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III. SYSTEM DESCRIPTION

This unit of the Operations System Description Manual will describe in further detail the HHS management organizations and response elements, the authorities under which they respond, and how they are integrated into the organizational structures of the agency having jurisdictional responsibility. Some of these organizational entities are specific to Stafford Act responses, while others can be used on all responses through various agreements with other agencies and within own authorities.

A. HEALTH/MEDICAL EMERGENCY FUNCTIONS

Experience with significant disasters in the U.S. has proven that health and medical resources within the affected disaster area may be inadequate to evacuate casualties from the scene or treat them in local hospitals. Additional mobilized Federal capabilities will urgently be needed to supplement and assist State and local governments to triage and treat casualties in the disaster area and then transport them to the closest appropriate hospital or other health care facility. Additionally, medical resupply will be needed throughout the disaster area. In a major disaster, operational necessity will probably require the further transportation of patients, probably by air, to the nearest metropolitan areas with sufficient concentrations of available hospital beds where patient needs can be matched with the necessary definitive medical care. The following 15 categories are examples of the types of tasks that may be expected from HHS agents during a disaster response effort. All of the following functions are required to be performed if appropriate to the nature of the disaster under the Stafford Act.

Function	Task	Description
1	Assessment of Health/Medical Needs	<p>Deploy an assessment team to the disaster area to assist State and local governments in determining specific health and medical needs and priorities.</p> <p>The composition of the assessment team will be jointly determined by the action agent and the operating agent based on the type and location of the emergency. This function includes the assessment of the health system/facility infrastructure.</p>

III. SYSTEM DESCRIPTION

A. HEALTH/MEDICAL EMERGENCY FUNCTIONS

Function	Task	Description
2	Health Surveillance	Assist in establishing surveillance systems to monitor the general population and special high risk population segments; carry out field studies and investigations; monitor injury and disease patterns and potential disease outbreaks; and provide technical assistance and consultations on disease and injury prevention and precautions.
3	Medical Care Personnel	Provide DMATs and individual public health and medical personnel to assist in providing care for ill or injured victims at the location of a disaster or emergency. DMATs can provide triage, medical or surgical stabilization, and continued monitoring and care of patients until they can be evacuated to locations where they will receive definitive medical care. Specialty DMATS can also be deployed to address mass burn injuries, pediatric care requirements, chemical injury or contamination, etc. In addition to DMATs, Active Duty, Reserve, and National Guard units for casualty clearing/staging and other missions will be deployed as needed. Individual clinical health and medical care specialists may be provided to assist State and local personnel. The VA is one of the primary sources of these specialists.
4	Health/Medical Equipment and Supplies	Provide health and medical equipment and supplies, including pharmaceuticals, biological products, and blood and blood products in support of DMAT operations and for restocking health and medical care facilities in areas affected by major disasters or emergencies.

III. SYSTEM DESCRIPTION

A. HEALTH/MEDICAL EMERGENCY FUNCTIONS

Function	Task	Description
5	Patient Evacuation	Provide for movement of seriously ill or injured patients from the area affected by a major disaster or emergency to locations where definitive medical care is available. NDMS patient movement will primarily be accomplished utilizing fixed wing aeromedical evacuation resources of DoD; however, other transportation modes may be used, as circumstances warrant.
6	In-Hospital Care	Provide definitive medical care to victims who become seriously ill or injured as a result of a major disaster or emergency. For this purpose, the NDMS has established and maintains a nationwide network of voluntarily pre-committed non-Federal acute care hospital beds in the largest U.S. metropolitan areas.
7	Food/Drug/Medical Device Safety	Assure the safety and efficacy of regulated food, drug, biological products, and medical devices following a major disaster or emergency. Arrange for seizure, removal, and/or destruction of contaminated or unsafe products.
8	Worker Health/Safety	Assist in monitoring health and well-being of emergency workers; perform field investigations and studies addressing worker health and safety issues; and provide technical assistance and consultation on worker health and safety measures and precautions.

III. SYSTEM DESCRIPTION

A. HEALTH/MEDICAL EMERGENCY FUNCTIONS

Function	Task	Description
9	Radiological, Chemical, and Biological Hazards	Assist in assessing health and medical effects of radiological, chemical and biological exposures on the general population and on high-risk population groups. Conduct field investigations, including collection and analysis of relevant samples; advise on protective actions related to direct human and animal exposure, and on indirect exposure through radiologically, chemically, or biologically contaminated food, drugs, water supplies, and other media; and provide technical assistance and consultation on medical treatment and decontamination of radiologically, chemically, or biologically injured/contaminated victims.
10	Mental Health Care	Assist in assessing mental health needs; provide mental health training materials for disaster workers; and provide liaison with assessment, training, and program development activities undertaken by Federal, State, and local mental health officials.
11	Public Health Information	Assist by providing public health and disease and injury prevention information that can be transmitted to members of the general public who are located in or near areas affected by a major disaster or emergency.

III. SYSTEM DESCRIPTION

A. HEALTH/MEDICAL EMERGENCY FUNCTIONS

Function	Task	Description
12	Vector Control	Assist in assessing the threat of vector-borne diseases following a major disaster or emergency; conduct field investigations, including the collection and laboratory analysis of relevant samples; provide vector control equipment and supplies; provide technical assistance and consultation on protective actions regarding vector-borne diseases; and provide technical assistance and consultation on medical treatment of victims of vector-borne diseases.
13	Potable Water /Wastewater and Solid Waste Disposal	Assist in assessing potable water and wastewater/solid waste disposal issues; conduct field investigations, including collection and laboratory analysis of relevant samples; provide water purification and wastewater/solid waste disposal equipment and supplies; and provide technical assistance and consultation on potable water and wastewater/solid waste disposal issues.
14	Victim Identification / Mortuary Services	Assist in providing victim identification and mortuary services, including DMORTs; temporary morgue facilities; victim identification using fingerprint, forensic dental, and/or pathology/anthropology methods; and processing, preparation, and disposition of remains.
15	Veterinary Services	Assist in delivering health care to injured or abandoned animals and performing veterinary preventive medicine activities following a major disaster or emergency. Includes conducting field investigations, and providing technical assistance and consultation as required.

Figure 3-1 Health/Medical Emergency Functions

III. SYSTEM DESCRIPTION

A. HEALTH/MEDICAL EMERGENCY FUNCTIONS

A matrix that displays the Primary and Support Agencies for each of these 15 functions is contained in Figure 3-2.

Function	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Organization															
Office of the Surgeon General (OSG)	S	S	S									S		S	S
Office of Refugee Health (ORH)	S	S	S			S									
Substance Abuse/Mental Health Administration (SAMHSA)	S	S	S							P			S		
Agency for Toxic Substance and Disease Registry (ATSDR)	S	S	S					S					S		
Agency for Health Care Policy Research (AHCPR)	S		S										S		
Centers for Disease Control and Prevention (CDC)	S	P	S	S				P	P	S	P	P			
Food and Drug Administration (FDA)	S	S	S	S			P	S	S	S	S		S	S	S
Health Resources and Services Administration (HRSA)	S	S	S	S		S							S		
Indian Health Service (IHS)	S	S	S	S									P	S	S
National Institute for Health (NIH)	S	S	S	S				S			S		S	S	S
Office of Emergency Preparedness (OEP)	P		P	P	P	P								P	P
P = Primary Agent S = Support Agent															

Figure 3-2 Health/Medical Emergency Functions Matrix

III. SYSTEM DESCRIPTION

B. AUTHORITIES

The authorities by which HHS can provide health and medical services during times of disasters and emergencies is contained in the Stafford Act, Public Health Service Act, and the Aviation Disaster Family Assistance Act. Under these Acts, the HHS has become signatory to various response plans that identifies their responsibilities in the delivery of health and medical services. These response plans include: the FRP, Federal Family Assistance Plan for Aviation Disasters, Health and Medical Services Support Plan for the Federal Response to Acts of C/B Terrorism, Immigration Emergency Plan, MOU between HHS and the DoD, own authorities for special events, and/or by the States.

1. Federal Response Plan (FRP)

HHS has been charged with the responsibility of planning and coordinating the Federal health and medical response to supplement State and local efforts during a domestic disaster or, by utilizing NDMS, providing back-up to DoD and VA medical capability in support of military casualties being returned from an overseas military conflict. This is accomplished through an all-hazards approach to consequence management outlined in the FRP. This all-hazards approach is based on the fundamental assumption that a significant natural or man-made disaster or emergency will identify the need for various forms of assistance or relief to those affected by the disaster or emergency. The assistance may be in the form of health and medical services, restoration of power and communications, water, firefighting, mitigation of hazardous chemical spills, temporary housing or other forms of short and long-term assistance. The Federal government, through the direction provided in the FRP, mobilizes resources and conducts activities to meet those needs.

The FRP outlines how the Federal Government will implement the Stafford Act to assist State and local governments when a major disaster or emergency overwhelms their ability to respond effectively to save lives, protect property, and restore their communities. The FRP details the policies, planning assumptions, concept of operations, organizational structures, and responsibilities of twenty-six Federal departments and agencies and the ARC. HHS represents one of these twenty-six agencies.

III. SYSTEM DESCRIPTION

B. AUTHORITIES

1. Federal Response Plan (FRP) (Continued)

The FRP designates FEMA as the primary agency that leads the overall coordination of Federal response and recovery activities. The FRP supports disaster or major emergency declarations made by the President, and implements the authorities contained in the Stafford Act. A Federal Coordinating Officer (FCO), appointed by the Director of FEMA on behalf of the President, oversees the coordination of all Federal response and recovery activities for each disaster.

Under this plan, departments and agencies are grouped together by 11 Emergency Support Functions (ESFs) with designated primary and support agencies. This functional approach facilitates the provision of Federal assistance and the conduct of response activities that a State is most likely to need to augment the State and local response efforts.

