



United States Department of
Health & Human Services



Department of Health & Human Services
Health and Medical Services:
Strategic Perspectives

Dr. Gerald Parker

Principal Deputy Assistant Secretary
Office for Public Health Emergency Preparedness

National Defense Industry Association
30 March 2006



SCOPE: HHS Strategic Perspectives

- HHS/OPHEP Mission & Roles
- National Response Plan Overview
- Emergency Support Function #8 Overview
 - Medical & Health Services Functional Areas
 - Response Capabilities & Organizations
- HHS Major Initiatives
 - Bioterrorism Preparedness
 - Public Health and Medical Preparedness
 - Pandemic Influenza
- Working to support shared goal



Department of Health & Human Services

Office of the Secretary

- **Secretary**
- **Deputy Secretary**
- **6 Assistant Secretaries**
- **Other Key Officials**

12 Operating Divisions

- **Administration for Children & Families**
- **Administration on Aging**
- **Centers for Medicare & Medicaid Services**
- **Agency for Health Care Policy & Research**
- **Centers for Disease Control & Prevention**
- **Agency for Toxic Substances & Disease Registry**
- **Program Support Center**
- **Food and Drug Administration**
- **Health Resources and Services Admin.**
- **Indian Health Service**
- **National Institutes of Health**
- **Substance Abuse & Mental Health Services Administration**



