



Government-wide Approach to Biodefense and All-hazard Preparedness and Response

George W. Korch, Jr., Ph.D.

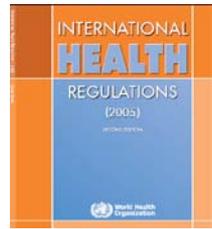
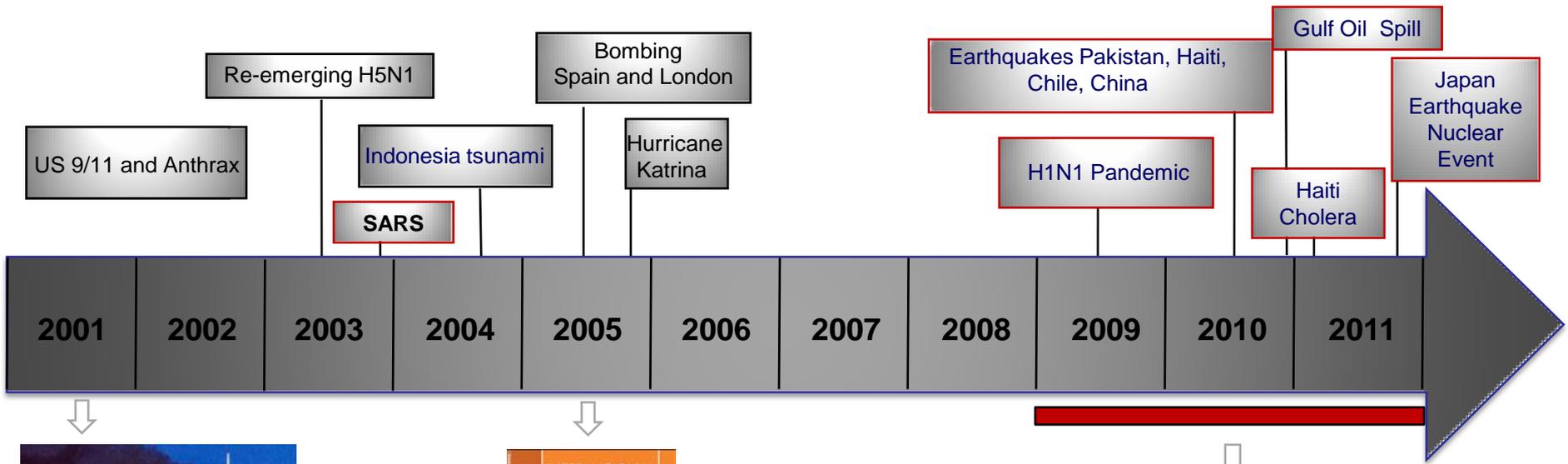
Senior Science Advisor

US Department of Health and Human Services

Biological Weapons Review Conference

Geneva, Switzerland

A Decade of Disasters with Global Health and Security Implications



- Lack of preparedness plans for coordination of global response efforts
 - Challenges with emergency and risk communication internationally
 - Lack of preparedness plans to provide international assistance during public health emergencies
 - Logistics, legal, regulatory barriers to deploy MCM and personnel internationally

Resilient People. Healthy Communities. A Nation Prepared.



U.S. Government Model for End-to-End Preparedness and Response



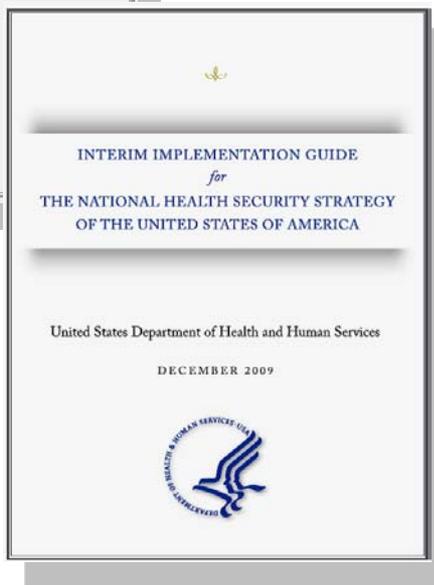
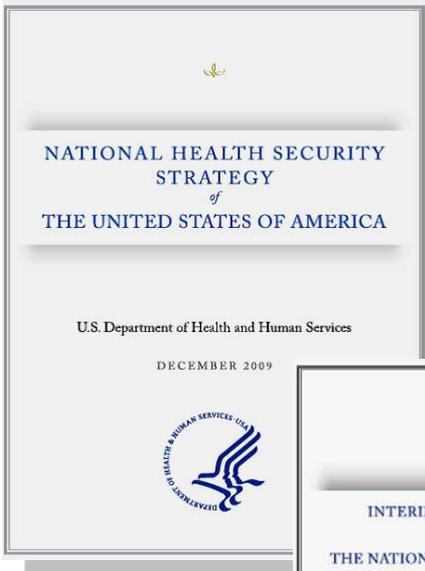
We learned from past events that an “All-of-Government” Response is critical to success

