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Regardless of the specific cause or location of a major disaster or emergency, various health, medical, and human services activities need to be carried out to assist State and local resources. This section provides an overview of how HHS health and medical response resources are activated under various legal authorities, management structures involved in the HHS response, and a description of the NDMS system. A more detailed description of the organizational structures and the authorities under which they operate can be found in Unit III - System Description.

HHS may also activate health and medical resources in support of national interest events. National interest events such as political conventions, State of the Union Address, Presidential Inauguration, etc. occur periodically. Activation of health and medical resources for events generally involves pre-planned activities to address contingency planning for a potential emergency should a specific crises occur such as a terrorist act.

A. ACTIVATING HHS HEALTH AND MEDICAL RESPONSE RESOURCES

HHS health and medical response resources may be activated in the following ways:

1. Stafford Act

In the event of a disaster, the Governor of an affected State may request Federal assistance under the authority of the Stafford Act. A Presidential declaration then triggers a series of Federal responses coordinated by FEMA using the guidelines outlined in the FRP. HHS, a signatory to the FRP, provides emergency health and medical assistance under Emergency Support Function #8 - Health and Medical (ESF#8). This ESF#8 designation for health and medical assistance is only used when HHS response assets are activated under the authorities within the Stafford Act.

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A. ACTIVATING HHS HEALTH AND MEDICAL RESPONSE RESOURCES

2. Public Health Services Act and Aviation Disaster Family Assistance Act

The Public Health Services Act and Aviation Disaster Family Assistance Act authorize the ASH to activate HHS emergency response assets upon the request of a State Health Officer for localized emergencies not involving a Presidential declaration. These Acts also authorizes HHS to enter into response agreements with other Federal agencies to provide health and medical services for incidents where health and medical services are required to mitigate adverse health effects on an impacted segment of the population. Currently, HHS has entered into such agreements with the NTSB for response to transportation accidents, Federal Bureau of Investigation (FBI) for response to acts of terrorism, and the Immigration and Nationalization Service (INS) for medical support involving large influxes of refugees.

3. Immigration and Nationality Act (INA)

The Immigration and Nationality Act (INA) establishes authority and procedures for controlling immigration to the United States. The Act charges the Attorney General with the administration and enforcement of all laws relating to immigration and naturalization of aliens.

Under the provisions of the INA, the Mass Immigration Emergency Plan was developed that establishes the basis for actions by several Federal agencies to respond to massive illegal immigration to the United States.

As a signatory to the Mass Immigration Emergency Plan, HHS has agreed to carry out their assigned functional responsibilities identified in the plan. HHS has the responsibility to provide for the coordination of medical care and public health screening operations of detained aliens and to coordinate with State and local agencies to assist refugees to resettle in the United States.

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A. ACTIVATING HHS HEALTH AND MEDICAL RESPONSE RESOURCES

4. Presidential Decision Directive 39 (PDD-39)

Through Presidential Decision Directive 39 (PDD-39), most of which is classified, HHS and FBI have developed the Health and Medical Services Support Plan for the Federal Response to Acts of Chemical/Biological (C/B) Terrorism. When a credible threat of a terrorist act exists, the FBI may request health and medical resources. OEP will send a representative to the Strategic Information Operations Center (SIOC) where national-level crisis management response will be coordinated. OEP also activates the OEP/EOC to implement the deployment and coordination of health and medical resources, if needed. The OEP/EOC assigns a liaison to the SIOC to represent HHS at FBI planning meetings. The OEP/EOC becomes a single point of contact for all health and medical resource allocations and deployments at the national level.

5. Memorandum of Understanding (MOU) with the Department of Defense (DoD)

Through the MOU with DoD, HHS will mobilize and employ qualified health care professionals that comprise the Commissioned Regular Corps of Commissioned Corps Officers. These Commissioned Corps Officers would be activated in time of war, or upon a Presidential declaration of a national emergency. They would be used to augment military health care personnel in the continental United States when military health personnel are deployed to overseas theaters to care for military casualties.

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A. ACTIVATING HHS HEALTH AND MEDICAL RESPONSE RESOURCES

6. Individual States

Individual states may activate health and medical teams that are participants in NDMS under the following emergency conditions.