U.S. Department of Health & Human Services Emergency Preparedness / Response

Responsible Official

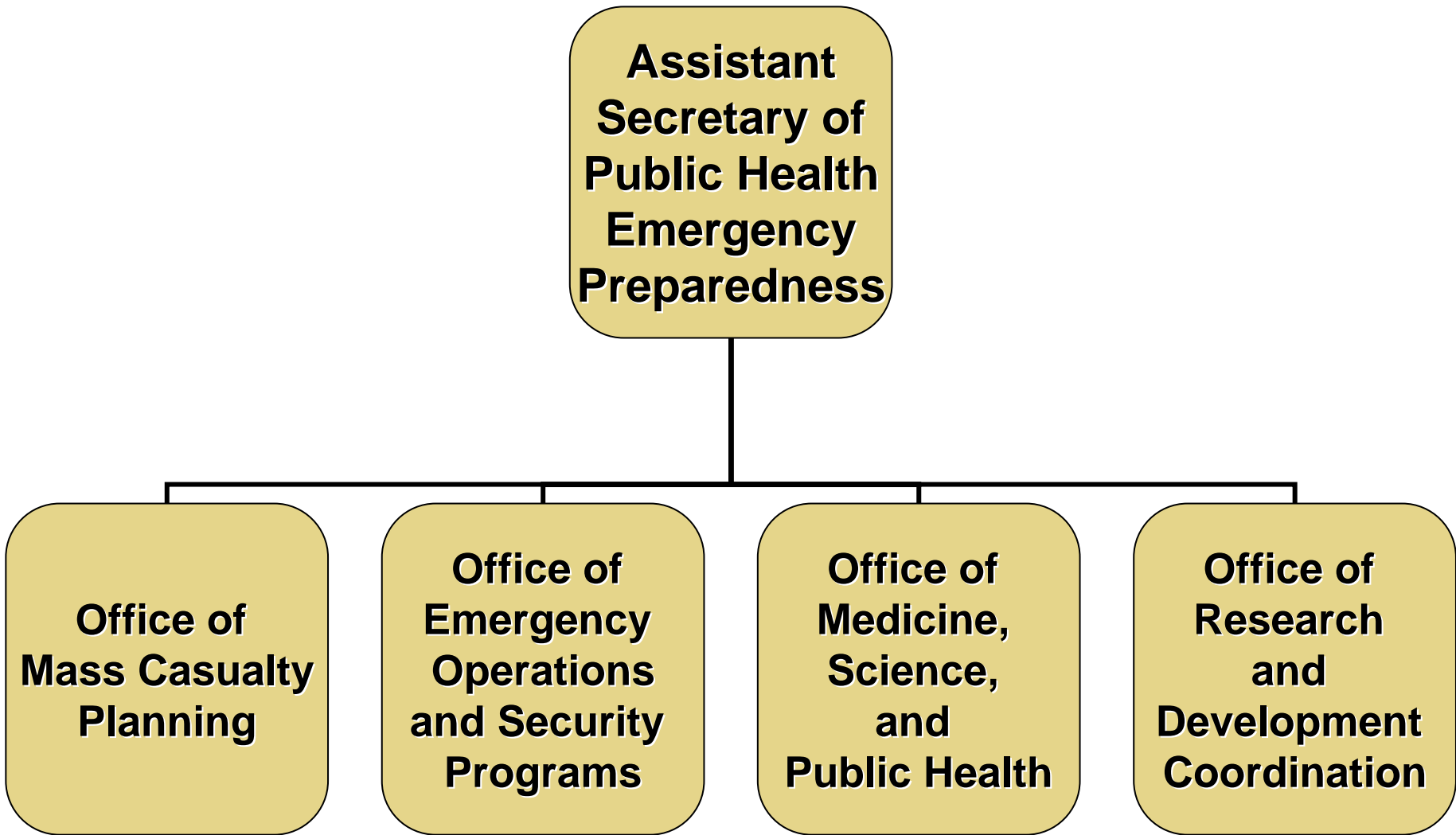
Executive Agent

Secretary

**Assistant Secretary for
Public Health Emergency Preparedness**



Office for Public Health Emergency Preparedness (OPHEP)





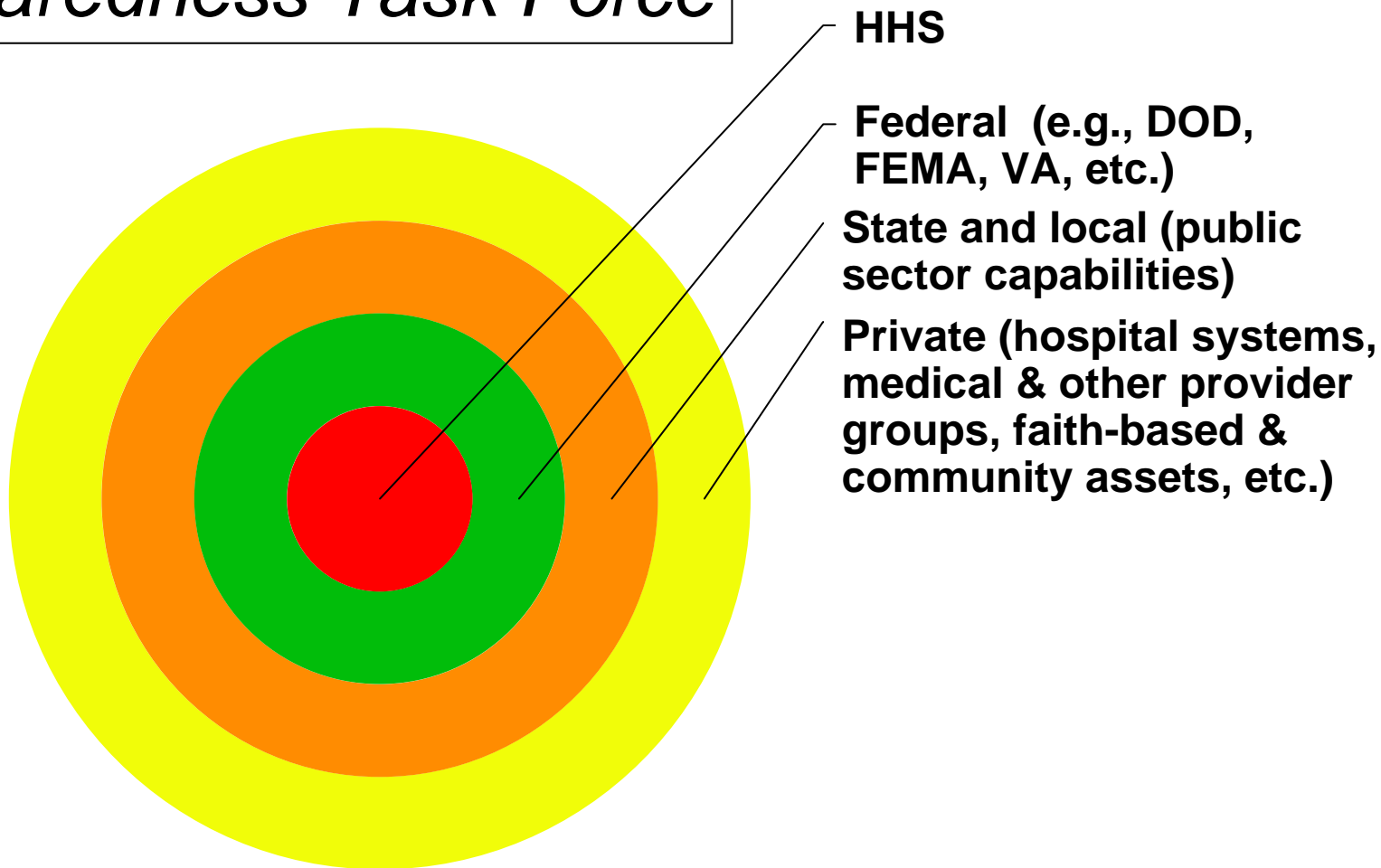
Mission of the Office for Public Health Emergency Preparedness (OPHEP)