In accordance with the FRP, Federal agencies and FEMA have agreed to support disaster response by assigning primary and secondary responsibilities to agencies based on their capabilities to provide commodities and services most likely needed during a disaster event. The primary agency for each ESF was selected based on its authorities, resources and capabilities in the particular functional area. Other agencies have been designated as support agencies for one or more of these ESFs based on their resources and capabilities to support the functional area. The primary and support agency assignments for each ESF are show in Figure 3-3.

III. SYSTEM DESCRIPTION

B. AUTHORITIES

1. Federal Response Plan (FRP) (Continued)

Agency Responsible	ESF#1 Transportation	ESF#2 Communications	ESF#3 Public Works & Engineering	ESF#4 Firefighting	ESF#6 Mass Care	ESF#7 Resource Support	ESF#8 Health & Medical Services	ESF#9 Urban Search & Rescue	ESF#10 Hazardous Materials	ESF#11 Food	ESF#12 Energy
US Dept of Agriculture (USDA)	S	S	S	P	S	S	S	S	S	P	S
Dept of Commerce (DOC)		S	S	S	S	S			S		
Dept of Defense (DoD)	S	S	P	S	S	S	S	S	S	S	S
Dept of Energy (DOE)	S					S	S		S		P
Dept of Health & Human Services (HHS)			S		S	S	P	S	S	S	
Dept of Housing & Urban Development (HUD)					S						
Dept of Interior (DOI)		S	S	S					S		S
Dept of Justice (DOJ)							S	S	S		
Dept of Labor (DOL)			S			S		S	S		S
Department of State (DOS)	S								S		S
Dept of Transportation (DOT)	P	S				S	S	S	S		
Dept of Veterans Affairs (VA)			S		S	S	S	S			
Agency for International Development (AID)							S	S			

III. SYSTEM DESCRIPTION

B. AUTHORITIES

1. Federal Response Plan (FRP) (Continued)

Agency Responsible	ESF#1 Transportation	ESF#2 Communications	ESF#3 Public Works & Engineering	ESF#4 Firefighting	ESF#6 Mass Care	ESF#7 Resource Support	ESF#8 Health & Medical Services	ESF#9 Urban Search & Rescue	ESF#10 Hazardous Materials	ESF#11 Food	ESF#12 Energy
American Red Cross (ARC)					P		S			S	
Environmental Protection Agency (EPA)				S			S		P	S	
Federal Communications Commission (FCC)		S									
Federal Emergency Management Agency (FEMA)		S		S	S	S	S	P		S	
General Services Administration (GSA)	S	S			S	P	S				
National Communications System (NCS)		P				S	S				S
P = Primary S = Support											

Figure 3-3 FRP Primary and Support Agency Assignments

III. SYSTEM DESCRIPTION

B. AUTHORITIES

1. Federal Response Plan (FRP) (Continued)

The functional responsibility for ESF#8, under the FRP, is tasked to the Secretary for the HHS who has delegated this responsibility to the ASH. The ASH, in this Executive Agent role, authorizes and directs ESF#8 actions utilizing cooperative arrangements among other departments, agencies, and supporting organizations also involved in providing health and medical assistance. The lead policy official for ESF#8 supporting the ASH is the Principal Deputy Assistant Secretary for Health (PDASH). The Action Agent for the PDASH is the Director of the OEP. The HHS RHA located in each of the 10 standard Federal regions is the operating agent responsible for directing regional ESF#8 activities. Under the leadership of ESF#8, medical response teams, health and medical organizational management structures, disaster area field operations, an emergency operations center and RCCs are activated and become operational. The presence of all of these elements expedite the delivery of needed health and medical equipment and services to disaster victims. See Figure 3-4 for lines of responsibility for implementing ESF#8 health and medical response.

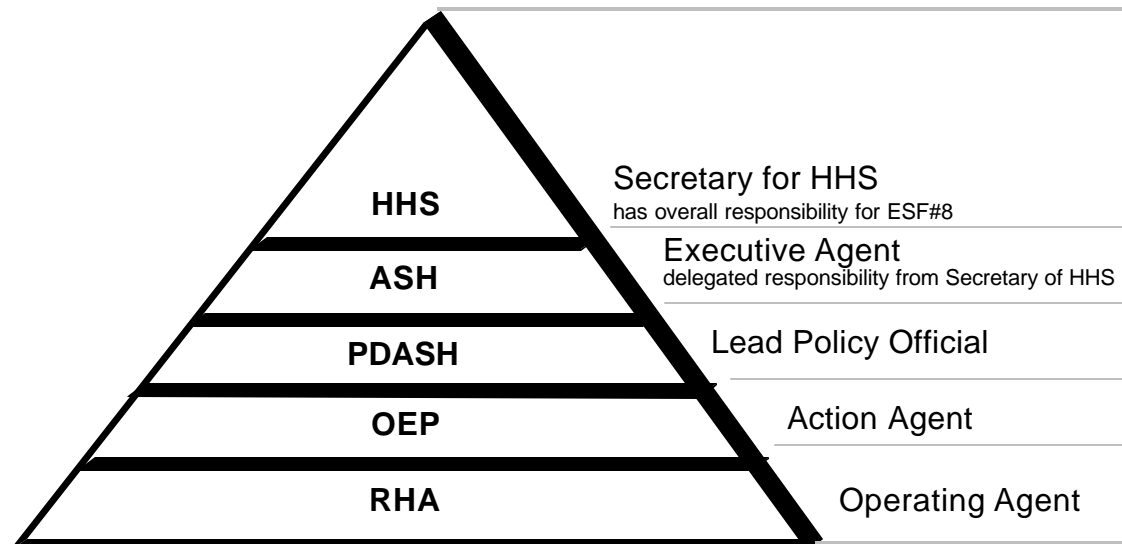


Figure 3-4 Lines of Responsibility for Implementing ESF#8 Health and Medical Response

III. SYSTEM DESCRIPTION

B. AUTHORITIES

1. Federal Response Plan (FRP) (Continued)

When ESF#8 is activated by FEMA in response to a disaster, the 12 identified support agencies for ESF#8 have operational responsibility for supporting HHS health and medical response by conducting operations in their areas of expertise, authority, and resources. As primary agency for ESF#8, HHS has authority to task support agencies to provide the support necessary to meet health and medical mission requirements. The type of support provided by each agency includes:

Department of Agriculture – Provide personnel, equipment, food and supplies for communications and the establishment of facilities for deployed Federal health and medical teams in the disaster area;

Department of Defense – Provide medical personnel and medical supplies to assist HHS in caring for disaster victims at mass care centers and medical care locations. Provide transportation needs for medical response personnel and evacuation of patients;

Department of Energy – Provide resources to evaluate, control, and mitigate radiological hazards to workers and the public. Assist in the decontamination of victims and monitoring disaster area for radiological emissions;

Department of Justice – Assist in victim identification and provide legal advice concerning identification of the dead. Provide intelligence information of any credible threat or other situation that could potentially threaten public health;

Department of Transportation – Assist in identifying and arranging for utilization of all types of transportation, such as air, rail, marine, and motor vehicle;

Department of Veterans Affairs – Assist in providing medical support to State and local governments within the disaster area. Provide available medical supplies to mass care centers, medical care locations and, as required, response teams. Provide assistance in managing human remains including victim identification and disposition. When the definitive care component of NDMS is activated, alert VA FCC's to activate area NDMS reception plans and prepare for bed status reporting to the GPMRC;

III. SYSTEM DESCRIPTION

B. AUTHORITIES

1. Federal Response Plan (FRP) (Continued)

Agency for International Development - Provides assistance in coordinating international offers for health and medical support and provides communications support to the extent possible;

American Red Cross – Provide emergency first aid, supportive counseling, health care for minor illnesses and injuries to disaster victims in mass care shelters, field offices, selected disaster areas, and other sites deemed necessary by HHS;

Environmental Protection Agency – Provide technical assistance and environmental information for the assessment of the health and medical aspects of situations involving hazardous materials;

Federal Emergency Management Agency – Assist HHS in establishing priorities for application of health and medical support and in meeting communications needs at the disaster site;

General Services Administration – Provide facilities, equipment, supplies, and other logistical support including the acquiring of private sector ground and air transportation resources; and

National Communications System – Provide communications support for medical command and control.

FEMA HQ activates the FRP and requests ESF#8 supporting actions. Regional ESF#8 activation is approved by the PDASH and the RHA is authorized through OEP to initiate regional response actions. The RHA may be alerted to the possibility of the activation of ESF#8, or notified of the actual activation by OEP. A HHS Regional Director cannot activate ESF#8 independent of ASH approval. Only the ASH or the PDASH, as acting agent, has this authority. The RHA may request OEP to facilitate the activation of regional ESF#8 based on information about the regional situation. The organization to implement the procedures under the FRP is composed of standard elements at the national and regional levels. These standard elements are comprised of the Catastrophic Disaster Response Group (CDRG), EST, Regional Operations Center (ROC), and the ERT. ESF#8 has an active role in each of these organizational elements. See Figure 3-5 for ESF#8 relationship in the coordination, implementation, and response of Federal resources to the disaster area.

