FEDERAL EMERGENCY MANAGEMENT AGENCY

STATEMENT OF

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Response

Regarding

"A Review of Disaster Medical Preparedness: Improving Coordination and Collaboration in the Delivery of Medical Assistance during Disasters"

BEFORE THE

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS
SUBCOMMITTEE ON STATE, LOCAL AND PRIVATE SECTOR PREPAREDNESS AND INTEGRATION

UNITED STATES SENATE

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Room 342

Good morning, Chairman Pryor, Ranking Member Ensign, and other distinguished Members of the Subcommittee.

I am Robert J. Fenton, Jr., the Federal Emergency Management Agency's (FEMA) Deputy Assistant Administrator for Response. I am responsible for ensuring the delivery of coordinated and successful response operations in any environment across the Nation; integrating the federal interagency all-hazards disaster planning and response operations; deploying emergency response teams: and managing the disaster emergency communications programs. Previously, I served in various response and recovery leadership roles in FEMA's Region IX.

Since joining FEMA in 1996, I have played a role in many of our large response and recovery operations, responding to more than 50 federal disasters including 9/11, Hurricane Katrina, and the California wildfires. I also led interagency workshops to develop the National Incident Management System and the National Response Framework (NRF); and I conducted interagency training and exercises with Emergency Support Function (ESF) Departments and Agencies in preparation for disaster responses.

Thank you for the invitation to appear before you today to explain FEMA's roles and responsibilities in medical evacuation during disasters.

**Defining Medical Evacuation**

The movement of the general population from a dangerous area due to the threat or occurrence of a natural disaster or terrorist attack is called an emergency mass evacuation. The movement of patients in healthcare facilities and individuals in the community with medical needs, including those with mental health, behavioral health or substance abuse issues, is referred to as a medical evacuation. The protocols for each are different.

The fundamental authority for evacuations comes from state, tribal, or local governments; however, if a state, tribal, or local government determines that an evacuation is necessary, it may request, through appropriate channels, assistance from the federal government.

**Department of Health and Human Services (HHS) and Medical Evacuations**

The Secretary of HHS leads all federal public health and medical response to public health emergencies and incidents covered by the NRF. HHS serves as the Coordinator and Primary Agency for the NRF's ESF #8, "Public Health and Medical Services." More specifically, ESF # 8 provides the mechanism for coordinating federal assistance to supplement state, local, and tribal resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated federal response, and/or during a developing potential health and medical emergency. ESF # 8 also provides the framework for coordinating the transportation of seriously ill or injured patients from an impacted area to designated reception facilities and for directing the federal response in support of emergency medical triage and pre-hospital treatment, patient tracking, and patient distribution.

The NRF uses the National Disaster Medical System (NDMS) under ESF # 8 to support federal agencies in the management and coordination of federal medical response. Administered by HHS, NDMS is a statutory federal partnership that supplements, state, local, and tribal medical resources during public health emergencies, major disasters, emergencies, or military contingencies. The NDMS also has its own statutory authority, which allows it to deploy, whether or not in a Stafford Act incident, to support the medical response activities of state, tribal, and local governments overwhelmed in disaster situations – including medical evacuations – under its own statutory authority. Each of the NDMS federal partners has specific responsibilities in the event of an evacuation.

If an incident occurs that requires medical or public health expertise but the President does not declare a major disaster or emergency under the Stafford Act for the event, the Secretary of HHS may assume responsibility for coordinating the health and medical services provided by all federal departments and agencies. Such action by HHS is likely to precipitate the activation of the NRF and ESF # 8.

HHS may determine it is appropriate to declare a public health emergency under its authority, when the HHS Secretary determines that a disease or disorder presents a public health emergency, or a public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists. In an event where the state, local, or tribal authorities determine an evacuation of medical patients is needed and local transportation resources are not sufficient to satisfy the demand, pursuant to the NRF, ESF #8, and its own authorities, HHS may provide support to state, tribal and local authorities. With respect to medical evacuation, HHS may request support from the Department of Homeland Security (DHS)/FEMA in providing transportation assets, including accessible transportation for populations with medical needs.

**FEMA's Medical Evacuation Planning and Preparedness Activities**

FEMA's support to and involvement in medical evacuation planning and preparedness activities falls into two key areas:

1. In support of state, local and tribal governments, FEMA is working with these governments on an ongoing basis to provide guidance on incorporating medical evacuation planning into their emergency operations plans, as well as providing technical assistance to facilitate their medical evacuation planning. Many of the grant programs administered by FEMA can be used to support evacuation-related activities, including: the Homeland Security Grant Program, the Urban Area Security Initiative, the Metropolitan Medical Response System, and the Regional Catastrophic Preparedness Grant Program. The Regional Catastrophic Preparedness Grant Program in particular promotes planning for both evacuations and the reception of evacuees, and it emphasizes the need to work with potential host communities to develop agreements prior to incidents.