- Coordinate and direct medical and public health efforts to prepare for, protect against, respond to, and recover from all acts of bioterrorism and other public health emergencies that affect the civilian population
- Serve as the single focal point for senior level coordination between HHS and other Departments and agencies for these activities
- Engage all HHS programs in meeting the Secretary's vision of preparedness to meet the health needs for the Nation
- Respond to the Lessons Learned Report and address its recommendations
- Re-engineer ESF-8 capabilities and responsibilities in partnership with DHS and other strategic partners
- Brand the HHS Mission in preparedness and response



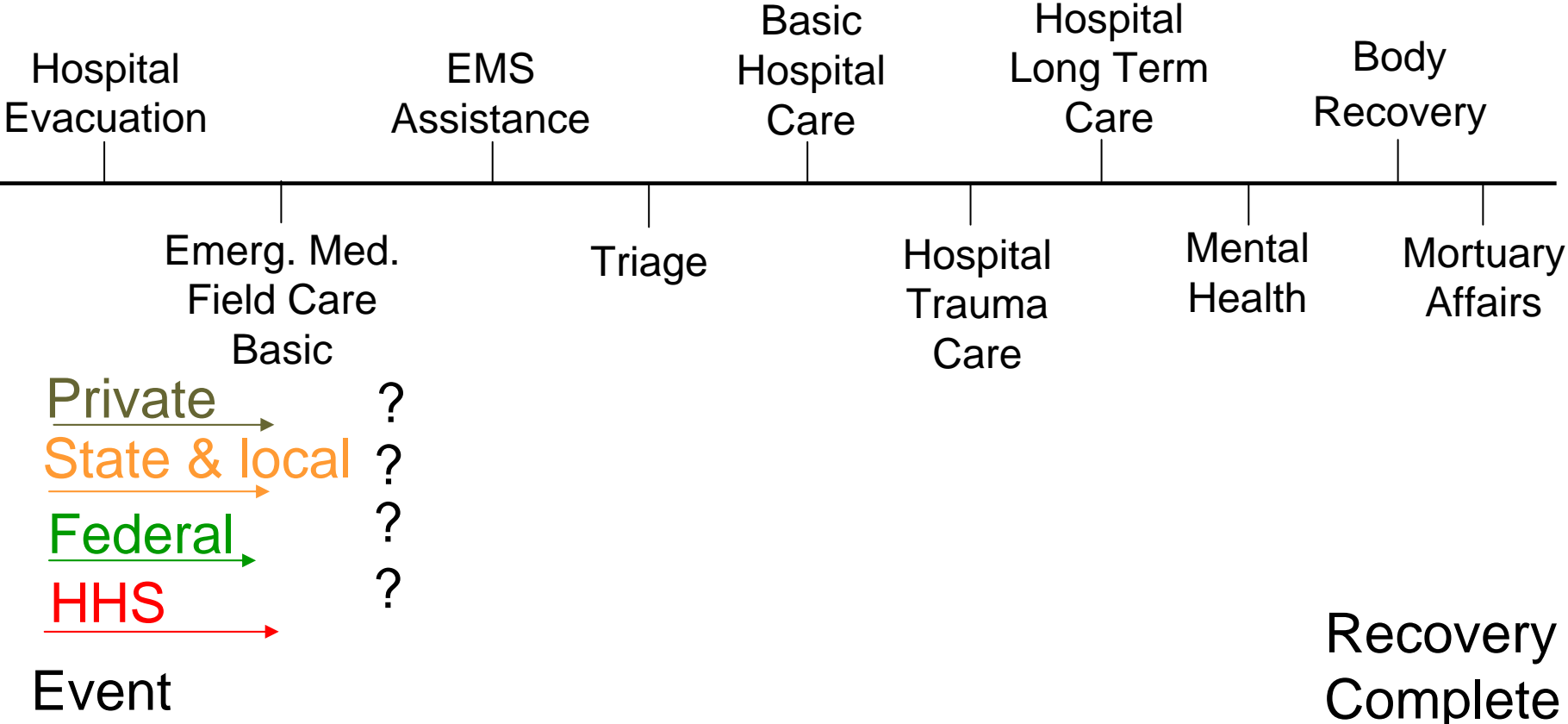
Assessment of Capabilities and Span of Preparedness