III. SYSTEM DESCRIPTION

B. AUTHORITIES

1. Federal Response Plan (FRP) (Continued)

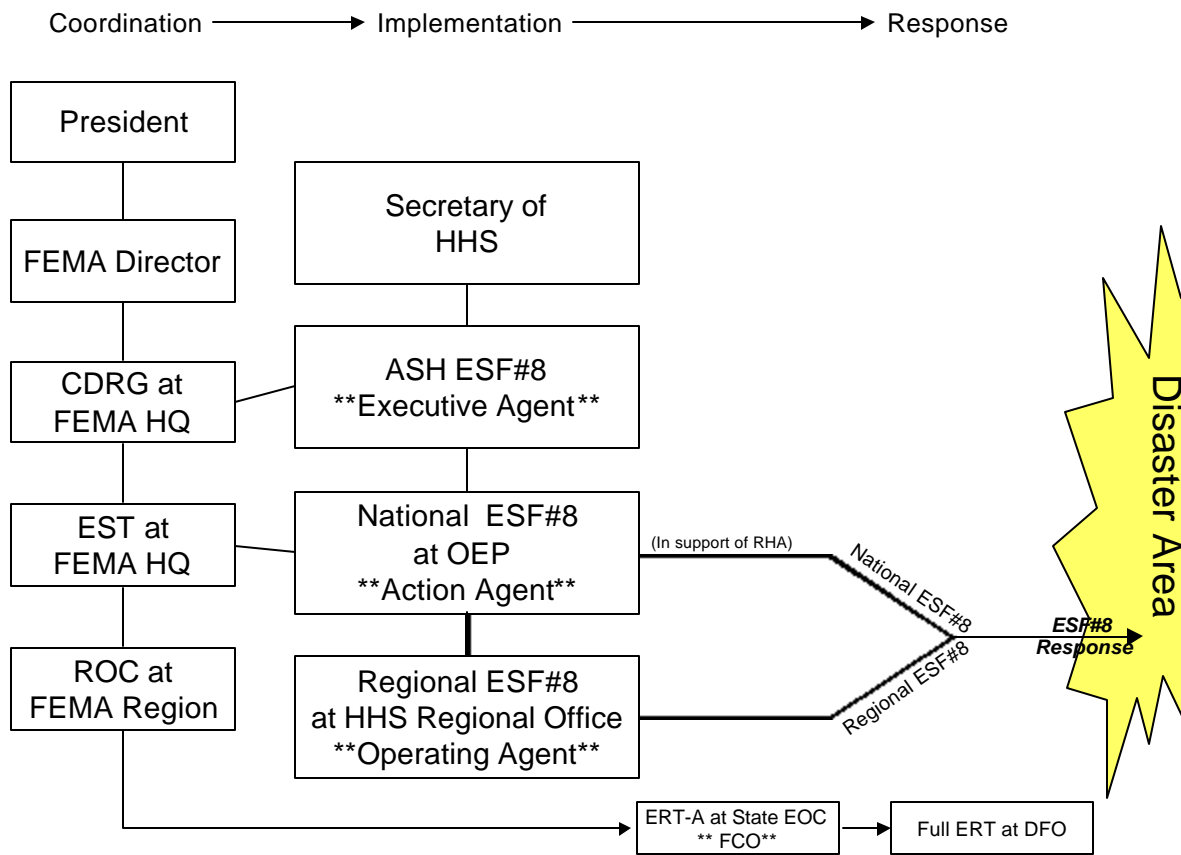


Figure 3-5 ESF#8 Coordination, Implementation and Response

III. SYSTEM DESCRIPTION

B. AUTHORITIES

a. *Catastrophic Disaster Response Group (CDRG)*

At the national level following a disaster or major emergency declaration by the President, FEMA may convene a coordination group of senior level policy officials representing the 26 Federal departments and agencies and ARC. The Catastrophic Disaster Response Group (CDRG) is the headquarters-level coordinating group that addresses policy issues and support requirements from the FCO and ESF response elements in the field. The HHS representative on the CDRG is the Director of OEP. The CDRG is chaired by the FEMA Associate Director.

b. *Emergency Support Team (EST)*

The EST is an interagency group which includes ESF#8. The purpose of the EST is to oversee national-level activities in response to disasters or emergencies. This interagency group operates in the FEMA Headquarters Emergency Information and Coordination Center (EICC). The national direction for the EST is based upon the general policy decisions of the CDRG.

When an EST is activated, FEMA Headquarters notifies the agencies representing each ESF to report to the EICC. OEP is the contact point for FEMA when requesting the activation of ESF#8. The Director of OEP is the action agent for the PDASH and is responsible for providing the necessary personnel to staff ESF#8 on the EST.

c. *FEMA Regional Operations Center (ROC)*

The FEMA ROC is the temporary operations facility from which FEMA directs and coordinates regional Federal emergency response activities within the framework of the FRP. The ROC is normally a facility within the FEMA regional office with communications to the EST, State EOC, the primary and support agencies and other Federal regional offices. The ROC is staffed by the FEMA Regional Operations Support Team (ROST), on which ESF#8 is represented. The RHA determines the number of staff required at the ROC location to efficiently and effectively carry out the functions of ESF#8.

III. SYSTEM DESCRIPTION

B. AUTHORITIES

d. Emergency Response Team (ERT)

The ERT is the Federal interagency group that staffs the DFO providing administrative, logistics and operational support to the field response activities. The ESF#8 component of the ERT provides response assistance in support of State requirements for health and medical resources. The DFO is the primary field facility in each affected State for the coordination of response and recovery operations. The DFO is established as soon as possible following the decision that it is needed but may take 3 to 7 days to become operational. It houses the FCO and staff comprising the ERT. It will operate on a schedule sufficient to sustain the Federal response operations, which may require 24-hour coverage.

The RHA determines the number of staff required at the DFO to efficiently and effectively carry out the ESF#8 function. The size of the ERT ESF#8 will be dependent on the complexity of the health and medical response needs of the disaster.

2. Federal Family Assistance Plan for Aviation Disasters

Under this plan, an interagency agreement between the NTSB and HHS provides a mechanism for the OEP to work with and be reimbursed by the NTSB on emergencies resulting from aviation and other transportation disasters. Under this agreement, OEP agrees to provide any medical, mortuary, mental health and family disaster assistance required by NTSB as a result of a major aviation or other transportation disaster. OEP also agrees to provide detailed bills for reimbursement of all costs associated with provision of these services to NTSB.

The Federal Family Assistance Plan for Aviation Disasters describes seven Victim Support Tasks (VSTs). VSTs are similar to ESFs described in the FRP, in that each VST has identified the lead organization responsible for performing various tasks based on the size and circumstances of the actual incident. HHS is the lead agency for VST #4, Victim Identification, Forensic and Medical Services.

III. SYSTEM DESCRIPTION

B. AUTHORITIES

2. Federal Family Assistance Plan for Aviation Disasters (Continued)

The plan pertains to any domestic or foreign aviation crash that occurs within the United States, its territories and possessions of the United States, and territorial seas. The plan is written with three possible crash scales that HHS must consider when deploying HHS assets.

Agency Responsible	VST #1 – NTSB tasks	VST #2 – Airline Tasks	VST #3 – Family Care and Mental Health	VST #4 – Victim Identification, Forensic and Medical Services	VST #5 – Assisting Families of Foreign Victims	VST #6 – Communications	VST #7 – Assisting Victims of Crime
National Transportation Safety Board (NTSB)	P						
Involved airline		P					
American Red Cross (ARC)			P				
Health and Human Services (HHS)				P			
Department of State (DOS)					P		
Federal Emergency Management Agency (FEMA)						P	
Department of Justice (DOJ)							P
P = Primary Agency							

Figure 3-6 Victim Support Tasks

III. SYSTEM DESCRIPTION

B. AUTHORITIES

2. Federal Family Assistance Plan for Aviation Disasters (Continued)

Crash scale 1 – This involves an aviation crash of 100 or fewer passengers and crew who are either fatalities or require medical assistance.

Crash scale 2 – This involves an aviation crash that involves 101-200 passengers and crew who are either fatalities or require medical assistance.

Crash scale 3 – This involves an aviation crash of 201 or more passengers and crew who are either fatalities or require medical assistance.

The Responsibilities of HHS in providing victim identification and forensic and medical services include:

- Providing a DMORT assessment team to the crash site location within six hours of being notified by NTSB to assess the capabilities of the local medical examiner. A DMORT assessment team is composed of individuals, each with a particular field of expertise, who are activated in the event of a disaster or emergency when mortuary services are needed. After the assessment, NTSB and HHS will make their recommendations to the local medical examiner who will determine the need for Federal assistance in the identification and mortuary service effort, to include site location of a temporary morgue;

- Provide expanded DMORT capability to assist the medical examiner in victim identification and mortuary services. Configuration of team and skills required will be determined by details of the crash, medical examiner's request for assistance, and Crash Scale 1, 2, or 3 factors reviewed by the assessment team;

- Provide, if appropriate, a portable morgue facility and the necessary equipment and supplies to augment the local medical examiner's capabilities;

- Monitor the status of incoming dental records and x-rays to insure that all records have been received. If not, take steps to obtain the records and x-rays. Request assistance from DOS for acquiring necessary records for foreign passengers and crew;

III. SYSTEM DESCRIPTION

B. AUTHORITIES

2. Federal Family Assistance Plan for Aviation Disasters (Continued)

Provide the standard ante mortem questionnaire and disposition of remains form that can be adapted to meet local medical examiner and State requirements. The disposition of remains form will be used to obtain directions from the lawfully authorized Next of Kin (NOK) on what they desire the medical examiner to do with remains that may later be identified as those of their family member. Information collected from family members is strictly confidential and will be used only for medical examiner purposes;

Interview family members who are both on site and off site for ante mortem identification information and disposition of remains information;

Assist the medical examiner in notifying family members of positive identification, to include explanation of how identification was determined.

Notification team may include, if appropriate, ARC crisis counselor and airline family escort;

Check remains and associated personal effects being returned with the remains prior to release to local funeral director. Insure that all documentation is correct, chain of custody is established, and returned personal effects are processed;

Provide NTSB names of victims and their NOK, NOK relationship to victim, and addresses and telephone numbers of NOK. A source for this information is the ante mortem questionnaire;

Assist airlines, if requested, with finding NOK to be notified by use of established cooperative relationships with local, State and Federal law enforcement agencies;

Provide, if requested, professional medical staff and technicians to assist in the care and recovery of injured victims;

Assist the ARC, if requested, with addition trained and experienced crisis counselors; and

The Department of Defense supports HHS in VST #4 by providing use of military installations, personnel dental records and x-rays of military fatalities, pouches, and transfer cases for human remains.

