



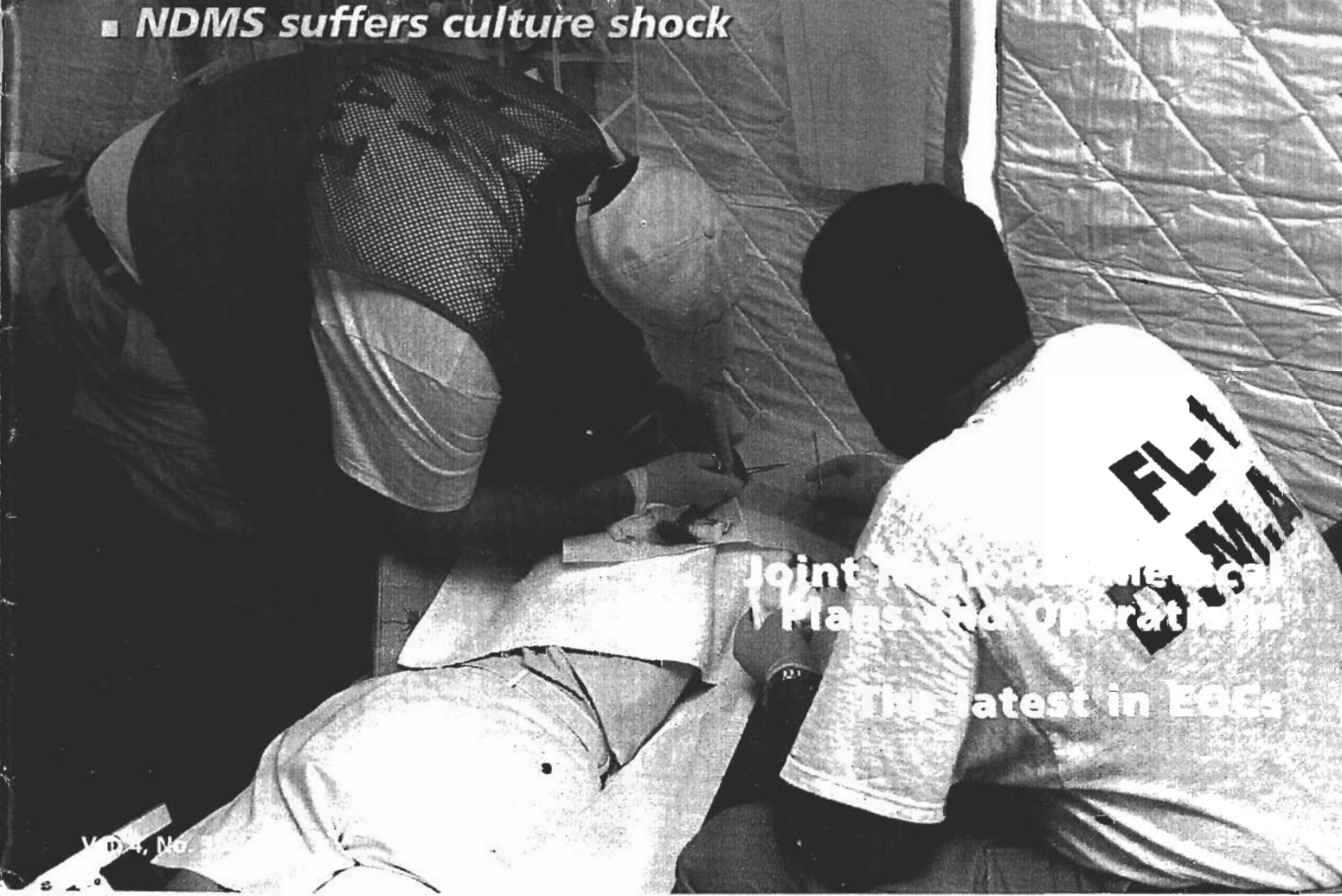
Home and Community Protection Professional

Coordinating Domestic Preparedness

April 2005

Civilian responders

- A potential new role for CERTs
- NDMS suffers culture shock



Joint Regional Exercises
Plans and Operations

The latest in EOCs

Culture clash

dmats
usphs

The transfer of the National Disaster Medical System from Health and Human Services to FEMA has created major turmoil. Bad move — or a case of “no pain, no gain”?



Members of DMAT FL-1 suture a cut on the head of a patient in Stuart, Fla., in late September, following Hurricane Jeanne.

By Star Lawrence

When you put in call after call and get nothing but “no answer”—type answers, it’s usually a sign that something’s up. And it turns out that something is up with the National Disaster Medical System, but to understand the present, we need to take a quick look at the past.