- *National Strategy to Combat Weapons of Mass Destruction (2002)*
- *National Strategy for Combating Terrorism (2006)*
- *National Military Strategy to Combat Weapons of Mass Destruction (2006)*
- *National Strategy for Countering Biological Threats (2009)*
- *National Health Security Strategy (2009)*
- *National Security Strategy (2010)*

- *National Response Framework (2008 revision)*
- *National Disaster Recovery Framework (2011)*



National Health Security Strategy

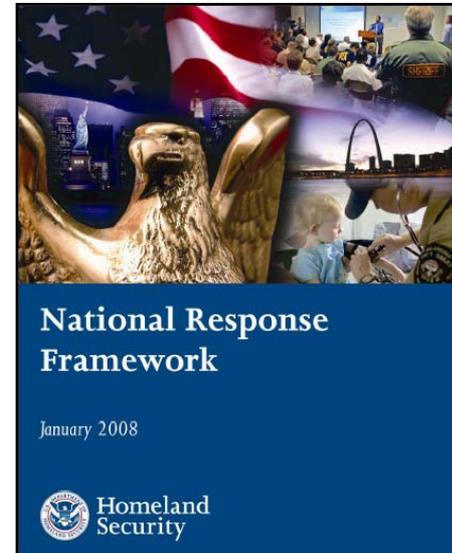




U.S. National Response Framework



- A single, all-discipline, all-hazards framework for Federal response from in domestic incident management
 - Relationships
 - Leadership
- Links all levels of Government, private sector and non-governmental organizations in a unified Emergency Support Function (ESF) response.
- Supports State, Tribal, territorial and local incident managers
- Publicly available document on the DHS / FEMA website





HHS Role in National Response Framework



- HHS is the primary Federal Agency for Public Health Emergency Support Functions (ESF #8)
- 17 Core Functional Areas of Responsibility
- 15 Other Federal Agencies help HHS in supporting these functions
- HHS supports other Agencies' ESF's as assigned

Examples:

ESF #1 – Transportation (Dept. of Transportation)

ESF #2 – Communications (Dept. of Homeland Security)

ESF #3 – Public Works and Engineering (Army Corps of Engineers)

ESF #5 – Emergency Management (Federal Emergency Management Agency)

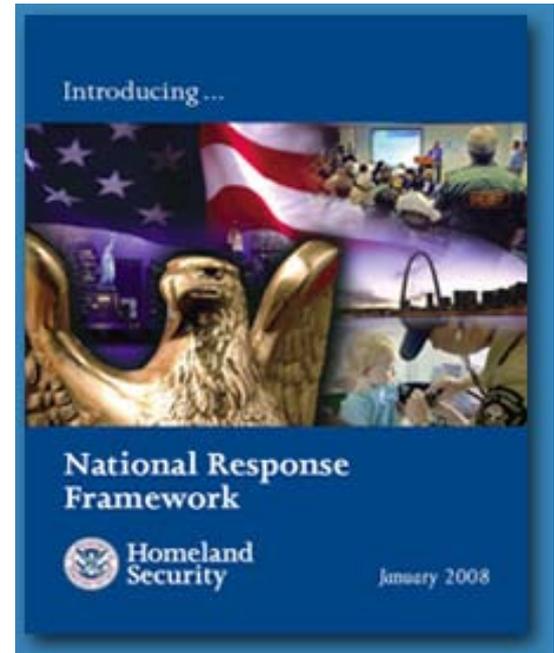
ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services (FEMA)

ESF #8 – Public Health and Medical Services (Dept. of Health and Human Services)

ESF #11 – Agriculture and Natural Resources (Dept. of Agriculture)

ESF #12 – Energy (Dept. of Energy)

ESF #13 – Public Safety and Security (Dept. of Justice)



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How is the Framework Organized?



