of Emergency Preparedness is the primary agency responding to requests for assistance and resources. OEP's main function is to manage the National Disaster Medical System (NDMS) as well as the Public Health Service Commissioned Corps Readiness Force, which could be called into action depending upon the severity of the event. One of OEP's missions is to manage and coordinate, on behalf of HHS, the federal health, medical, and health related social service response and recovery to major emergencies, federally declared disasters and terrorist acts. OEP directs and manages Emergency Support Function #8 (health and medical services) of the Federal Response Plan. This includes coordinating the activities of 12 other federal departments nationwide, including the Departments of Veterans Affairs, Defense, Transportation, Energy, and Agriculture, the Environmental Protection Agency, and others.

When there is a disaster, FEMA, as the Nation's consequence management and response coordinator, tasks HHS to provide critical services, such as health and medical care; preventive health services; mental health care; veterinary services; mortuary activities; and any other public health or medical service that may be needed in the affected area. OEP, as the Secretary's action agent, will direct NDMS, the Public Health Service's Commissioned Corps Readiness Force, and other federal resources, to assist in providing the needed services to ensure the continued health and well being of disaster victims.

The National Disaster Medical System is the vehicle for providing resources for meeting the medical and mental health service requirements of ESF #8, including forensic services. Begun in 1984, NDMS is a partnership between HHS, VA, DoD, FEMA, state and local governments, and the private sector. The System has three components: direct medical care; patient evacuation; and the non-federal hospital bed system. NDMS was created as a nationwide medical response system to supplement state and local medical resources during disasters and emergencies, to provide back-up medical support to the military and VA health care systems during an overseas conventional conflict, and to promote development of community-based disaster medical systems. The availability of beds in over 2,000 civilian hospitals is coordinated by VA and DoD Federal Coordinating Centers. The NDMS medical response component is comprised of over 7,000 private sector medical and support personnel organized into approximately 70 Disaster Medical Assistance Teams, Disaster Mortuary Operational Response Teams, and speciality teams across the Nation.

Disaster Response Teams

Our primary response capability is organized in teams such as Disaster Medical Assistance Teams (DMATs), specialty medical teams (such as those that would provide burn and pediatric care), and Disaster Mortuary Teams (DMORTs). Our 27 level-1 DMATs can be federalized and ready to deploy within hours and can be self-sufficient on the scene for 72 hours. This means that they carry their own water, portable generators, pharmaceuticals and medical supplies, cots, tents, communications and other mission-essential equipment. These teams have been sent to many areas in the aftermath of disasters in support of FEMA-coordinated relief

activities. In addition, staff from OEP and our regional emergency coordinators also go to the disaster sites to manage the team activities and ensure that they can operate effectively.

OEP's National Medical Response Teams (NMRTs) can provide medical treatment after a chemical or biological terrorist event. Each one is fully deployable to incident sites anywhere in the country with a cache of specialized pharmaceuticals to treat up to 5,000 victims of chemical exposures. The teams have specialized personal protective equipment, detection devices and patient decontamination capability.

Our mortuary teams can assist local medical examiner offices during disasters, or in the aftermath of airline and other transportation accidents, when called in by the National Transportation Safety Board and the Federal Bureau of Investigation.

In the last few years, OEP has deployed to New York, Florida, Texas, Louisiana, Alabama, Mississippi, the Virgin Islands and Puerto Rico in the aftermath of hurricanes and tropical storms. Our mortuary teams and management support teams have deployed to Rhode Island, Pennsylvania and California to assist local coroner offices after airline crashes. And we have supported local and federal efforts during special events such as World Trade Organization meetings, NATO 50th Anniversary events, Democratic and Republican National Conventions, Presidential inaugural events, and State of the Union Addresses in Washington, D.C. Most recently, OEP and NDMS have deployed to Texas to respond to the health and medical needs

caused by Tropical Storm Allison, and to New York, Pennsylvania and Virginia in the aftermath of the horrors of September 11, 2001.

NDMS Agency Partnerships

HHS, through OEP, manages and provides medical and mental health services, and mortuary services during disasters, and DoD has the lead responsibility for patient evacuation activities. DoD and VA share responsibility for definitive care activities, including managing a network of about 2,000 non-federal hospitals to ensure that hospital beds can be made available through a system of Federal Coordinating Centers (FCC). In addition, the VA provides other needed medical support during disasters. During the response to Tropical Storm Allison, the VA provided additional staffing to our Emergency Operations Center, dozens of additional medical and nursing personnel at the scene, and opened its VA hospital in Houston to receive patients when a majority of the hospitals in the Houston area were flooded and not able to receive patients. Currently, the VA is actively involved with us in New York City and in Washington, D.C. They have provided staff for our ESF #8 EOC, area managers to assist our Management Support Team in New York, mental health experts and crisis counselors, and nurses to treat burn patients both in New York and Washington.

The VA is partnering with OEP on other activities as well. The VA is one of the largest purchasers of pharmaceuticals and medical supplies. Capitalizing on this buying power, OEP and VA have entered into an agreement under which the VA manages and stores the four National Medical Response Team specialized pharmaceutical caches. The VA has purchased all

of the pharmaceuticals and supplies, rotates the stock, maintains the inventory, ensures the security of the caches and ensures that the caches are ready for deployment. Additionally, during FY 2001, OEP provided funds to the VA to begin to develop plans and curricula to train NDMS hospital personnel to respond to WMD events.

Other OEP Activities

OEP is working on a number of fronts to assist local areas hospitals, and medical practitioners to effectively deal with the effects of terrorist acts. HHS is taking the necessary steps to prepare our Nation for the health effects of terrorism, recognizing that should a chemical, nuclear, or bombing terrorist event occur, our cities and local metropolitan areas would bear the brunt of coping with its effects. In addition, we realized that the local medical communities would be faced with severe problems, including overload of hospital emergency rooms, medical personnel injured while responding, and potential contamination of emergency rooms or entire hospitals. Consequently, in FY 1995, HHS began developing the first prototype Metropolitan Medical Response System (MMRS). These systems, managed by local governments, are capable of providing triage and patient decontamination, population-based pharmaceutical prophylaxis and necessary medical care. In fact, the health care capacity issues that they are addressing are important regardless of the cause of mass casualties - for example, earthquakes, disease pandemics or terrorist events. To date, OEP has contracted with 97 of the Nation's largest metropolitan areas for MMRS development, and plans to initiate an additional 25 contracts during this fiscal year.

In FY 1999, Congress appropriated funds for OEP to renovate and modernize the Noble Army Hospital at Ft. McClellan, AL, in order for the hospital to be used to train doctors, nurses, paramedics and emergency medical technicians to recognize and treat patients with chemical exposures. The Noble Training Center is working with universities, medical centers, and other federal agencies to train medical practitioners, emergency room staff, hospital administrators, medical first responders, and others to ensure that our citizens receive the best possible medical care after a WMD event. Working with CDC and the VA, a training program was developed for pharmacists working with distribution of the National Pharmaceutical Stockpile.

Conclusion

The Department of Health and Human Services is committed to ensuring the health and medical care of our citizens. We are prepared to mobilize quickly the health care professionals required to respond to a disaster anywhere in the U.S. and its territories and to assist local medical response systems in dealing with extraordinary situations, including meeting the unique challenge of responding to the health and medical effects of terrorism. The Departments of Veterans Affairs and Defense are critical partners in these efforts.

Mr. Chairman, that concludes my prepared remarks. I would be pleased to answer any questions you may have.