State Activation - States may choose to activate a health and medical team which participates in NDMS to augment local resources responding to an emergency event;

State Mutual Aid – States may request health and medical teams from another State when either their own resources are overwhelmed and/or they do not have the particular type of resource available in a nearby jurisdiction; or

State through HHS Region – The State may request Federal health and medical resources when an emergency event has occurred which is beyond their ability to adequately respond. An example of such an event might be the New Mexico Avian Flu where a number of people within a community started dying under mysterious circumstances. The State requested HHS resources through the HHS region.

Figure 2-1 displays the basic HHS emergency management structure for all health and medical emergency responses. This basic organization is expanded to include positions and response elements required to meet HHS responsibilities, relative to the authority under which HHS is responding.

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A. ACTIVATING HHS HEALTH AND MEDICAL RESPONSE RESOURCES

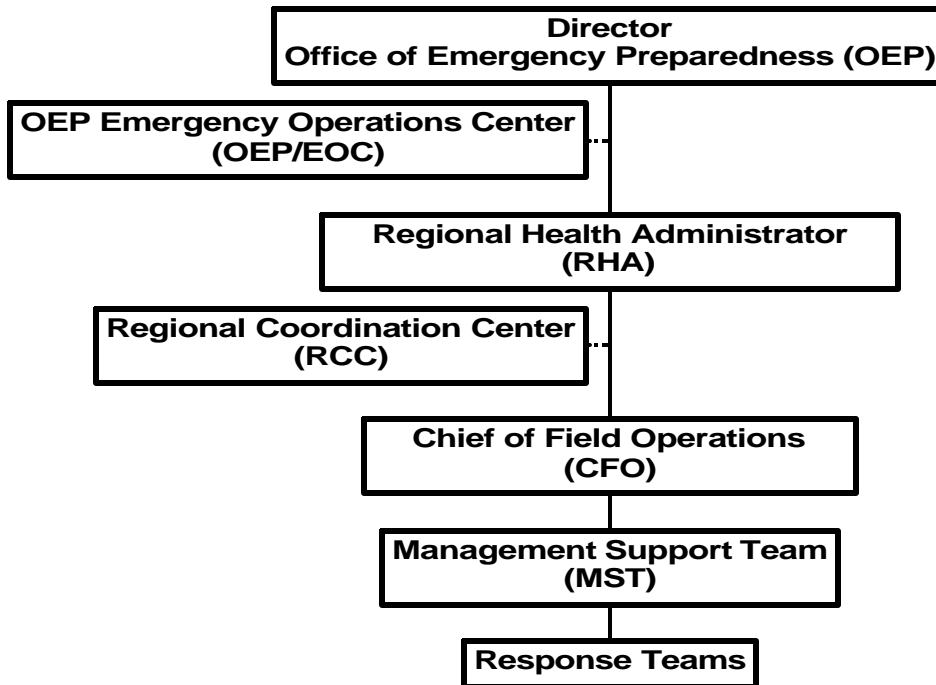


Figure 2-1 HHS Emergency Management System

II. SYSTEM OVERVIEW

B. HEALTH AND HUMAN SERVICES (HHS) MANAGEMENT STRUCTURES

1. Emergency Operations/Coordination Centers

When a disaster or emergency occurs, or is anticipated to occur, the OEP/EOC is activated at the national level and a RCC is activated at the regional level.

a. *Office of Emergency Preparedness, Emergency Operations Center (OEP/EOC)*

The OEP/EOC is activated by the Director of OEP and is located in the OEP Headquarters (HQ) in Rockville, MD. OEP staffs and manages the OEP/EOC that provides liaison between the Federal Government offices and appropriate regional officials in the response structure at the disaster scene. This is necessary for the coordination of Federal health and medical assistance to meet the requirements of the situation. When multiple disaster facilities are operational on a disaster, or multiple disasters are occurring, the OEP/EOC must determine when HHS response assets are nearly exhausted. This information is elevated to OEP management who must determine the allocation of any scarce HHS resources.