Preparedness Task Force





Health & Medical Response & Recovery



Health & Medical Response

Health & Medical Recovery



RESPONSE CHARACTERISTICS

BOTTOM-UP, NOT TOP DOWN

RAPID AND APPROPRIATE

AUGMENT

HEALTH NEEDS FIRST

PROTECT THE INFRASTRUCTURE

“ BE PREPARED ”



National Response Plan (NRP)

ESF #1	Transportation
ESF #2	Communications
ESF #3	Public Works & Engineering
ESF #4	Firefighting
ESF #5	Emergency Management
ESF #6	Mass care, housing, human services
ESF #7	Resource Support
ESF #8	Public Health & Medical Services
ESF #9	Urban Search & Rescue
ESF #10	Oil & HAZMAT Response
ESF #11	Agriculture & Natural Resources
ESF #12	Energy
ESF #13	Public Safety & Security
ESF #14	Long-term recovery
ESF #15	External Affairs



- **Coordination mechanism for providing assistance to state, local, or tribal governments or to Federal departments conducting missions that are Federal responsibility**
- **Are selectively activated as needed**
- **Provide staffing for incident management organizations**



ESF #8 Federal Response Authority

HHS is the primary federal agency for public health and medical emergency planning, preparations, response, and recovery when:

- **Federal health/medical assistance has been requested by the appropriate State, local or Tribal authorities**
- **A Federal department or agency acting under its own authority has requested the assistance of HHS (including the DHS via the Robert T. Stafford Act)**
- **The Secretary of HHS, using his authorities, declares a public health emergency**



ESF #8: General Scope

HHS, as the primary agency for ESF #8, coordinates with its Federal partners to provide assistance to state, local, and tribal governments in identifying and meeting public health and medical requirements resulting from incidents of national significance.



Assessment of public health/medical needs
-Includes mental health



Public health surveillance
Medical personnel
Medical equipment and supplies





ESF #8: Deployable Public Health & Medical Assets

Public Health Response

- CDC
 - Health/medical infrastructure assessors
 - Infectious disease epidemiologists
 - Occupational Health & Safety consultants
 - HAZMAT toxicologists
 - Sanitation, water safety engineers
 - Insect vector control experts
 - Public Information Officers
- FDA
 - Food, drug, medical device safety experts