III. SYSTEM DESCRIPTION

B. AUTHORITIES

3. Health and Medical Services Support Plan for the Federal Response to Acts of Chemical/Biological Terrorism

The principal purpose of this plan is to support the FBI and FEMA by providing timely health and medical services response to acts of C/B terrorism. This support includes overall public response: the triage, treatment, transportation, hospitalization, and follow-up of victims of C/B terrorist acts.

HHS is designated as the primary agency for directing, coordinating, and integrating the overall Federal effort to provide health and medical services support within a C/B consequence management response. A consequence management response involves measures to support the affected State and local governments in addressing the consequences of the terrorist incident on lives and property in the affected community. The lead agency for consequence management response is FEMA. Figure 3-7 portrays HHS consequence management actions in response to C/B terrorism.

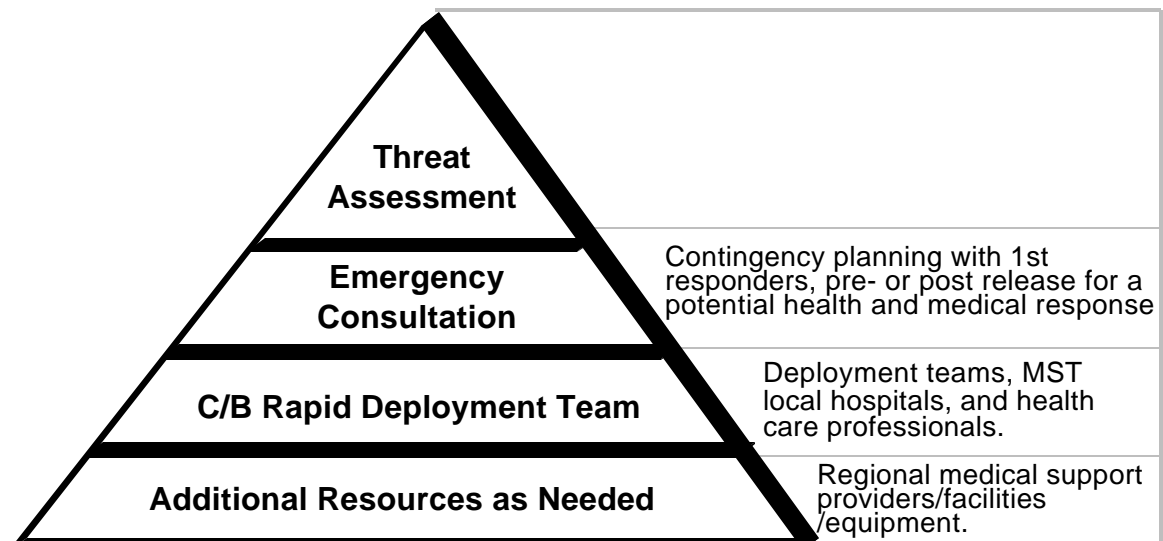


Figure 3-7 HHS Consequence Management Actions

III. SYSTEM DESCRIPTION

B. AUTHORITIES

3. Health and Medical Services Support Plan for the Federal Response to Acts of Chemical/Biological Terrorism (Continued)

A C/B crisis management response involves all measure to confirm and assess the threat, establish response posture with regard to the threat, investigate, locate the terrorists and their weapons, remove or disable the C/B agent or weapon, and capture and prosecute the terrorists under Federal law. The lead agency for crises management response is the FBI.

HHS assists the FBI in threat assessment; pre-positions resources, coordinates development of health-related public information, and medical resources in preparation for mobilization; and prepares medical services support to respond to a credible C/B terrorist threat. EPA assists in coordinating related public information requirements.

The lead agency for crisis management response is the FBI. Figure 3-8 portrays HHS crisis management actions in responses to C/B terrorism.

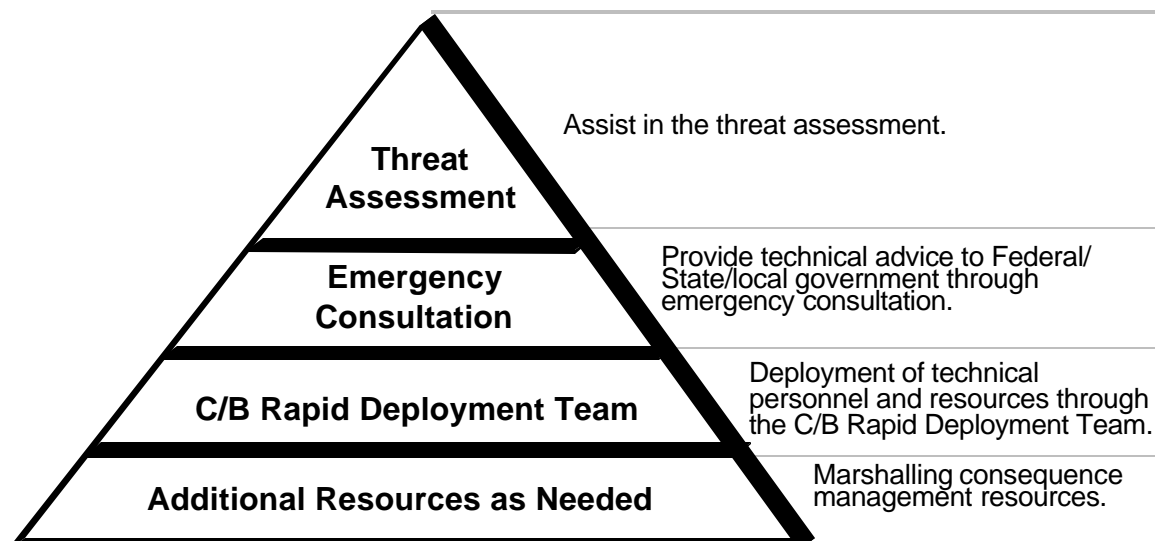


Figure 3-8 HHS Crisis Management Actions

III. SYSTEM DESCRIPTION

B. AUTHORITIES

3. Health and Medical Services Support Plan for the Federal Response to Acts of Chemical/Biological Terrorism (Continued)

The major differences between health and medical services support provided in response to a C/B terrorist act, and those provided in response to a natural or manmade declared disaster, are the need for specialized health and medical services support, and the critical, time-sensitive, response requirements. Upon notification of a C/B terrorism response in either a crisis management or consequence management situation, HHS will initiate action to provide technical assistance and provide and/or coordinate HHS health and medical response to the following functional areas:

Health Risk Threat Assessment – Assemble an assessment team to provide technical assistance to the FBI. Assessment team composition will be determined by HHS in coordination with the FBI.

C/B Consultation with Affected Jurisdictions – HHS will consult with local, regional, and State jurisdictions on the type and amount of health and medical services that may be required.

Public Affairs – Coordinate development of pre-scripted advisory releases and public health and disease information that can be transmitted to members of the general public who are located in or near the affected areas.

C/B Rapid Deployment Team – Take action to notify, assemble, and deploy the NMRT/WMD, and CDC to render technical assistance in a crisis management situation and assist in coordinating health and medical services support in a consequence management situation.

Agent Identification – Coordinate the agent identification process and mitigating actions.

Epidemiological Investigation – Coordinate the inquiry into the incidence, distribution, and control of a suspected disease or pathogen.

III. SYSTEM DESCRIPTION

B. AUTHORITIES

3. Health and Medical Services Support Plan for the Federal Response to Acts of Chemical/Biological Terrorism (Continued)

Expedient Hazard Detection – Coordinate actions and processes to determine the overall health hazard threatening the general population.

Expedient Hazard Reduction – Coordinate actions to reduce or eliminate the hazard.

Environmental Decontamination – Coordinate environmental decontamination.

Clinical Medical Support; Health Professionals, Laboratory Support; Patient Evacuation, In-Hospital Care – Coordinate clinical medical support utilizing MSTs and health and medical response resources.

Pharmaceutical Support – Coordinate pharmaceutical support for the overall health and medical services response effort.

Human Toxic Effects Registry – Coordinate the documentation and registration of personnel in the general population and response community who have been exposed to the toxic effects of a C/B terrorist act.

Health and Medical Supplies and Equipment – Provide health and medical equipment and supplies in support of health and medical services response operations and coordinate restocking of equipment and supplies in the affected area.

Victim Identification and Mortuary Services – Assist in providing victim identification and mortuary services, and temporary morgue facilities.

Worker Health and Safety – Coordinate requirements to ensure health and safety measures for response workers.

Mental Health – Coordinate mental health requirements.

III. SYSTEM DESCRIPTION

B. AUTHORITIES

3. Health and Medical Services Support Plan for the Federal Response to Acts of Chemical/Biological Terrorism (Continued)

Communications – Coordinate with NCS to establish communications necessary to effectively provide health and medical services support assistance.

Transportation – Coordinate transportation requirements, primarily with DOT and DoD.

Security – Coordinate actions to respond to security requirements associated with the health and medical services support response to a C/B terrorist incident.

Pathological Services – Assist in providing pathology and pathological related services.

4. Mass Immigration Emergency Plan

The purpose of this plan is to ensure that the INS and all Federal agencies are prepared to deal promptly and effectively with any sudden, illegal, large-scale immigration.

The Mass Immigration Emergency Plan is modeled after the FRP and provides guidance for 10 ERFs, each with a Federal agency(s) designated as the primary agencies for providing the services required each ERF. At the national level, primary agencies are responsible to plan and coordinate with their support agencies for the implementation of the Plan, and will use the Plan for developing internal contingency plans and operating procedures.