The OEP/EOC is activated under two conditions:

Whenever a major natural or technological disaster is imminent, or has occurred, and the event may result in the provision of Federal assistance under the Federal Response Plan (FRP), or;

By HHS directive during situations that may require a coordinated departmental response. These situations are generally in response to emergencies that occur outside the purview of the FRP. They include the response agreements with FBI, NTSB, DoD, and INS.

The primary responsibility of the OEP/EOC is to be an information conduit between OEP policy elements and on-site response units for the coordination and facilitation of Federal HHS activities. The OEP/EOC is also the primary source of public health and medical response information for all disasters or emergencies where HHS is engaged. Figure 2-2 displays the OEP/EOC organizational structure.

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B. HEALTH AND HUMAN SERVICES (HHS) MANAGEMENT STRUCTURES

a. *Office of Emergency Preparedness, Emergency Operations Center (OEP/EOC) (Continued)*

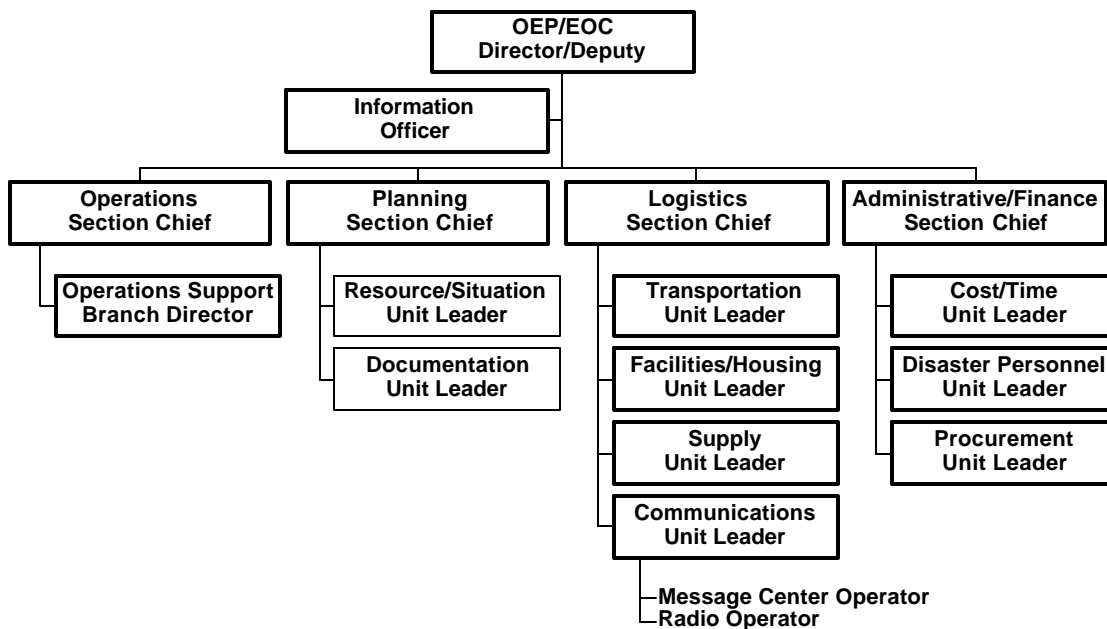


Figure 2-2 OEP/EOC Organization

The primary Joint Information Center (JIC) established in support of the FRP, releases authorized general medical and public health response information to the public. Other JICs may also release general medical and public health response information at the discretion of the Federal Coordination Officer's Emergency Information and Media Affairs Officer (EIMAO).

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B. HEALTH AND HUMAN SERVICES (HHS) MANAGEMENT STRUCTURES

b. Regional Coordinating Group (RCG)

At the regional level the RHA determines the need to activate the RCG. The RCG is made up of members of the regional staff who have knowledge of the HHS emergency response policies and procedures. If activated, the RHA also determines the level of staffing required to carry out the functions of the RCG. The primary responsibility of the RCG is to advise the RHA on HHS regional response needs and policy issues. The RCG also maintains status on initial HHS response assets. The RCG operates from a RCC, which is normally located within the HHS regional office. The RCC differs from the OEP/EOC in that the RCC's major activity occurs during the early stages of the HHS response.