Started in 1985, NDMS <www.ndms.dhhs.gov> has been a cooperative “asset-sharing program” between the departments of Health and Human Services, Veterans Affairs and Defense, and later Homeland Security. The objective is to field up to 8,000 volunteer medical personnel to assist in national disasters, including a bioterror attack, should such an atrocity occur.

According to Robert Jevic, acting head of the medical systems operations unit of the NDMS, the system is

designed to field medical teams at the site of disasters, coordinate transfers of patients from overwhelmed facilities to those with capacity, and to clean up after a disaster, whether that involves toxic chemicals or mortuary services.

The building blocks

The core of the effort is the 55 Disaster Medical Assistance Teams. Each DMAT contains 30-35 people, who volunteer their services, getting paid only if deployed (more on this later).

Until recently, each team had to have a sponsoring hospital, such as a medical center or local public health or safety agency, though this requirement has been loosened. (Nevertheless, 1,800 hospitals are part of the system, many of them recruited by the system’s Federal Coordinating Centers.) According to Jevic, the NDMS tracks available hospital beds nationwide out of a center at

Scott Air Force Base, in southern Illinois, not far from St. Louis.

DMATs are classified as Type 1, 2, 3 or 4. (They used to be called Levels, not Types.) Type 1 DMATs, Jevic explains, are set to roll in six hours, complete with all personnel and equipment, and Type 2 teams can get going in 12 hours. Type 3 are capable of augmenting another effort, but might not be complete in themselves. And Type 4 are in development, recruiting and not fully equipped.

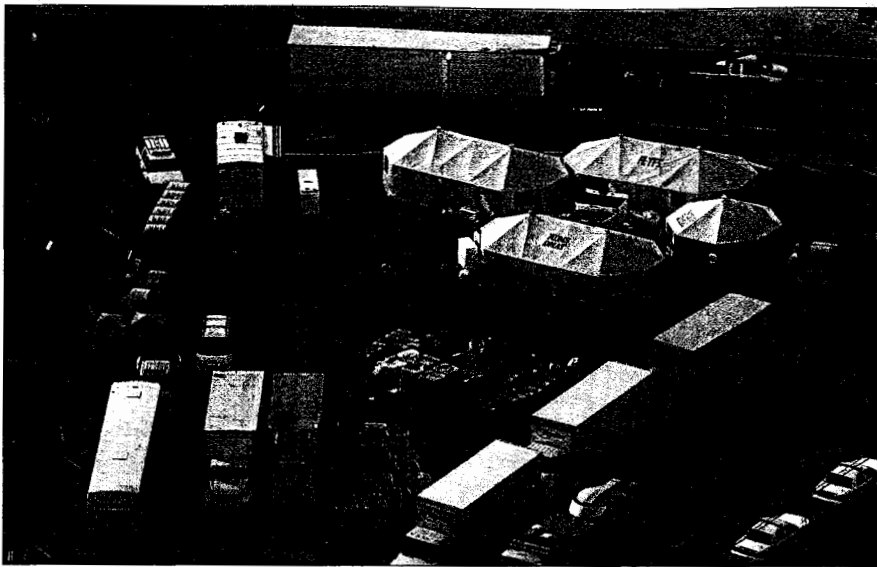
Besides the general DMATs, others were formed for such specialties as burns, pediatrics, crush situations and mental health. There are also 11 Disaster Mortuary Operations Response Teams and four National Medical Response Teams trained in dealing with the aftermath of chemical or biological attack.

And a while back, special DMATs for nurses, called National Nurse Response Teams, and for pharmacists (National Pharmacy Response Teams) were also formed, with 200 people recruited for each (see sidebar, page 22).

Four Veterinary Medical Assistance Teams also are on stand-by. Formed with the assistance of the American Veterinary Medical Association, the VMATs are perhaps best known for their work caring for search dogs at Ground Zero.

More-exotic uses for VMATs suggest themselves in the headlines, however, such as avian flu, mad cow disease and even West Nile, with its identification with birds.

FEMAMark Wolfe



DMAT tents in front of the hospital in Punta Gorda, Fla., August 2004. DMATs were operational the day after Hurricane Charley made landfall.

Finally, plans reportedly are under way to field some mobile surgery teams, a la "M*A*S*H."

An organizational shuffle

NDMS teams were in fact dispatched to Florida for last year's quartet of hurricanes, just as they've responded to many other natural and manmade disasters in the last 20 years. NDMS is responsible for handling the bodies at plane crashes, for example. Thousands of volunteers hold meetings, drill, acquire and maintain equipment, coordinate with other agencies, build communications systems, and stand by in case the nation needs them.