III. SYSTEM DESCRIPTION

B. AUTHORITIES

4. Mass Immigration Emergency Plan (Continued)

Each primary agency will:

- Designate an official to serve as a representative to the Immigration Emergency Response Group (IERG) and ERT;
- Designate staff to serve on the EST and provide support to JIC and financial management activities, as required;
- Designate an official at the headquarters, regional and local level to be responsible for development of planning and procedures for each ERF;
- Direct and assist national and regional elements tasked to assist with planning and response operation;
- Participate in the processes of developing and exercising the Plan; and
- Coordinate the development of supplemental material to the Plan, including documents describing specific policies and procedures for response operations.

HHS is the primary agency for ERF #6, Medical Care and Public Health Screening and ERF#7, Refugee Resettlement. The performance of the medical care and public health screening and refugee resettlement functions include:

- Coordination of medical triage and first aid operations;
- Coordination of fitness for travel screening and medical examination of aliens;
- Coordination of medical care of detained aliens; and
- Coordination of medical facilities.

III. SYSTEM DESCRIPTION

B. AUTHORITIES

4. Mass Immigration Emergency Plan (Continued)

ERF #6 is tasked to satisfy the following six requirements:

Perform medical triage for all persons at the time of arrival or apprehension and render appropriate emergency medical care or isolation;

Medically examine all apprehended aliens applying for admission or attempting illegal entry to the United States to determine whether medical grounds exist for the initiation of exclusion proceedings;

Ensure that detained aliens are medically fit for air or ground travel to a Detention Center. Perform all applicable border inspections of persons attempting to enter the United States in a mass illegal immigration;

Provide appropriate medical care of detained aliens, including medical isolation if necessary;

Medically screen detained aliens before release from custody and take appropriate steps to protect public health; and

Coordinate medical care and public health screening operations, and the use of medical facilities and resources, with appropriate other Federal, State, and local public health officials and treatment facilities.

ERF#7 is tasked to satisfy the following requirements:

Enforcement of public health laws relating to persons to be resettled as refugees, and coordinating public health issues with State public health agencies; and

Before release from custody, aliens are referred to HHS for completion of a full medical admission examination. If the alien has a communicable disease of public health significance, the alien is not medically cleared for admission until the disease has been adequately treated and appropriate notification to State health authorities has occurred. After it has been determined that the alien does not have an excludable medical condition, the HHS refers the alien to Community Relations Service (CRS) for further resettlement processing. Figure 3-9 describes each ERF and their functional responsibility.

III. SYSTEM DESCRIPTION

B. AUTHORITIES

4. Mass Immigration Emergency Plan (Continued)

Function	Task	Description
ERF#1	Intelligence and Warning	Involves the collection and production of intelligence relating to the threat of mass illegal immigration.
ERF#2	Interdiction	Involves actions by the Coast Guard, Customs Service, and INS, with support from State and local agencies to interdict and deter aliens from using maritime, air, or land routes to attempt illegal entry. May also include Coast Guard enforcement of vessel movement controls, if authorized by the President.
ERF#3	Apprehension and Processing	Involves actions by INS, Customs Service, Animal and Plant Health Inspection Service, and OEP with appropriate support from State and local agencies to conduct searches and inspections, make arrests, seizures, and conduct administrative actions including exclusion and deportation proceedings.
ERF#4	Transportation	Involves actions by INS, with support from the Marshals Service, Bureau of Prisons, GSA, and other Federal, State and local agencies to transport detained aliens from landing or apprehension sites, to temporary staging facilities and then to or between Detention Centers.
ERF#5	Detention and Mass Care	Involves actions by INS, with support from Community Relations Service, Bureau of Prisons, GSA, and other agencies to establish and operate temporary reception facilities, temporary staging facilities, and Detention Centers.
ERF#6	Medical Care and Public Health Screening	Involves actions by the OEP with appropriate support from Federal, State, and local agencies to provide medical services for detained aliens and screen aliens for diseases of public health significance.
ERF#7	Refugee Resettlement	Involves actions by CRS and the Office of Refugee Resettlement to coordinate with State and local agencies to assist refugees to resettle in the United States.
ERF#8	Prosecution and Civil Sanctions	Involves actions by INS and other Federal, State and local agencies to prosecute crimes, process asset forfeitures, and levy administrative fines or civil penalties.
ERF#9	Information and Planning	Involves actions by the DOJ, INS, and other agencies to conduct policy coordination and operational planning at the field and headquarters level, coordinate information management requirements, and evaluate operations conducted under the plan.
ERF#10	Resources and Support	Involves actions by GSA, DoD, and other Federal agencies to provide facilities, equipment, resources and support programs for the implementation of the plan.

Figure 3-9 ERFs by Functional Responsibilities

III. SYSTEM DESCRIPTION

B. AUTHORITIES

4. Mass Immigration Emergency Plan (Continued)

Support agencies are also identified in the Plan to assist the primary agencies in preparing and maintaining the Plan, developing national and regional operating procedures, and providing support for ERF operations. Each support agency level will:

- Designate an official to serve as a representative to the IERG and staff to serve on the EST or ERT;
- Designate an official at the headquarters level to be the point-of-contact for all actions relating to the Plan; and
- Participate in the processes of developing, exercising, reviewing, maintaining and implementing the Plan.

HHS is identified as providing the following support to other ERFs:

- ERF#1, Intelligence and Warning. Support involves providing information on public health threats which may be involved in mass immigration activities;
- ERF#3, Apprehension and Processing. Support involves providing medical triage for the purpose of screening arriving aliens to identify those requiring emergency medical treatment of life-threatening or severe physical injuries or contagion, and identify those needing transport for acute medical service. When medically necessary, HHS arranges for medical isolation during staging operations;
- ERF#4, Transportation. Support involves providing for or arranging medical transportation escorts, when medically needed;
- ERF#5, Detention and Mass Care. Support involves providing medical care to aliens detained in detention centers; and
- ERF#9, Information and Planning. Support involves participating in the development, exercise, and periodic review of the Immigration Emergency Plan.

III. SYSTEM DESCRIPTION

B. AUTHORITIES

4. Mass Immigration Emergency Plan (Continued)

Agency Responsible	ERF #1 Intelligence and Warning	ERF #2 Interdiction	ERF #3 Apprehension and Processing	ERF #4 Transportation	ERF #5 Detention and Mass Care	ERF #6 Medical Care & Public Health Screening	ERF #7 Refugee Resettlement	ERF #8 Prosecution and Civil Sanctions	ERF #9 Information and Planning	ERF #10 Resources and Support
Immigration and Naturalization Services (INS)	P	P	P	P	P	S	P	P	P	S
Dept of Agriculture (USDA)	S		S		S		S	S		
Dept of Defense (DoD)	S	S		S	S	S				S
Dept of Health & Human Services (HHS)	S		S	S	S	P	P			
Dept of State (DOS)	S	S	S				S			
Dept of Transportation (DOT)	S	P		S				S		
Dept of Treasury (TREAS)	S	P	S					S		
El Paso Intelligence Center	S		S					S		
Intelligence Community	S									
National Security Council (NSC)	S									
National Weather Service	S									
State Governor	S	S	S	S	S	S	S	S	S	S
Coast Guard		P								
Customs Service		P								
Executive Office for Immigration Review			P			S				
Bureau of Prisons				S	S					
Community Relations Service (CRS)				S	P	S	P			
General Services Administration (GSA)				S	S	S				P
Marshals Service				S	S			S		
Dept of Labor (DOL)					S		S			
Office of Refugee Resettlement							P			
United States Attorney								P		
Drug Enforcement Administration (DEA)								S		
Environmental Protection Agency (EPA)								S		
Office of Immigration Litigation										S
Federal Bureau of Investigation (FBI)								S		
Federal Emergency Management Agency (FEMA)										S

P = Primary Agency

S = Support

Figure 3-10 ERF Primary and Support Responsibilities

III. SYSTEM DESCRIPTION

B. AUTHORITIES

5. **Memorandum of Understanding (MOU) Between Health and Human Services (HHS) and the Department of Defense (DoD)**

The purpose of this MOU is to establish a contingency planning relationship between the HHS and the DoD for the mobilization and employment of HHS Commissioned Corps Officers in DoD health care activities.

Commissioned Corps Officers are a readily available resource to augment DoD Continental United States (CONUS) health care activities and, on a limited basis, other activities during a national emergency. In an emergency involving the national defense, the DoD may experience serious shortages of health care specialists to meet projected wartime requirements in response to a major conventional war overseas. This MOU provides a means for DoD to task the HHS to provide health care specialists to alleviate this shortfall.

When the U.S. Attorney General activates the Immigration Emergency Plan, the OEP EOC is activated to coordinate any HHS health and medical resources required. If HHS health and medical resources are required, an MST will be assigned to manage these resources unless they are assigned to work directly for State or local Incident Management Teams after consultation and concurrence with the RHA and CFO.

Under this MOU, the HHS has agreed to:

- Develop and promulgate policy regarding the mobilization and employment of HHS Commissioned Corps Officers including the recall of retirees to be transferred to the DoD after the HHS meets its mandated responsibilities;
- Detail one Commissioned Corps Officer of appropriate senior rank to the JRMPOs to coordinate HHS matters in this MOU;
- Prepare a general plan, including the time-phased availability of HHS Commissioned Corps Officers, for the mobilization and employment of Commissioned Corps Officers in DoD activities during a national emergency;

III. SYSTEM DESCRIPTION

B. AUTHORITIES

5. Memorandum of Understanding (MOU) Between Health and Human Services (HHS) and the Department of Defense (DoD) (Continued)

Ensure that definitive plans are prepared as required at subordinate levels to implement the general plan; and
Plan for the programming and budgeting of resources as required to execute initiatives that might be developed in the general and definitive plans.