During Stafford Act responses, the RCC is the primary site from which the RHA directs and coordinates regional ESF#8 operations. The RCG provides liaison with Emergency Support Team (EST) ESF#8, OEP/EOC, FEMA, supporting regional agencies, Advanced Element Emergency Response Team (ERT-A), ROC and State Emergency Operations Centers (SEOC) involved in the ESF#8 response.

Once the Emergency Response Team (ERT) is established and operational in the Disaster Field Office (DFO), and the CFO is established in the field, coordination responsibilities of the RCG are transferred to ERT ESF#8. On-the-ground management of HHS response assets then becomes the responsibility of the CFO. On non-Stafford Act responses, the RCG may continue to be active as long as HHS assets are deployed. The OEP/EOC would remain operational throughout the duration of emergency responses, or until the Director, OEP deems it unnecessary to remain operational.

Once the ERT is operational and HHS assets are in the field, the RHA has the continuing responsibility to provide direction and management of the overall regional health and medical response. This is accomplished by ongoing communications with ERT ESF#8, CFO, OEP/EOC, or others RHA identifies. Periodic field visits by the RHA to HHS facilities and organizational elements to personally assess the progress and/or issues that may be impeding the delivery of health and medical services to the affected population also aid the RHA in making management decisions.

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B. HEALTH AND HUMAN SERVICES (HHS) MANAGEMENT STRUCTURES

2. Management Support Team (MST)

The MST is the management unit that provides field command and control in a disaster for deployed Federal medical assets. The MST provides action planning, logistics, administrative, and operational support to the field response teams. The MST is activated whenever HHS response teams are requested by the affected State or controlling agency. Position descriptions for the MST, checklists, and on-site operational procedures are described in a separate manual titled, Management Support Team Operational System Description. Figure 2-3 displays the MST organization.

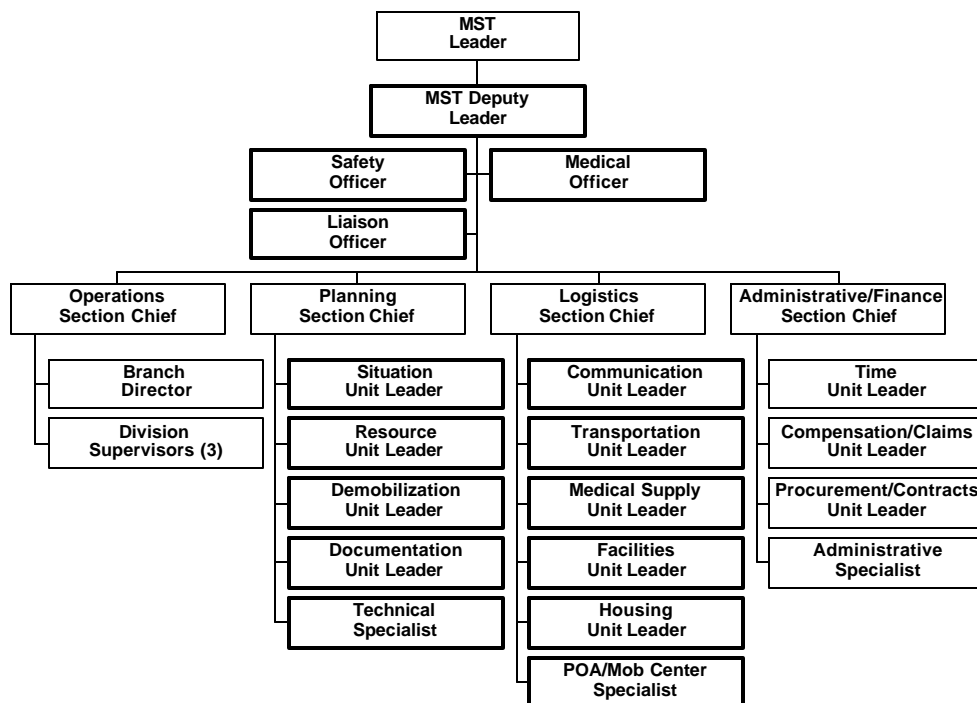


Figure 2-3 MST Organization

II. SYSTEM OVERVIEW

B. HEALTH AND HUMAN SERVICES (HHS) MANAGEMENT STRUCTURES

2. Management Support Team (MST) (Continued)

OEP will appoint the MST Leader and provide a written mission order/assignment. OEP will select team members from a list of qualified specialists as identified in OEP's resource database. The severity of the disaster will dictate the level of MST staffing required. A MST will most likely be activated on all disasters or emergency HHS responses where HHS on-the-ground response assets are used. Not all disasters will require a full MST organization.

C. NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

Included in HHS response capability is the ability to activate the NDMS medical response elements. Once activated by the ASH, OEP can deploy NDMS health and medical response assets to disasters to meet State requests for this assistance.

NDMS is a cooperative effort of several Federal departments and agencies joining with public and private organizations, individuals, and health care institutions that can provide, in addition to emergency medical treatment, casualty evacuation, and the delivery of definitive hospital care for victims of catastrophic, natural and man-made disasters. Briefly described below are the three major NDMS system components:

Medical response, under the lead of HHS, to a disaster area in the form of a MST, HHS health and medical response teams and medical supplies and equipment;

Evacuation of patients, under the lead of DoD, that cannot be cared for locally to designated locations throughout the United States; and

Hospitalization of evacuated patients, under the lead of VA and DoD, in a nationwide, voluntary network of non-Federal NDMS participating medical facilities.

At the national level NDMS is a partnership of HHS, VA, DoD and FEMA and is defined in a MOU executed between the four departments and agencies. With HHS functioning as the lead agency, the MOU provides for the four partners to develop overall policy, and provide for the management, planning, execution and utilization of NDMS. Although for domestic disasters NDMS can be activated by the ASH separate from activation of the FRP.

II. SYSTEM OVERVIEW

C. NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

NDMS makes up the majority of health and medical assets available for HHS disaster and emergency responses. A more detailed description of NDMS response teams can be found in the Disaster Response Teams Description Manual.

The NDMS Senior Policy Group (SPG) provides the leadership and determines overall policy and program goals for the NDMS. The SPG is chaired by the ASH, and includes the Assistant Secretary of Defense (Health Affairs), DOD; the Executive Associate Director, Response and Recovery Directorate, FEMA; and the Under Secretary for Health, VA.

NDMS may be activated under the FRP and used in a variety of national emergency events, such as earthquake, hurricane, major flooding or man-made catastrophic disasters. NDMS may also be activated in the absence of a Federally designated disaster by the ASH upon request of a State Health Officer.

NDMS comprises four principal response categories: facilities, personnel, logistic support, and system coordination. American medical facilities and personnel resources are highly decentralized, and primarily under the control of the private sector and State and local governments. Logistic support resources and coordination resources are strongly centralized, although they are divided between several large corporations and Federal agencies. NDMS has developed facilities and personnel on the basis of local "NDMS areas" centered in major metropolitan areas of the country.

As lead agent, HHS has the overall responsibility for managing the NDMS including maintaining current rosters of response teams and publication and maintenance of documents relating to all health and medical operations. Joint planning and coordination between the four Federal departments and agencies is primarily accomplished through an NDMS Directorate and Directorate Staff that are comprised of representatives from the four partner agencies. The NDMS Directorate reports to the SPG.

II. SYSTEM OVERVIEW

D. SYSTEM COMPONENTS

1. Health and Human Services (HHS) Health and Medical Response Teams

Described below are the major health and medical response teams that could be activated under the NDMS and various HHS legal authorities. Position descriptions, checklists and on-site operational procedures for each of these teams are described in a separate manual titled HHS Health and Medical Response Team Description Manual.

a. Disaster Medical Assistance Team (DMAT)

A Disaster Medical Assistance Team (DMAT) is composed of professional and paraprofessional medical personnel supported by a cadre of logistical and administrative staff. It is designed to provide emergency medical care during a disaster or other event. In mass casualty incidents, its responsibilities include triaging patients, providing austere medical care, and preparing patients for evacuation. In other situations, a DMAT may provide primary health care or augment overloaded health care staffs. When activated, DMATs work under the MST to provide the emergency medical care described above at the local level.

b. Disaster Mortuary Operational Response Team (DMORT)