National Response Framework



Core Document

Doctrine, organization, roles and responsibilities, response actions and planning requirements that guide national response

Homeland Security

NRF Resource Center

Emergency Support Function Annexes

Mechanisms to group and provide Federal resources and capabilities to support State and local responders

Support Annexes

Essential supporting aspects of the Federal response common to all incidents

Incident Annexes

Incident-specific applications of the Framework

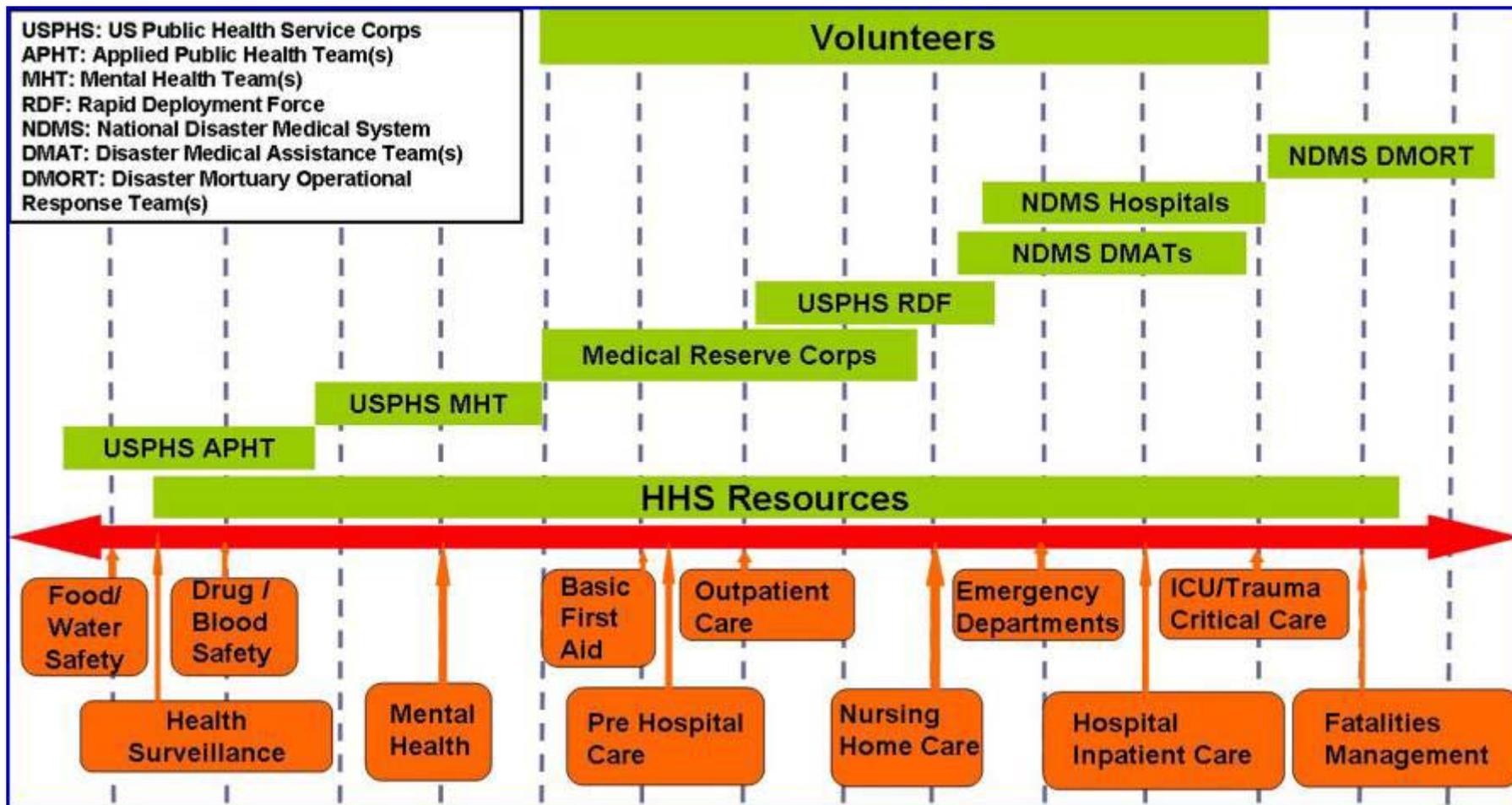
Partner Guides

Next level of detail in response actions tailored to the actionable entity





HHS assets for ESF # 8 services





Emergency Support Function # 8

Core Functional Areas



- Assessment of public health/medical needs
- Health Surveillance
- Medical care personnel
- Health/medical/veterinary equipment and supplies (drugs, etc.)
- Safety and security of drugs, biologics, and medical devices
- Patient Care and Evacuation
- Patient Care
- Blood and Blood Products
- Food and Agricultural Safety and security