6. Own Authorities

HHS may respond with HHS health and medical resources in situations not involving a Presidential declaration, under authority provided by the Public Health Services Act. This Act provides HHS the authority to enter into agreements with other Federal agencies that have legal responsibilities to respond and assist State and local governments to alleviate human suffering during times of emergencies. If the response requires the need for Federal health and medical assistance, HHS may enter into agreements to provide assistance under the provisions of this Act.

7. International Medical Assistance Team (IMAT)

At the request of Department of State and other designated Federal agencies, OEP will deploy an MST and International Medical Assistance Team (IMAT) to provide short duration medical augmentation to Federal agencies responding to disaster, humanitarian, and emergency incidents involving U.S. citizens overseas.

III. SYSTEM DESCRIPTION

B. AUTHORITIES

7. International Medical Assistance Team (IMAT)

The IMAT consists of personnel from the Massachusetts DMAT. Their task is to provide health service support operations for a short duration. The areas of operations include operational, administrative, and logistical support and health service support operations. The team must be prepared to operate in austere conditions and be self-sufficient for 72 hours. The responsibilities of the IMAT include:

- Establish a medical treatment facility upon arrival to the incident site. This site may be within a host nation fixed facility, a U.S. military medical treatment facility or in field operating conditions; and
- Provide health service support to injured U.S. citizens.

The MST responsibilities are to provide administrative, operational and logistical support for IMAT personnel.

C. INTERAGENCY INTEGRATION

1. The Federal Response Plan (FRP)

a. *Emergency Support Function #8 (ESF#8)*

The damage and destruction of a significant disaster will produce urgent needs for a health and medical response. It is based on these needs that ESF#8 was created within the FRP.

As a signatory to the FRP, HHS participates on interagency teams identified in the FRP to facilitate the delivery of Federal assets to the disaster site. These teams are the EST (national), ROST (regional), and ERT (Disaster site). Each of these teams has a specific responsibility in managing the coordinated Federal response to the disaster and has numerous similarities in their organizational structure. They are organized using the general precepts of the National Interagency Incident Management System (NIIMS) Incident Command System (ICS), referred to in this manual as ICS.

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

a. Emergency Support Function #8 (ESF#8) (Continued)

The Director, as action agent for ESF#8, is the designated national ESF#8 leader. The Director, authorizes qualified HHS personnel to use the ESF#8 leader designator when these personnel are representing the HHS on Stafford Act responses while performing leader duties on the management and support teams such as EST, ROC, ERT-A and ERT.

Responsibility for providing Federal health and medical assistance under ESF#8 is HHS through its Executive Agent, the ASH. HHS is the primary agency identified in the FRP to direct the provision of United States Government provided health and medical assistance to fulfill the requirements identified by the affected State/local authorities having jurisdiction. The responsibilities of ESF#8 include:

- Providing leadership in directing, coordinating, and integrating the overall Federal efforts to provide medical and public health assistance to the affected area;
- Providing oversight for the activation of health and medical resources, and the staffing of the OEP/EOC as necessary to support the emergency response operations;
- Coordinating the evacuation of patients from the disaster area when evacuation is deemed appropriate by State authorities; and
- Providing human services assistance under the direction of the HHS Regional Director to ESF#8 and other ESFs as necessary.

In accordance with assignment of responsibilities in ESF#8 and further tasking by HHS, each agency designated in the FRP to provide support to ESF#8 will contribute to the overall response but will retain management control over its own resources and personnel.

ESF#8 will be implemented upon the appropriate State-level request for assistance following the occurrence of a major disaster or emergency and determination has been made that a Federal response is warranted.

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

b. Emergency Support Team (EST)

Following a disaster or major emergency declaration by the President, FEMA convenes an interagency EST consisting of representatives of the 11 ESFs under the FRP. The EST convenes at FEMA Headquarters in Washington, D.C.

OEP is responsible for staffing EST ESF#8 positions. The purpose of ESF#8 representation on the EST is to coordinate assistance to supplement State and local resources in response to public health and medical care needs following a disaster or emergency. The EST ESF#8 representative receives a mission assignment from FEMA for health and medical response to the disaster. The EST ESF#8 representative coordinates the particulars of the mission assignment with the OEP/EOC. If the mission assignment requires activation and deployment of NDMS or other ESF#8 assets, the OEP/EOC requests and coordinates actions to make asset(s) available, arranges transportation, and tracks their status while in transit to the disaster scene. OEP/EOC keeps the EST ESF#8 informed of response actions taken to meet the requirements of the mission assignment. The EST ESF#8 representative, in turn, keeps FEMA informed through participation in EST strategy meetings and submission of SITREPs. Figure 3-11 displays the EST organization.

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

b. Emergency Support Team (EST) (Continued)

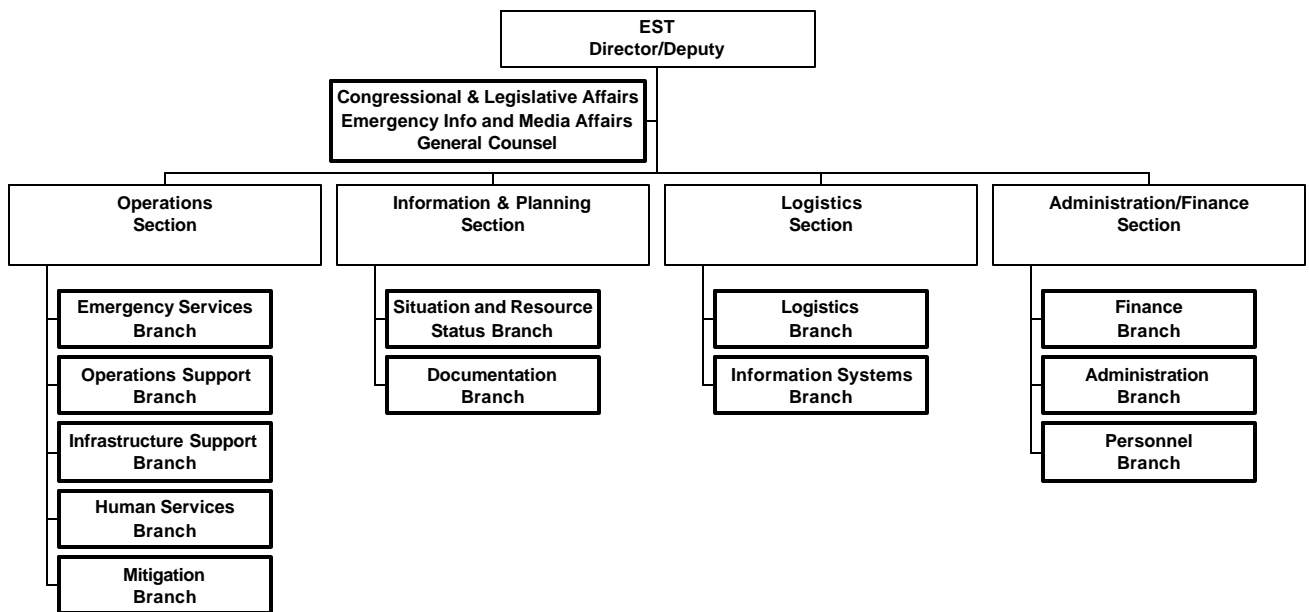


Figure 3-11 EST Organization

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

b. Emergency Support Team (EST) (Continued)

The main objective of the EST ESF#8 is to support the ERT ESF#8 operations at the disaster site. This is accomplished by:

- Providing interagency resource coordination support to the ERT ESF#8;
- Serving as the central source of information at EST regarding the status of HHS health and medical response resources;
- Coordinates with OEP/EOC the acquisition of resources to support ESF#8 field operations in conjunction with field units;
- Coordinates with OEP/EOC in determining the allocation of resources for health and medical response and recovery activities if occurring in multiple States or multiple regions;
- Monitoring situations that could lead to disasters, such as off shore hurricanes; and
- Supporting the ERT ESF#8 in resolving issues that are determined to be more appropriately managed at the EST.

The EST supports the Federal response in the field as described in the FRP by managing critical resources. The EST is not a command center even though it is located in Washington, DC; disasters are managed from the field. The EST can provide management oversight by determining the allocation of scarce response resources when multiple disasters or emergencies are occurring simultaneously.

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

b. Emergency Support Team (EST) (Continued)

The EST has three operational levels:

TYPE 3 – MINIMAL requires only the FEMA Information and Planning Section to monitor the potential disaster and issue preliminary information. ESF#8 is not activated at this level, but will probably receive advisories from the FEMA Information and Planning Section on potential need for health and medical services;

TYPE 2 – MID-LEVEL usually occurs during small-scale disaster events or emergencies. Some ESFs are activated during this level depending on the type of disaster event. ESF#8 activation would be disaster dependent; and

TYPE 1 – FULL EST includes all ESFs and Sections. A full EST has about 85 people. ESF#8 would definitely be activated at this level.

When activated, ESF#8 EST Leader reports to the EICC at FEMA HQ and is assigned to the Emergency Services Branch, Operations Section of the EST organization. The ESF#8 Leader reports to the Emergency Services Branch Director. See Figure 3-12 for EST Operations Section organizational structure.

