



**Testimony
Before the Committee on Veterans
Affairs
United States House of Representatives**

**Safeguarding the Nation: HHS
and VA Emergency Preparedness
Collaborations**

Statement of

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Thank you, Mr. Chairman and members of the Committee. My name is Stewart Simonson and I am the Assistant Secretary for Public Health Emergency Preparedness at the Department of Health and Human Services (HHS). I appreciate the opportunity to be here to comment on the collaboration between our Department and the Department of Veterans' Affairs (VA). It is my understanding that the Committee is particularly interested in those collaborations that are related to terrorism preparedness and response.

As you know, several aspects of HHS' mission are closely aligned with those of the VA. There is a long standing tradition of collaboration between the staffs of the two Departments. Consequently, we have shared a lengthy history in health related efforts, including emergency preparedness activities, beginning with extensive collaboration on the creation and management of the National Disaster Medical System (NDMS). While NDMS is now a part of the Department of Homeland Security (DHS), HHS continues to partner with DHS, the Department of Defense and the VA with respect to deployment of specialty teams, patient movement and definitive care.

Following the precedent established in the Federal Response Plan, the current Interim National Response Plan continues to designate HHS as the lead agency for Emergency Support Function 8, which addresses the coordination and provision of health and medical services in a public health emergency. In such an emergency, VA will provide critical assistance that includes designating and deploying available medical, surgical, mental health and other health service support assets. Homeland Security Presidential Directive 10 designates HHS as the

lead agency for mass casualty care and directs VA, as well as other federal agencies, to support HHS in carrying out this mandate.

A particular concern since 9/11 is the possibility of a public health emergency occurring that would eclipse state and local capabilities, creating a phenomenon often identified as surge. Such an event – whether resulting from a naturally occurring or man-made disaster – might overwhelm the ability of states and local governments to respond. The approach to this challenge is to view the problem as a continuum of factors, each of which plays a contributing role, and to examine a variety of options that could be employed to mitigate consequences, optimize response, and shorten the length of recovery. My office is leading an interagency working group that is conducting an end-to-end analysis of these factors and developing what we hope will be a sound, effective action plan. VA, along with other federal agencies, is collaborating with HHS in this endeavor.

It is clear that the provision of medical care to large numbers of casualties is one of our most significant challenges. The availability of sufficient numbers of healthcare providers represents a daunting impediment to the development of this capacity. Identification and availability of providers, provision of workers' compensation, liability coverage for these providers, and verification of professional credentials/privileges so that health professionals responding to a surge can provide patient care are non-trivial obstacles that must be addressed. To that end, HHS is currently working with the Homeland Security Council and an interagency working group, including the VA, to develop options and

recommendations to address the availability of healthcare providers in a mass casualty event.

Our collaborative efforts with VA extend beyond patient care. Last year Project BioSense, a multi-department initiative, was initiated to facilitate rapid, near real-time electronic transmission of public health information from a variety of health data sources that would permit early detection of disease outbreaks resulting from either naturally occurring or terrorist-triggered events. One of the sources of information for BioSense is the VA, which transmits data electronically from its ambulatory care treatment facilities. Specifically, the VA provides diagnosis and procedures codes on a daily basis from outpatient and emergency room patient encounters. These data are received by the Centers for Disease Control and Prevention (CDC), merged with data from other sources, and analyzed by zip code to detect signals that may indicate an unusual or unexpected pattern of disease. Should such signals appear in the VA-provided data, CDC would work closely with the VA to further evaluate the information and, if appropriate, initiate a prompt investigation. To date, BioSense has received over 30 million records from VA ambulatory care treatment facilities.

The VA's National Acquisition Center (NAC) is HHS' principal federal logistics partner for emergency operations and for the Strategic National Stockpile (SNS) Program, which was transferred back to HHS from DHS on August 13. In carrying out the broad range of SNS related activities, including day-to-day operations and exercises to test the capability of state and local

health departments to receive, break down, repackage and distribute contents of the SNS, CDC has leveraged existing VA contracts to acquire personnel with specialized skills to assist in the operation and maintenance of the SNS and in the design, execution and evaluation of the deployment exercises.

CDC has also collaborated with the National Center for Post Traumatic Stress Disorder (PTSD) at the VA. Much of the collaboration includes surveillance and needs assessment as well as some work on compliance issues. CDC is co-sponsoring an upcoming conference with the National Center for PTSD that will be held at the Carter Center at the end of this month. The objective of this conference is to help us identify flashpoints that could precipitate negative collective behavior as well as mitigation strategies for behavioral issues that could emerge in the aftermath of a bioterrorist attack. In addition to this conference, CDC has participated in working groups that are examining the development of adequate infrastructure and resources for dealing with disaster-related mental health problems. CDC staff is co-editing a book with NCPTSD personnel on methodologies for addressing the issues that inevitably arise when mental health concerns intersect with public health practice in medical consequence management. CDC has also participated in developing an educational program on WMD-related mental health issues for veterans.

Beyond collaborations at the federal level, HHS, through our public health preparedness and hospital readiness programs, have strongly emphasized to state and local health agencies the importance of coordinating and integrating planning and response efforts with VA and military health facilities in their

jurisdictions. It is important to recognize that, in the case of a biological or chemical terrorism attack, or other sizable public health emergency, VA facilities and staff will undoubtedly serve as invaluable resources for the community. To underscore this point, the cooperative agreements awarded by the Health Resources and Services Administration for state and local hospital bioterrorism preparedness identify the local/regional VA facility as an institution that should be represented on the state bioterrorism preparedness advisory committee. I am pleased to report that the states have taken this recommendation seriously and are collaborating with regional VA representatives in developing public health emergency readiness plans and exploring the use of VA staff and facilities to create surge capacity.

The VA is also a critical resource for the education of our nation's health care professionals. As training sites for the majority of health professions schools, VA facilities play a prominent role in the earliest stages of medical training. Furthermore, as a result of its expertise in the treatment of victims of biological and chemical attacks, the VA is a valuable resource for supporting specialized training in this field. It is in this capacity that the VA has tremendous potential for ensuring that our physicians, nurses, paramedics and other health providers are prepared to meet the challenges of caring for casualties resulting from a biological, chemical, radiological, or nuclear attack.

As you can tell from the variety of interagency collaborations between our two Departments, HHS views VA as a very important partner in our readiness planning efforts at the federal level as well as at state and local levels. VA brings

a breadth and depth of critical expertise to bear on preparedness issues of concern to both Departments. During emergencies, whenever HHS has asked for assistance, VA has reliably responded in the affirmative. I believe that HHS' partnership with VA is one that will continue to be mutually beneficial. It enhances efforts at the federal level while strengthening the activities of our local communities. We are very pleased to have VA at the table with us as we move forward in planning for the public health security of the nation.

At this time, I will be glad to answer any questions that you may have.