- Public Health technical assistance and support
- Behavioral health
- Public health and medical information
- Veterinary medical support and Insect vector control
- Potable water/wastewater and solid waste disposal
- Mass fatality management, victim identification, and decontaminating remains





HHS Command and Control Secretary's Operations Center



- **Managed by the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) 24 hours per day**
- **Supports Emergency Response**
- **Coordinates with National Operations Center**
- **National Focal Point for International Health Regulations (2005)**



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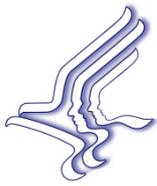
HHS Regional Command and Control



- Ten Regions Across the U.S. (Federal Emergency Management Agency)
- HHS/ASPR Regional Emergency Coordinators oversee ESF#8 functions
- Incident Response Coordination Team Conducts Operations



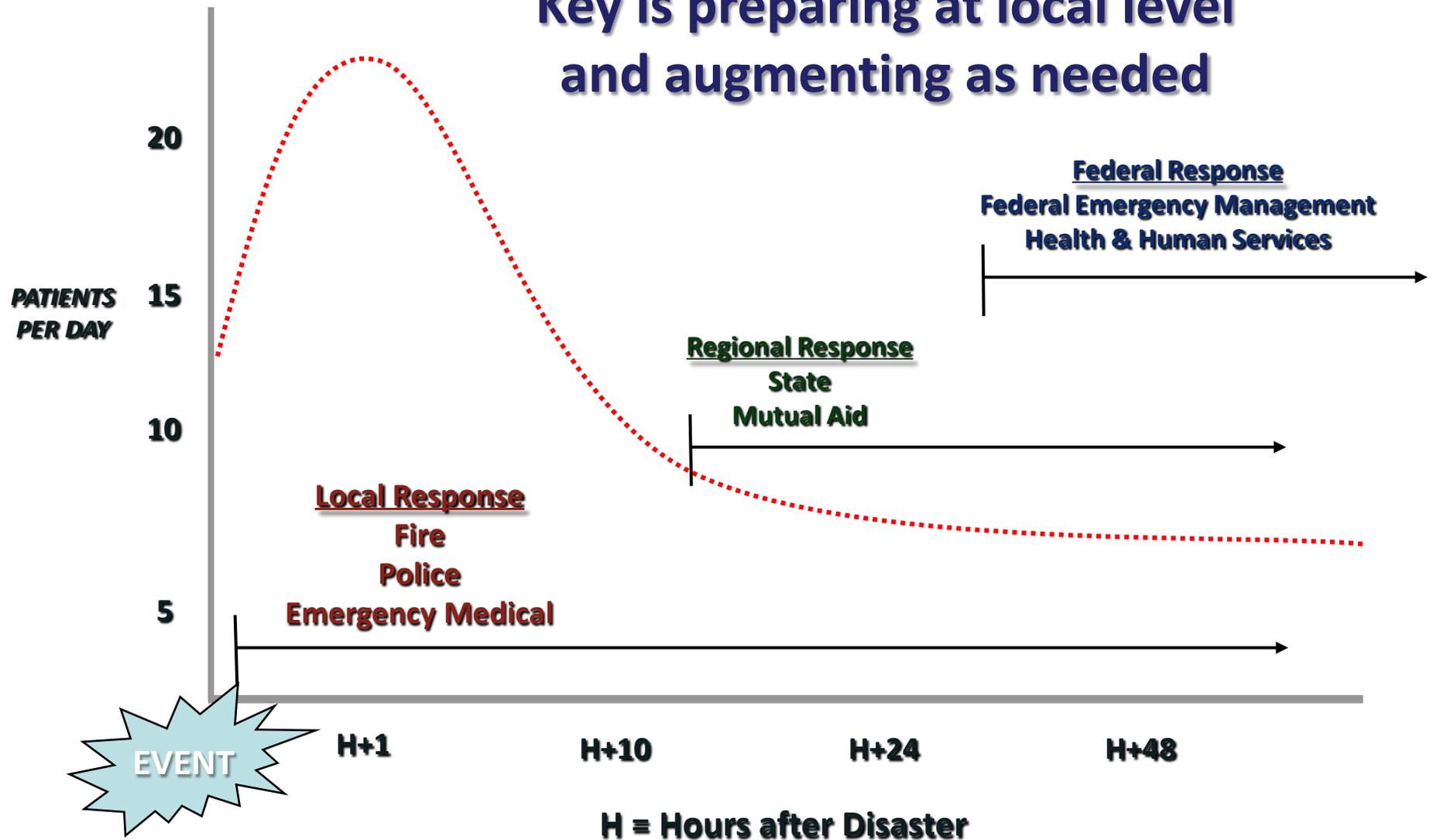
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Learning Lessons on Coordination