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

b. Emergency Support Team (EST) (Continued)

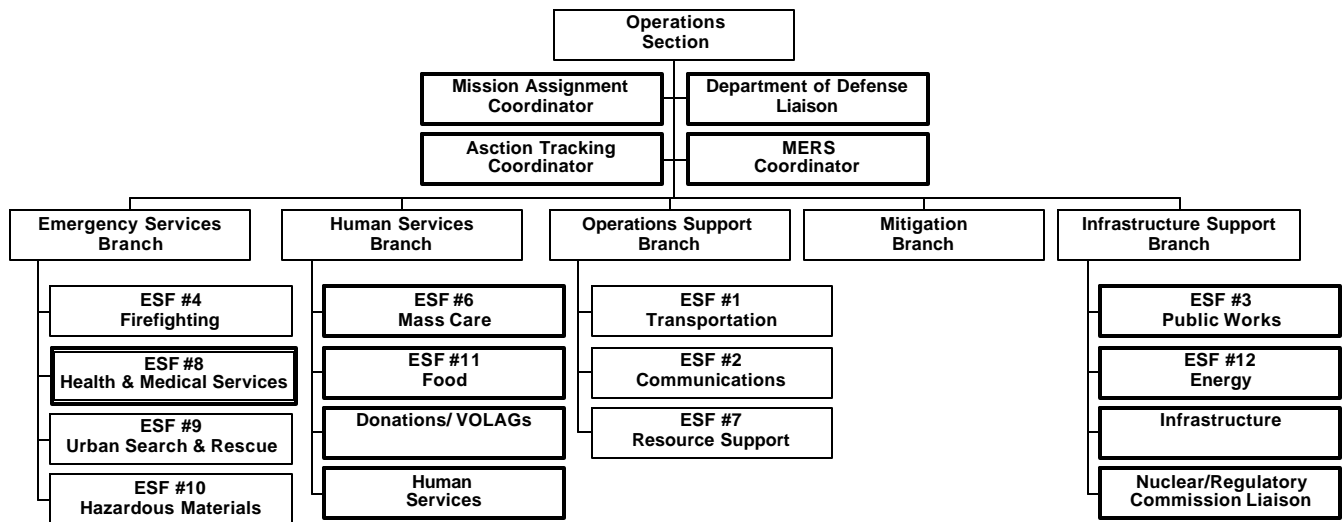


Figure 3-12 EST Operations Section

The Operations Section is the part of the EST where disaster operations are reviewed, and tactical strategies to deal with the operation are devised. The EST supports the field, therefore, the EST Operations Section takes on the most active role in the early hours of a disaster response working with the ROC to assist in determining the resources to be sent. The EST then supports deployment of those resources and supports the ERT until it is operational. If there are multiple States involved, the EST may be supporting multiple ROCs and ERTs. In a multiple State situation where critical resources are scarce, the EST is also in the position of recommending the allocation of scarce resources to the CDRG. The EST ESF#8 Team Leader could likely be involved in coordinating the delivery of HHS health and medical response resources to multiple disasters, or multiple ERTs.

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

b. Emergency Support Team (EST) (Continued)

The Emergency Services Branch of the Operations Section is responsible for detecting and suppressing fires; locating, extricating, and providing initial medical treatment to victims trapped in collapsed structures. This Section also provides assistance for public health and medical care needs; and supporting Federal response to actual or potential releases of oil and hazardous materials. The ESFs that make up this Branch include: ESF#4 Firefighting, ESF#9 Urban Search and Rescue, ESF#10 Hazardous Materials, and ESF#8 Health and Medical Services.

Each participant on the EST is pre-assigned a workstation that has a computer, phone, identifying sign, file cabinet, and toolbox for desk supplies. The Operations Section is located in Area B of the EICC.

9A	9B	8B		Security	DOD	Per	Per-A	Safety
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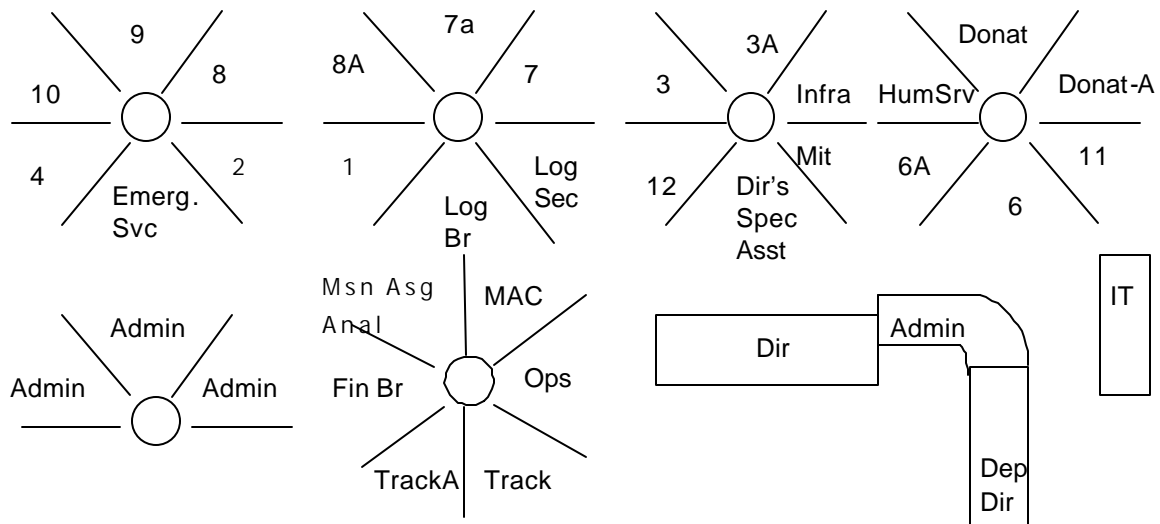


Figure 3-13 EST ESF#8 Work Station

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

b. Emergency Support Team (EST) (Continued)

The EST ESF#8 organization is comprised of an EST ESF#8 Leader and a Deputy EST ESF#8 Leader. Normally, the EST operates on a 12-hour schedule beginning 0700 and ending at 1700. During catastrophic disaster events, the EST Director may require 24-hour staffing. If this occurs, it will require a duplication of the EST ESF#8 organization to accommodate 2 12-hour staffing cycles. The 24-hour staffing pattern would generally not be needed once the DFO becomes operational.

The EST is deactivated when the national level response and recovery can be managed by the ERT located at/near the disaster site. ESF#8 responsibilities at the national level do not cease when the EST is deactivated. These responsibilities continue to be managed and coordinated from the OEP/EOC.

The EST ESF#8 Leader, while operating on the EST, is representing the National ESF#8 Leader. The EST ESF#8 Leader is in constant contact with OEP/EOC and HHS management personnel at the Headquarters office. The primary duty of the ESF#8 Leader is to provide liaison between HHS and the Federal response effort for the delivery of HHS health and medical response resources to the disaster. The EST ESF#8 Leader will receive requests for these services through issuance of a mission assignment for work above and beyond their normal authorities. Work that normally falls within HHS authority is expected to be completed at HHS initiative. A mission assignment is a work order issued by FEMA to another Federal agency directing completion of a specific task in anticipation of, or response to, a Presidential declaration of a major disaster or emergency.

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

c. *Regional Operations Support Team (ROST)*

Normally the EST and the ROST are activated simultaneously. Whereas the EST reports to and works from FEMA Headquarters, the ROST reports to and works from the affected FEMA regional office. The ROST consists of a core of FEMA personnel with regional Federal agency representatives for each of the ESFs.

When the ROST is activated and becomes operational it is referred to as the ROC. The ROC's function is to coordinate and facilitate the regional Federal response to disasters and emergencies until the ERT is fully established in the field. The ROC supports the deployment of the ERT-A and the establishment of the DFO. The ROC will remain open until the FEMA Regional Director determines it no longer has a role.

The number of regional ESF#8 staff deployed to the ROC will be determined by the RHA based on the nature of the disaster or emergency and consistent with the availability of space. In a significant disaster, it is expected that a minimum of 2 ESF#8 representatives will deploy to the ROC within 2 hours after notification.

Individuals at the ROC representing ESF#8 should have extensive knowledge of the ESF#8 resources and capabilities. The ESF#8 representatives should understand their respective authority for committing such ESF#8 resources during activation; this is extremely important since they will be the ESF#8 representative until the full ERT is established.

The ROC organizational structure is much smaller than that of the EST or the ERT. The organization of the ROC is broken down into 3 structural components: Administration and Logistics; Information and Planning; and Response Operations. ESF#8 is assigned to the Response Operations Section that is staffed by representatives from each of the primary ESFs. If a significant disaster occurs, ESF#8 would be required to provide sufficient staff for a 24-hour operational period. See Figure 3-14, ROC Organization.

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

c. *Regional Operations Support Team (ROST) (Continued)*

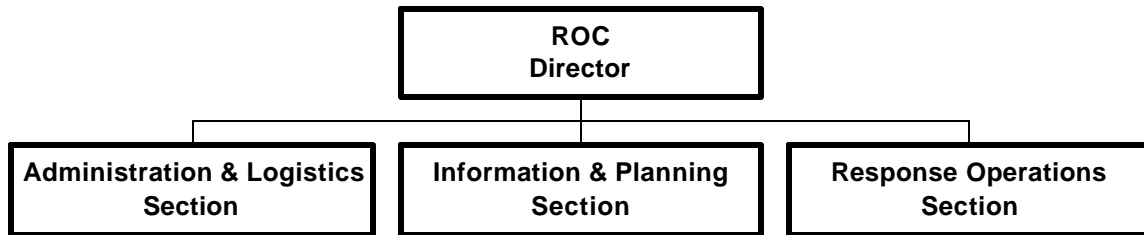


Figure 3-14 ROC Organization

d. *Emergency Response Team (ERT)*

The regional-level response structure is comprised of the ERT. The ERT organization mirrors that of the EST. However, when the ERT transitions into a FEMA DFO, the ERT organization is expanded to include additional Sections, Branch Chief levels, and Officer positions, dependent on the size of the disaster. This is required to facilitate the on-the-ground delivery of response and recovery activities including health and medical services to the affected population.

The RHA is responsible for staffing the ERT ESF#8 Team Leader position and the required support staff. In this capacity, the ESF#8 Team Leader represents RHA in its dealings with the FCO and maintains liaison with the FCO, the appropriate State/local health and medical officials, EST ESF#8, OEP/EOC, CFO, and the RHA. Normally the ERT ESF#8 Team Leader is the Region's Emergency Coordinator who has established the personal contacts and is familiar with State response procedures through the actions described in the pre-disaster planning responsibilities above.