Then came the shakeups.

After 9-11, the boxes on the organization chart started shuffling. Pulled from its comfortable home in the U.S. Public Health Service (many of its participants are USPHS officers), NDMS was transferred to FEMA. Then, bing bang, FEMA became part of DHS.

Has the move gone well? Capt. Ana Marie Balingit-Wines, USPHS, the senior credentialing program manager at the NDMS and head of the new nurse and pharmacy initiatives mentioned above, says bluntly that "a lot of people think the NDMS belongs back at HHS."

"In coming to FEMA, we came to an organization that does not understand health preparedness and response," she says. "Because of that, we have had

numerous problems. The Office of the General Counsel at FEMA questions everything, and I mean everything, that HHS did.

"A lot of bad blood has passed through. You know how you figure two agencies will merge, and things will be rough for a while, but then smooth out? I think this is going to be in turmoil forever."

Different cultures

"FEMA responds differently," Balingit-Wines continues. "Their job is to give out money to people. Our job is to go out, physically get people places and take care of them, and render services. I know one DMAT leader who can't get storage paid [by FEMA] on his drugs and equipment and has to carry them around in his truck.

"Other people have traveled to disasters and are still waiting to be reimbursed years later."

The FEMA Office of General Counsel, she says, "does not believe in spending money on people in another agency. Nothing has been resolved in two years. Nothing!"

Balingit-Wines says there are program officers all up and down her hall whose needs are not being addressed.

Her nurse and pharmacy DMATs "are not going forward," she says. "I wanted to go to the [Strategic] National Stockpile and see how vaccines are stored and given out [the nurses will be responsible for vaccinating in a bio-emergency], but the Office of General Counsel said no. I cannot even train my NPRTs."

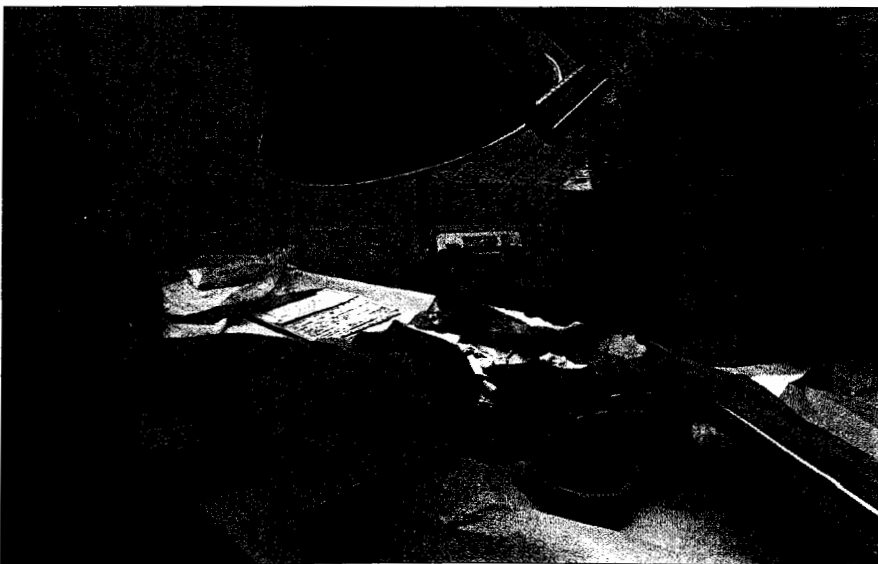
She says she has no firm ground to stand on. She can't recruit.

Jevic is more cautious. "FEMA is not used to having medical personnel under it, I don't think," he says. "They are not used to managing 8,000 people as intermittent employees."

Official federal employees

That raises another issue. The decision was made to make DMAT volunteers "intermittent federal employees." Before, the volunteers were made official federal employees (easing licensure liability and providing pay and per diems) only when they were deployed and only for two weeks at a time.

Basically, this means that these volunteers still get paid only when they're



Last September, Robert Friedmeyer, M.D., and anesthesiologist Karen Sandhoff, both of DMAT FL-3, stitch up an injury to a Pensacola, Fla.-area resident caused by Hurricane Ivan.

deployed, but are subject to restrictions governing federal employees all the rest of the time. "I think some of them don't like to be told they can't give speeches and so on," Jevic says.

It's a huge problem, Balingit-Wines says. "Some team members are professors or high-level doctors with speaking engagements. Now they can't speak. They get these restrictions, but no benefits, no leave, no overtime."