Key is preparing at local level
and augmenting as needed





National Disaster Medical System



A public / private sector partnership

HHS DHS DoD VA

A Nationwide Medical Response System managed by HHS/ASPR to:

- **Supplement State and local medical resources during disasters or major emergencies**
- **Provide backup medical support to the military / VA medical care systems during an overseas conventional conflict**



National Disaster Medical System



- Coordinated effort of HHS, DOD, Veterans Affairs (VA) and DHS (FEMA), in collaboration with the States and other public or private entities.
- Partner agencies provide a continuum of care and services
- Under the direction of the ASPR, NDMS is the federal government's primary response resource for public health and medical emergencies.
 - Supplements state and local medical resources during disasters or major emergencies
 - Provides medical coverage for federal events
 - Provides backup medical support to DOD and VA medical care systems during a military conflict
- ~8,000 people, 102 teams
- 50 Disaster Medical Assistance Teams (DMAT)
- 3 National Medical Response Teams (NMRT)/WMD *
- 4 Burn Teams
- 2 Pediatric Teams
- 1 Crush Medicine Team
- 3 Int'l Medical/Surgical Response Teams
- 2 Mental Health Teams
- 5 Nat'l Veterinary Response Teams (NVRT)
- 10 Disaster Mortuary Operational Response Teams (DMORT)
- 1 Disaster Mortuary Operational Response Team (DMORT) - WMD
- 1 Disaster Portable Morgue Unit Team (DPMU)
- 1 Family Assistance Center Team
- 3 National Pharmacy Response Teams
- 3 National Nurse Response Teams

* 1 additional NMRT via contract (NMRT-NCR)



NDMS: A DMAT Configuration



- Deploys as a 35 member team with a defined cache of medical supplies, equipment and pharmaceuticals
- Physicians, nurses, paramedics, EMTs, respiratory therapists, pharmacists, communications, logistics
- Self-contained for 3 days
- Typical deployment is 2 weeks



- Augment or temporarily replace local medical care
- Force protection / worker health and safety
- Medical and minor surgical stabilization
- Continued care and monitoring
- Evacuation to definitive medical care