Medical Response

- **National Disaster Medical System (FEMA)**
 - DMAT, DMORT, VMAT, others
 - Patient Evacuation with DoD, VA
- **Secretary's Emergency Response Team**
 - OPHEP-trained USPHS responders
 - Lead by Regional Emergency Coordinators
- **US Public Health Service (Commissioned Corps)**
 - MD's, RN's, dentists, mental health providers, administrators, hospital/medical engineers
- **Strategic National Stockpile**
 - Pharmaceuticals, equipment, supplies
 - Federal Medical Contingency Stations
- **Dept of Defense**
 - Mobile, field, ship-based hospitals
 - Health care providers
- **Dept of Veterans Affairs**
 - Health care providers
- **Federalized volunteers**
 - Self-sufficient teams with mobile units
 - Individuals rostered, credentialed, deployed by HHS



ESF #8: Sequence and Structure of Emergency Response Time₀ (or Pre-deployment with Warning)

- **Federal interagency ESF #8 response by HHS**
 - OPHEP Rep to National Response Coordination Center (NRCC) *FEMA/DHS lead*
 - Secretary's Rep to Interagency Incident Management Group (IIMG) *Sec DHS lead*
 - Public Affairs Rep Joint Information Center (JIC) *OPA/DHS lead*
- **HHS HQ Response**
 - ASPHEP designates IMT
 - IMT and interagency ESF #8 liaisons staff SOC
 - Office of Surgeon General alerts USPHS personnel
 - Coordinate placement of NDMS assets with FEMA
 - Deploy or pre-position SNS and FMCS caches, staff
- **Regional ESF #8 response by HHS**
 - REC to Regional Response Coordination Center (RRCC) *FEMA/DHS lead*
 - Rep's to Emergency Response Team-Advance Element (ERT-A) *FEMA/DHS lead*
 - ❖ Rapid Needs Assessment Team (RNA) *FEMA/DHS lead*
 - ❖ Medical Needs Assessment Team (MNA) *NDMS/FEMA lead*
- **Local ESF #8 response by HHS**
 - Rep to Joint Field Office (REC typically moves from RRCC) *FEMA/DHS lead*
 - SERT member to State/City Emergency Operations Center (ERT-A) *State/City lead*
 - SERT member to State/City Dept of Health Operations Center (ERT-S) *State/City lead*





ESF #8: Sequence and Structure of Emergency Response Requirement-Specific Response



- Health & Medical Needs Assessments
- Health Surveillance
- Medical Care Personnel
- Medical Equipment & Supplies
- Patient Evacuation
- Patient Care
- Technical Assistance
- Behavioral Health Care
- Health & Medical Information
- Vector Control
- Potable Water & Sanitation
- Mortuary Services



HHS/OPHEP: Major Actions/Initiatives

- Surveillance
- Public Health and Medical Preparedness
- Medical Countermeasures Research, Development and Acquisition
- Pandemic Influenza Preparedness



BioDefense Preparedness Principles and Programs: Objectives

Pandemic Objectives – Bioterrorism Objectives

Pandemic	Bioterrorism
Monitoring disease spread to support rapid response	Surveillance
Developing vaccines and vaccine production capacity	Product development and procurement
Stockpiling antivirals and other countermeasures	
Coordinating federal, state and local preparation	Public health preparedness
Enhancing outreach and communications planning	Leadership and coordination



BioDefense Preparedness Principles and Programs: Surveillance

Surveillance—Intensifying surveillance and collaborating on containment measures, both international and domestic, through:

- **Principles:**

- early detection
- containment where feasible

- **Program Examples:**

- BioSense and AHIC
- Quarantine and Isolation
- CDC programs (LRN, HAN, Labs)
- International - EWIDS



BioDefense Preparedness Principles and Programs: Public Health and Medical Preparedness

Public Health Preparedness—Creating a seamless network of Federal, state and local preparedness, strengthening mass prophylaxis capabilities, including increasing health care surge capacity, through:

- **Principles:**

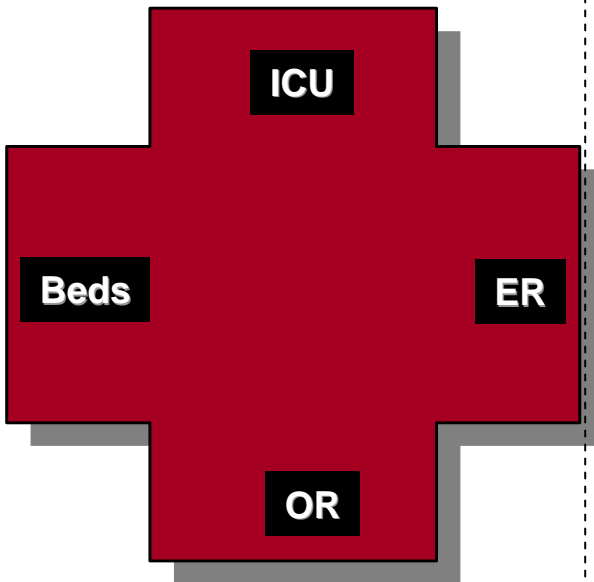
- Federal – state partnership
- Risk-based investment
- Seek double benefit (public health and biodefense)
- Ensure effective communication
- Performance and accountability
- Transcend ordinary political boundaries (regional not just city)

- **Program Examples:**

- State, local, and hospital grants
- CRI
- Surge capacity (Commissioned Corps, FMS, NDMS)
- Volunteers—training, credentialing, deployment, liability (ESAR-VHP, MRC)
- Product distribution (Medkit)



Federal Medical Shelter Concept



Patients

Site

Acute Care Centers

FMS Type III

- Bed surge
- Quarantine
- Special needs

FMS Type II

- Isolation
- Burn care
- Ventilator care
- ICU/OR

FMS Type I

- Definitive care
- Trauma/Triage
- ER/ICU/OR
- Isolation



Basic Concept: HHS Federal Medical Shelter

Type III (Basic) 250 Bed Module

Configuration

Type III Basic
Base Support
With
Quarantine

- Administration
- Support
- Feeding
- Quarantine
- Beds(50)
- Housekeeping
- First Aid Equipment
- Pediatric Care
- Adult Care
- Personal Protective Equipment

Type III Basic
Treatment

- Primary Care
- Non-Acute Treatment
- Special Needs

Type III Basic
Pharmaceutical

- Pharmaceutical
- Special Medications
- Prophylaxis

Type III Basic
Bed Aug
(50)

- Beds
- Bedding
- Bedside Equipment



Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program

ESAR-VHP System is an electronic database of healthcare personnel who volunteer to provide aid in an emergency.

- An ESAR-VHP System must::
 - Register health volunteers
 - Apply emergency credentialing standards to registered volunteers and
 - Allow for the verification of the identity, credentials, and qualifications of registered volunteers in an emergency
- Essential component of health care preparedness
- Each State is asked to have a system that meets standard criteria



Cities Readiness Initiative (CRI)

- CRI: a pilot program aimed at strengthening medical surge and mass prophylaxis capabilities
- Targeted funding to continue CRI in the 21 pilot cities provided to States in the CDC grants + 15 new cities
 - This year a total of \$40M was awarded to CRI cities
- Goal: to ensure the selected cities are prepared to provide oral medications during a public health emergency to 100% of their affected populations
 - Enhance each city's dispensing plans with trained staff
 - Ensure plans for alternate means of delivery



Commissioned Corp Transformation

- 6000 Public Health Service officers
- Transformed Corp will be able to:
 - Increase deployability
 - Increase number of Commissioned Corp Officers to meet the response needs of the nation
 - Assign PHS officers to areas of greatest need





BioDefense Preparedness Principles and Programs: Research, Development, and Acquisition / Procurement

Product Development/Procurement—Supporting advanced research and development, manufacturing, procurement and stockpiling of medical countermeasures, through:

- **Principles:**

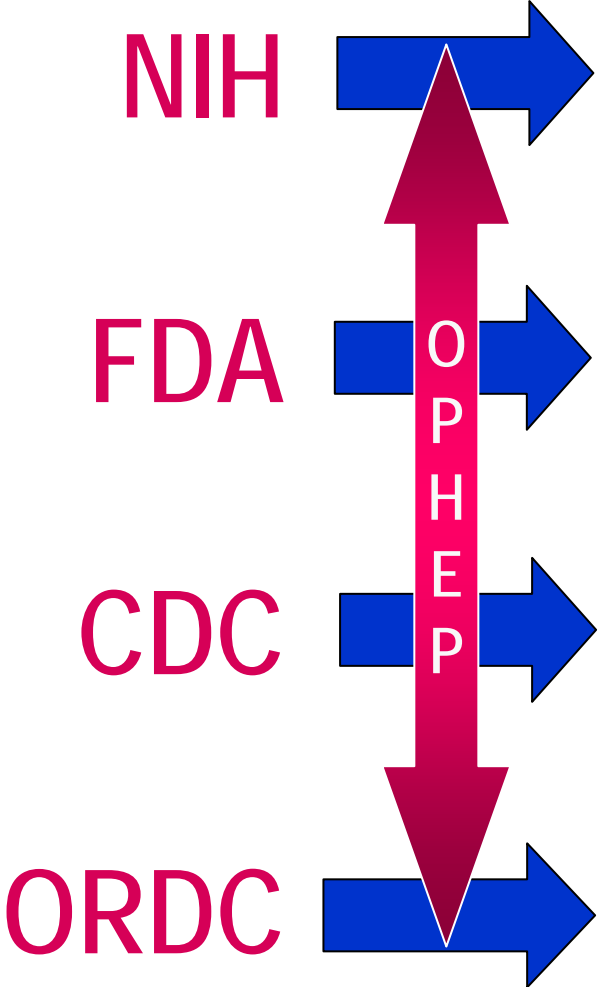
- Transparent process
- Multi-source procurements

- **Program Examples:**

- Basic and Discovery Research
- Advanced Product Development (NIH)
- Project BioShield
- Strategic National Stockpile



Project BioShield: HHS Roles in Implementation



- Build Research Infrastructure
- Conduct Basic Research
- **Develop Medical Countermeasures**

- **Regulatory Approval**
 - Vaccines, Therapeutics, Diagnostics

- **Strategic National Stockpile (SNS)**
- Train Local Response Teams
- Surveillance and Detection

- **Acquire Medical Countermeasures**
 - *Execute Project BioShield*



Medical Countermeasures Pipeline

NIH “Push”
\$5.2 billion
(FY02-05)

Industry

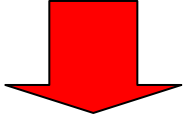


HHS “Pull”
\$5.6 billion
(FY04-13)

Basic Research

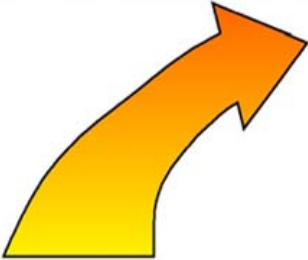


**Vaccines
Therapies
Diagnostics**



**Procurement via
BioShield**

Academia





Strategic National Stockpile





Pandemic Influenza Preparedness

- *National Strategy for Pandemic Influenza*
- Emergency Supplemental Budget Request
- Preparedness Objectives
 - Monitoring disease spread to support rapid response;
 - Developing vaccines and vaccine production capacity;
 - Stockpiling antivirals and other countermeasures;
 - Coordinating Federal, State and local preparation; and
 - Enhancing outreach and communications planning.



Preparedness Principles and Programs: Leadership and Coordination

Leadership and Coordination

- **Principles:**

- Ensure single point of leadership for responsibility and vision
- Continue building intra-Department, multi-disciplinary team for breadth of expertise
- Improve inter-department communication and capacity
- Clarify federalism responsibilities for Federal, State and local governments
- Ensure accountability and collaboration among state and local on emergency preparedness needs and measures



Office of the Assistant Secretary
for Public Health Emergency Preparedness
Department of Health and Human Services

Hubert H. Humphrey Building, Room 636G
200 Independence Avenue, SW
Washington, DC 20201

Tel (202) 205-2882; Fax (202) 690-6512

www.hhs.gov/ophep

Secretary's Command Center
Tel (202) 619-7800; Fax (202) 619-7870