Another issue is team members who are already federal employees, such as Public Health Service officers and VA employees, to name two. Can

University of Massachusetts Medical School in Worcester and one of two DMATS in Massachusetts. Unlike some affiliated hospitals, hers not only provides beds in case of a disaster, but fields a team as well. (Some hospitals in NDMS are only in the bed business.)

Smith is cautious about talking about the changes. "I think [NDMS and FEMA] could be a promising blend," she ventures. "There may be some bumps, but I think it will iron out."

Smith is still holding drills twice a year at her hospital, with lectures once a month for her team.

Mothershead, M.D., physician adviser to the Medical Readiness and Response Group at Battelle Memorial Institute in Columbus, Ohio, a prominent think tank and government contractor. "I think the NDMS needs to adjust to the new realities. It was at a standstill before the move to FEMA."

NDMS, he explains, was created in the 1980s. "The threat was different. They dealt with transportation accidents, collapsing buildings, hurricanes. Usually the casualties were 100 or fewer. The basic DMATS and DMORTS were only launched a couple of times."

Other federal agencies usually send medical personnel in an emergency, he explains.

"I want to add," Mothershead says, "that this is bureaucracy. Everyone is doing the best they can. But people are giving up their Saturdays, their time, and are not paid."

Now, Mothershead says, the country is looking at different events. "What happens if there is a smallpox outbreak in Washington State and the NDMS wants to fly patients to a special facility in California? Will Gov. Schwarzenegger want smallpox coming on a plane to California? That transporting, that's part of NDMS."

The NDMS has never run a full exercise of what it would do, Mothershead says. "You need to be ready to launch on possibilities."

He also is no fan of military-run exercises. "They want to shoot bad guys and throw foam on chemicals," he says. "They control the funding of these exercises, and when you want to bring in a medical component, they say, 'Don't bother the doctors, they are taking care of people.'"

For now at least, the future course of NDMS remains subject to an uncertain prognosis.

The new vaccinating arm of NDMS (the nurses) and the handing-out-antidotes-and-antibiotics arm (the pharmacists) in particular are in limbo, according to Balingit-Wines.

"There might not be an NDMS," she warns. "Some people in this agency need to sit up and take notice." **HPP**

Star Lawrence is a medical journalist based in the Phoenix area.

NDMS was, repeat was, recruiting

Even though most disasters are still natural, rather than manmade, NDMS put out the call for pharmacists and pharmacy technicians to form 10 National Pharmacy Response Teams for chemoprophylaxis or vaccination in response to a biological or other terrorist event.

Members had to complete Web-based training, stay current on treatment recommendations for diseases consistent with weapons of mass destruction, participate in annual exer-

cises and be ready to deploy.

Much the same goes for the National Nurse Response Teams, where 200 nurses were recruited for 10 specialty DMATS (as with the NPRTs, one for each of the federal regions). They, too, were to take Web-based training and stay current.

Now, the initiatives are so mired in red tape that the new recruits can't train. The American Nurses Association has taken down the recruiting call from its Web site.

Newberry emphasizes that her DMAT is developmental and thus has not been around a long while and collected a lot of people invested in it. "But I know," she says, "of teams that are older and have been slashed dramatically. Frankly, I don't know how they can function."

"People in the DMATS are feeling put upon," agrees Balingit-Wines. "They can't proceed with training. They are frustrated. No, make that really pissed off!"

There had been talk, she says, of giving NDMS back to HHS. Then came the hurricanes last fall. "Secretary Ridge went to Florida and saw the NDMS people in action. He saw what a gem they were, what an asset to DHS, and decided to keep them as an asset.

"This is public health, though. It belongs under HHS."

Painful changes

So can the marriage of NDMS and FEMA be saved?

"Don't get me fired," jokes Jerry

they get paid out of federal coffers for additional duties such as journeying to a disaster?

Susan Newberry is the administrative officer of DMAT AZ-1 in Tucson, Ariz. Hers is a Type 4 (developmental) DMAT, still in the stages of becoming. "I have federal employees," she says. "We are in the process of finding a way to get them paid."

She also says that the intermittent-federal-employee thing has made it harder for her to recruit. "We were volunteers," she says. "No one minded volunteering."

She was hoping her DMAT might move up a notch to Type 3 this year, she says. "We asked for the money but didn't get it. In fact, they said, 'Put in anything you want, but you have a zero budget.'"

Jevic acknowledges that all budgets were bigger "prior to coming over" to DHS. "We only have so much for training."

Gina Smith, R.N., is team commander of DMAT MA-2, affiliated with the