Commissioned Corps of the US Public Health **ASPR**

Service: HHS Uniformed Service

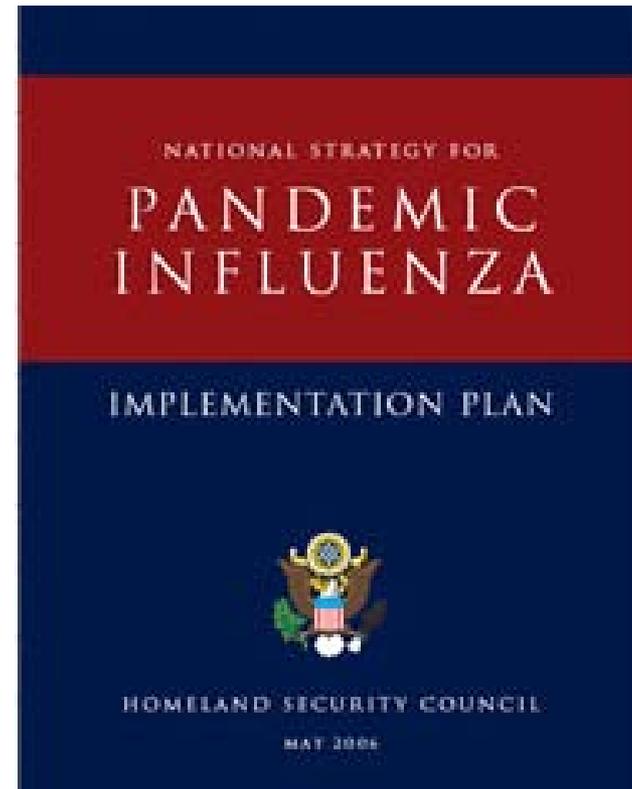
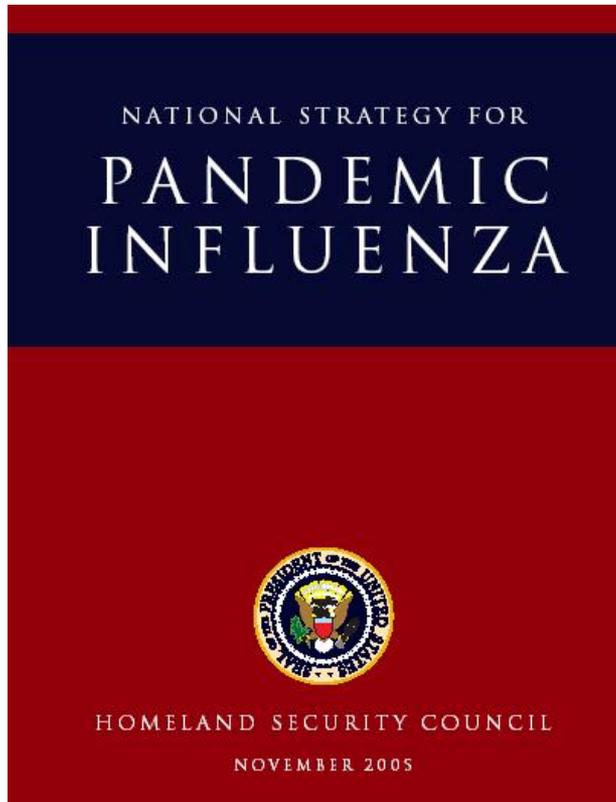
ASPR
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE

- All Officer Corps: **6,600 total force strength, >70% deployable at the request of the ASPR**
- 11 categories of Medical/Public Health and Allied Health Professionals
- Employed by Federal Agencies; some detailed to State health agencies
- Led by the U.S. Surgeon General
- **Tier 1 – Respond in 12 hours**
 - *Rapid Deployment Force (RDF)* - 105 personnel/5 teams
- **Tier 2 – Respond in 36 hours**
 - *Applied Public Health Team (APHT)* – 47 personnel
 - *Mental Health Team (MHT)* - 26 personnel
- **Tier 3 – Respond in 72 hours**
 - Remainder of Corps





Pandemic Disease Preparedness

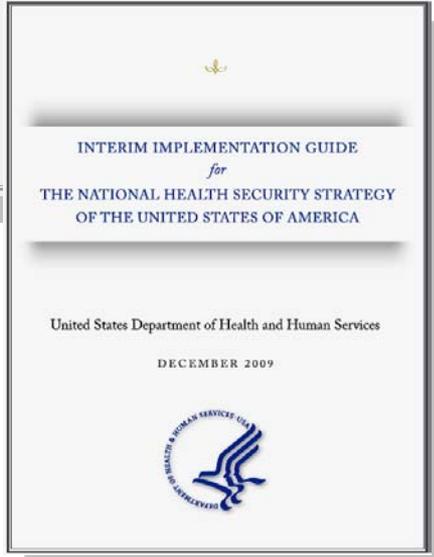
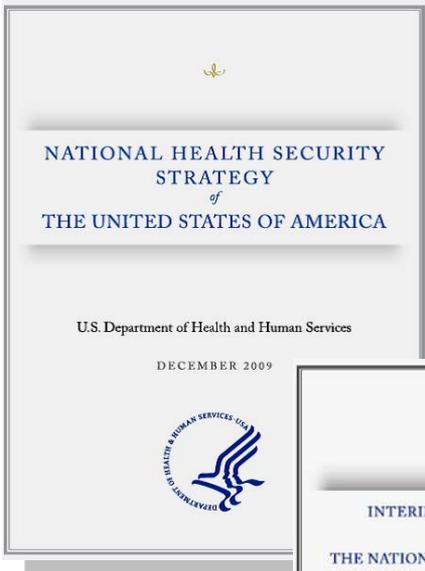


Long-range Planning Helped our Response during 2009 H1N1

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National Health Security Strategy





HHS/ASPR Partnerships to Enhance Global Health Security



HHS/ASPR engages in international collaborations, in coordination with U.S. Government partners to enhance the health security of both the United States and the global community.