The ERT is the interagency group that provides administrative, logistical, and operational support to the regional response activities in the field. It is activated within hours of the activation of the ROST.

Once the ERT is activated, it develops into a full ERT in 2 distinct phases. ERT-A and full ERT.

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

i. Emergency Response Team - Advanced Element (ERT-A)

The ERT-A is a small Federal interagency group led by FEMA that will be rapidly deployed to coordinate directly with the affected State at the SEOC. State government officials exercise direction and control in a disaster or emergency from the SEOC.

The ESF#8 component of the ERT-A will be the liaison to the State and local health/medical officials deployed to the SEOC and they will provide initial direct contact with their State counterparts. The ERT-A ESF#8 will make every effort not to interfere or impede the State operation. State and local governments have primary responsibility for response, and the ERT-A ESF#8 is there in a support or assistance role. They will identify specific health/medical requirements and relay this to their representative in the ROC. They may also perform assessment with the State to assess health and medical needs and if the State and local governments have the capability of effectively responding with health and medical assets in a timely manner to save lives.

ERT-A team size varies, depending on the nature of the event; it will be headed by a team leader from FEMA and composed of representatives from the ESF primary agencies. Figure 3-15 shows the organization of a typical ERT-A. ESF#8 is assigned to the Operations Group.

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

- i. *Emergency Response Team - Advanced Element (ERT-A)*
(Continued)

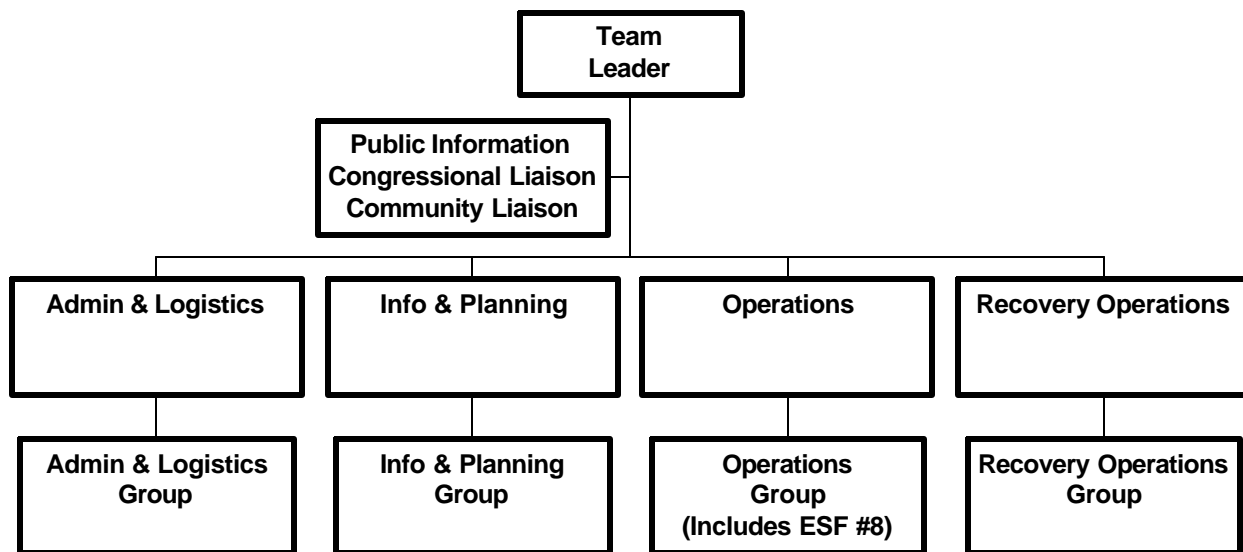


Figure 3-15 STRUCTURE OF THE ERT – A

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

*i. Emergency Response Team - Advanced Element (ERT-A)
(Continued)*

In an actual large-scale disaster, the ERT-A will be organized into 2 units. One unit will join the State staff at the SEOC to initiate joint operation, and the other unit will deploy to the designated DFO site to begin setting up that facility to receive Federal and State staff. The FEMA Regional Director, or FCO when appointed, will select the DFO site based on recommendations from ERT-A. Once established, the DFO will support the FCO, State Coordinating Official (SCO), and the Federal and State response personnel configured in the ESF structure comprising the ERT. When the DFO opens, those members of the ERT-A who have joined State staff at the SEOC will re-deploy with them to the DFO and become part of the full ERT. ESF#8 ERT-A representative is a member of the group initially deployed to the SEOC and would then re-deploy to the DFO. The duties of the ERT ESF#8 representative are to continue coordination of the Federal health and medical response initiated by the ROST ESF#8 representative. The DFO may initially operate 24 hours a day or with a schedule sufficient to sustain the Federal response operation. In at least one State, California, has a more formalized and complex response structure in place which may require staffing of additional locations.

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

ii. Emergency Response Team, Full ERT (ERT)

Once the DFO becomes operational the RHA designates an ESF#8 Leader to represent HHS on the ERT. Normally the ERT-A ESF#8 representative and the ERT ESF#8 representative are the same individual. Once established, the ERT ESF#8 organization assumes the coordination responsibilities of the Federal health and medical response effort in the impacted area from the ROC ESF#8 representative, the EST ESF#8, and the RCG. Within the DFO, ESF#8 utilizes an ICS based organizational structure with Operation, Logistics, Administration, and Planning/Recovery management sections. Numbers of personnel within these sections will be increased or decreased depending on the magnitude of the disaster. The ERT will be staffed by augmenting rather than replacing the ERT-A. This structure allows ESF#8 to manage critical information, provide necessary reports, and identify response needs. By utilizing Federal support agencies and HHS resources, ERT ESF#8 develops response strategies through development of tasking documents, institutes a fiscal tracking system, coordinates beginning recovery operations with external recovery efforts and maintains interface/collaboration with the MST and field operations. See Figure 3-16 for DFO ERT ESF#8 organization chart.

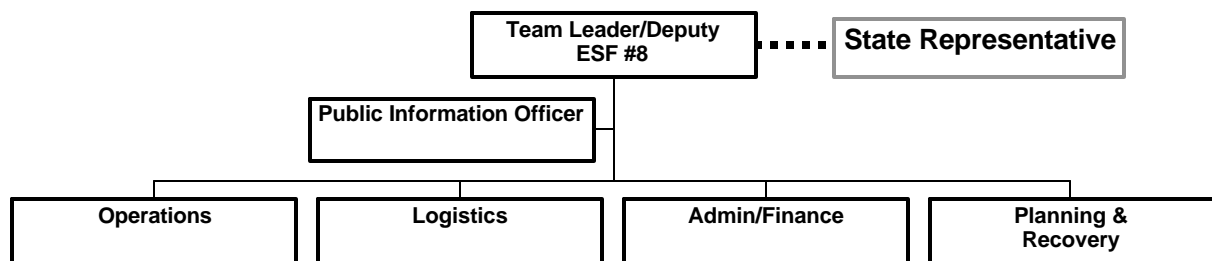


Figure 3-16 DFO - ESF#8 ERT ORGANIZATION CHART

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

ii. Emergency Response Team, Full ERT (ERT) (Continued)

The ERT ESF#8 Leader continues to maintain responsibility for communication links with State and local health officials to determine Federal health and medical resources required by the State. Assisting State health officials in defining response strategies, the type and extent of Federal resources, negotiating the tasking document through the DFO for FCO sign-off, and assuring that field operations are conducted consistent with State requests are the primary functions of the DFO ESF#8 Team Leader.

When the Stafford Act is implemented, the national ESF#8 Leader alerts national ESF # 8 team representatives to be on "standby" to deploy to the disaster area. The national ESF#8 team is comprised of personnel from HHS and supporting HHS agencies that are identified as qualified to perform the required duties of positions in the ERT ESF#8 organization structure. The national ESF#8 Leader may choose to deploy only the advanced element of the national ESF#8 Team. This advanced element consists of 3-5 HHS personnel who are sent to the affected HHS region to assist the RHA in determining the short and long-term health and medical requirements resulting from the disaster or emergency. If the affected HHS region cannot provide the required staffing on the ERT ESF#8 to meet the health and medical requirements of the disaster, additional personnel would be assigned by the national ESF#8 Leader to augment the Advanced Element of the national ESF#8 Team.

The national ESF#8 Leader, in consultation with the affected HHS regional RHA, appoints a CFO who is responsible for providing command and control of the HHS health and medical on-the-ground response assets. The CFO receives FEMA mission assignment(s) and subsequent taskings from the ERT ESF#8 Leader in the DFO. Command and control of HHS health and medical response resources is provided by the CFO through the MST organization. The CFO reports directly to the RHA.

III. SYSTEM DESCRIPTION

C. INTERAGENCY INTEGRATION

2. Other Agencies

Other agencies have similar structures as delineated in the Stafford Act and the FRP. During non-Stafford Act responses, the initiating organization has the responsibility to provide an overview of their response organization to HHS response management.

Figure 3-17 displays the organizational structures identified in this unit, and the facilities and their locations from which these organizations operate from.

Organization	Facility/Location
OEP/EOC	OEP Headquarters, Rockville, MD
RCC	HHS Regional Office(s)
RCG	Regional Coordination Center, HHS Regional Office(s)
MST	Incident facility or Base of Operations
HHS Response Teams (i.e. DMAT, DMORT, NMRT/WMD, VMAT, etc)	On-site, Base of Operations
EST	Emergency Information and Coordination Center, FEMA Headquarters, Washington, DC.
ROST	FEMA Regional Operations Center, FEMA Regional Office(s)
ERT-A	State EOC(s)
ERT	Disaster Field Office(s)
SIOC HHS Liaison	Strategic Information Operations Center

Figure 3-17 Organizations and their Facilities