Disaster Mortuary Operations Response Teams (DMORT) are composed of personnel, each with a particular field of expertise, who are activated in the event of a disaster when mortuary services are requested by the State to augment local mortuary services. When activated, DMORTs work under the MST to provide technical assistance and personnel to recover, identify, and process deceased victims at a local level.

c. Veterinary Medical Assistance Teams (VMAT)

Veterinary Medical Assistance Teams (VMAT) are composed of personnel who are certified and licensed within their field of specialty. VMATs provide assistance in assessing the extent of disruption and need for veterinary services following major disasters or emergencies. These services are generally for animal care and handling, animal sheltering and evacuation, animal inspection and disease surveillance, and hazard mitigation. When activated, VMATs work under the MST to provide the veterinary assistance described above at the local level.

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D. SYSTEM COMPONENTS

d. National Medical Response Team/Weapons of Mass Destruction (NMRT/WMD)

The National Medical Response Team/Weapons of Mass Destruction (NMRT/WMD) are deployed to disasters or emergencies involving suspected or actual discharge of weapons of mass destruction. These teams are trained and equipped to function at a contaminated incident site and assist the local Incident Commander with agent identification, decontamination of victims, and medical care.

The NMRT/WMD may be requested for planned events with a credible threat, after a Nuclear/Biological/Chemical (NBC) event has occurred, or when the FBI determines a credible threat exists. It can also be requested to assist with technological accidents. When activated, NMRT/WMD teams work under the MST to provide the services described above at the local level.

2. Patient Evacuation

USTRANSCOM - As a major joint command within DoD, USTRANSCOM manages and coordinates DoD air, sea and land transportation resources including those that can be made available for patient evacuation.

GPMRC - Coordination of requests for patient movement is accomplished through the USTRANSCOM's Global Patient Movement Requirements Center (GPMRC). GPMRC coordinates bed availability in military, VA and NDMS participating non-federal hospitals; allocates beds to meet evacuation requirements; arranges for the necessary transportation assets to move the patients to the available beds; and coordinates with the applicable destination medical treatment facility or NDMS FCC for reception of the patient.

JPMT - GPMRC also provides personnel to deploy to the disaster site to provide expertise on patient reporting and movement and other related issues. The Joint Patient Movement Team (JPMT) is a tri-service military team that is deployable worldwide, in part or in whole, to assist with patient evacuation. As required, GPMRC uses reserve military personnel to augment their resources as required. When deployed as part of ESF#8, the JPRT is normally attached to the MST.

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D. SYSTEM COMPONENTS

3. Hospitalization

FCCs - Under the NDMS, selected DoD and VA medical facilities function as FCCs. In this role they are used to recruit and coordinate with local non-Federal hospitals to receive evacuated patients. FCC personnel also assist in the recruitment, training and support of HHS health and medical response teams, coordinate exercises, and develop emergency plans with participating NDMS hospitals, and other local authorities in order to develop local area patient reception, transportation and communication plans. During times of disasters or emergencies, FCC personnel coordinate local bed status reporting and the reception and distribution of patients being evacuated to the FCC's area of responsibility.

E. OTHER AVAILABLE RESOURCES

In addition to the resources available through its own department and the NDMS, HHS has the ability to utilize other Federal and non-Federal resources to supplement and assist in the delivery of health and medical resources to disasters and emergencies when working under their legal authorities.

1. Federal Resources

Directorate of Military Support (DOMS): Coordination of transportation and other requests, to include taskings of DoD under ESF#8 of the FRP.

Joint Regional Medical Planning Offices (JRMPOs): Coordination of civil authority requests for military resources support within the disaster area. This is accomplished through the DoD Defense Coordinating Officer (DCO).

VA Emergency Management Strategic Healthcare Group (EMSHG): Coordination and management of HHS mission taskings to the VA for medical personnel, supplies, equipment and other resources under ESF#8 of the FRP.

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E. OTHER AVAILABLE RESOURCES

2. Non-Federal Resources

There are numerous non-Federal resources available to HHS to assist them in their health and medical response efforts. Some specific non-Federal resources commonly used by HHS include:

- Pharmaceutical suppliers;
- Hospital supply vendors;
- National Funeral Directors Association;
- International disaster response organizations;
- Department of Health and Welfare, Canada; and
- National Association for Search and Rescue (NASAR).