- **Bilateral engagements**

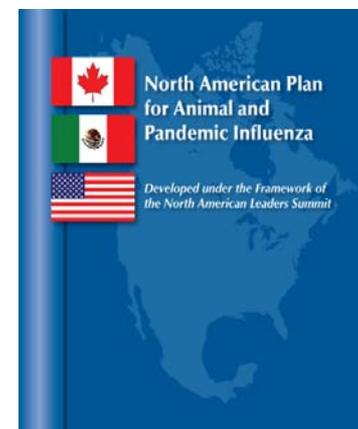
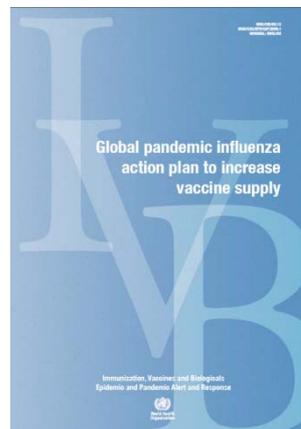
- Partner countries
- International organizations
- Non-governmental organizations

- **Multilateral engagements**

- Global Health Security Initiative
- North American Leaders Summit
 - Health Security Working Group



Institut Pasteur

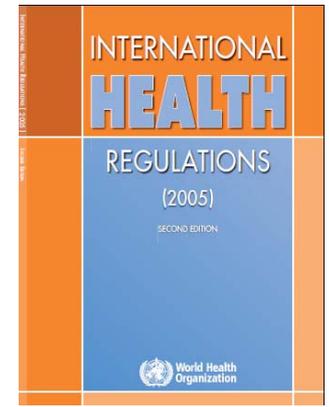
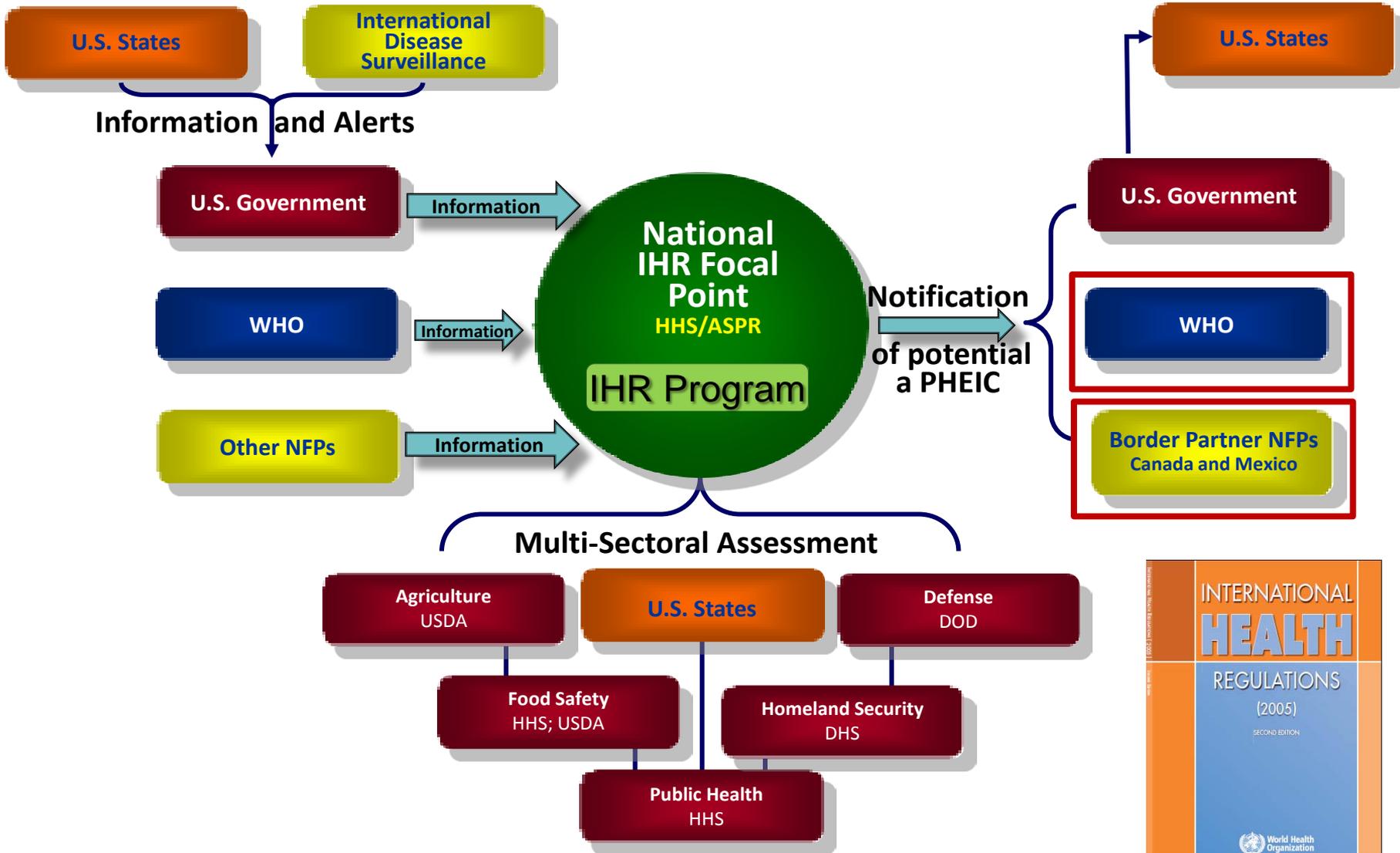


- **Areas of focus**

- Animal and pandemic influenza preparedness
- Preparedness Plans for Mutual assistance during public health emergencies
- International Health Regulations (IHR) (2005) capacity-building
- Development of sustainable global influenza vaccine manufacturing capacity

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U.S. Multi-Sectoral Assessment and Notification of Events under IHR (2005)





HHS/ASPR International Assistance Frameworks



HHS/ASPR is developing a series of policy frameworks to guide our responses to request by international partners during public health and medical assistance.

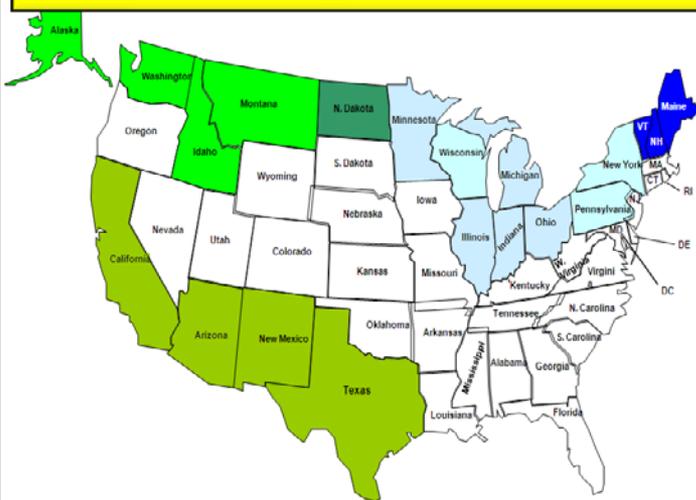
- **Deployment of HHS personnel:**
 - HHS International Public Health and Medical Personnel Deployment Framework

- **Deployment of HHS public health emergency medical countermeasures:**
 - HHS Strategic Policy and Operational Framework for Responding to International Requests for Public Health Emergency Medical Countermeasures
 - Collaboration with WHO and Global Health Security Initiative partners on refining protocols for the international deployment of Medical Countermeasures

- **Provision of assistance during a pandemic:**
 - HHS Policy and Operational Framework for Responding to International Requests for Assistance during an Influenza Pandemic

ASPR International Capacity Building Programs

US and Mexico Early Warning Infectious Disease Surveillance (EWIDS)



Pasteur Institute



Central African



Cameroon



Senegal



Ivory Coast



Madagascar



Vietnam



Cambodia



Laos

GORGAS Memorial Institute, Panama