2. On the federal level, FEMA is developing federal-level catastrophic disaster response plans in partnership with states and local communities that include evacuation and medical evacuation elements. This planning includes critical current and future disaster response operational analyses, preparation of contingency and concept of operations plans, and crisis

action planning to ensure that FEMA can lead and improve national all-hazard disaster responses. It also provides national and regional operational planning guidance and coordination; ensures coordination of operational level execution of all-hazard contingency plans; provides forecasting and analysis of potential events; supports operational planning at the regional level; and leads the development of DHS and FEMA hazard-specific contingency plans.

**FEMA's Medical and Patient Evacuation Support**

Many Federal Departments and Agencies have resources and expertise that are critical to life-saving operations, and provide significant support to the local response and recovery process. The Stafford Act authorizes FEMA to direct other federal departments and agencies to utilize their own resources in support of state, tribal, and local assistance efforts. Title 44 of the Code of Federal Regulations contains regulations for implementing disaster assistance programs under the Stafford Act and regulations on the contents and processes for Mission Assignments (MA). FEMA uses the MA as the interagency process to task and reimburse other Federal Departments and Agencies to provide essential direct assistance. The MA cites funding, provides managerial controls, and provides guidance on completing the task at hand.

Under the Stafford Act, FEMA, through the Federal Coordinating Officer (FCO), receives requests for resources from state, tribal, and local governments to address numerous unmet needs. FEMA uses MAs to task the appropriate department or agency to provide support to the governmental entity. In anticipation of, or in response to, a Presidential declaration of a major disaster or emergency, FEMA can issue MAs to support medical response and evacuation activities. FEMA typically assigns NDMS to deploy under ESF #8 to support the medical response activities of state, tribal, and local governments overwhelmed in disaster situations. FEMA, HHS, the Department of Defense (DOD), and the US Coast Guard have worked together to develop Pre-Scripted Mission Assignments (PSMA) that are specifically available to request medical support capabilities. For example among the multiple PSMAs related to medical support:

- HHS: the PSMA tasks HHS to provide medical evacuation of seriously ill or injured patients in support of disaster operations;

- DOD: the PSMAs requests DOD to make available deployable temporary medical facilities for use in evacuations, and to provide aircraft and personnel to support medical patient evacuation in support of ESF # 8;

- US Coast Guard: the PSMA tasks the Coast Guard to provide aircraft transportation for medical cargo and personnel evacuation.

In support of patient and medical evacuation, FEMA also administers a contract that is used in support of ESF # 8 to provide ambulance and para-transit services in support of medical evacuations. FEMA has responsibility for the administrative aspects of the contract but HHS has operational control when it is activated in support of ESF # 8.

**FEMA's Public Assistance (PA) and Individual Assistance (IA) Programs under the Stafford Act Supporting Medical Evacuation**

Sections 403 and 502 of the Stafford Act authorize federal agencies to provide assistance, including emergency medical care, in order to reduce or eliminate immediate threats to life and property resulting from an emergency or major disaster.

When the emergency medical delivery system within a designated disaster area is severely compromised or destroyed by a disaster event, FEMA may reimburse state, tribal, and local governments and certain private non-profits for the cost of extraordinary emergency medical care and medical evacuation expenses under the PA Program. Assistance for emergency medical care and medical evacuations of disaster victims from eligible public and private nonprofit hospitals and custodial care facilities may be available. State, tribal, and local governments lacking the capability or resources to perform or contract eligible emergency medical care or medical evacuation work may request Direct Federal Assistance from FEMA.

Medical care costs are limited to emergency medical care. Costs incurred once a disaster survivor is admitted to a medical care facility on an inpatient basis are not eligible for reimbursement from the FEMA PA Program or Direct Federal Assistance. However, if an evacuation is required, there may be eligible costs incurred by an eligible applicant (state/local/tribal governments and certain private non-profit organizations) in the evacuation and transportation of patients, such as the use of emergency medical service personnel or ambulatory services. FEMA is prohibited by Section 312 of the Stafford Act from approving funds for reimbursement for services that are covered by any other source of funding; therefore, costs covered by, for example, private insurance, Medicaid, or Medicare are not eligible for reimbursement from FEMA.

At the local level, patients may travel to sites established by NDMS via personal or local transportation assets for evaluation and treatment by NDMS medical teams at the sites. Patients who require care beyond the local capacity or that were provided care at NDMS sites may be further transported via NDMS or DOD assets to an NDMS, DOD or VA Federal Coordinating Center (FCC). The FCC may then send the patient forward to an NDMS-participating civilian medical facility. Once evacuated patients are released from an FCC facility, FEMA, working with HHS, coordinates with federal, state, tribal, local, and voluntary agencies to provide further assistance to the evacuated patients, including their return.

If an event causes the President to make a major disaster declaration, which includes IA programs, FEMA may provide eligible disaster survivors who register for Federal assistance with the full range of approved IA Programs such as the Individual and Households Program (Housing and Other Needs Assistance), Crisis Counseling and Training Program, Disaster Case Management Program, Disaster Unemployment Assistance Program, and Disaster Legal Services Program, as well as referrals to the Small Business Administration for low interest loans.

## Closing

We know that some future disasters may seriously threaten and damage local medical facilities. With the appropriate preparation and coordination of Federal agencies, working together with states, localities, tribes, and voluntary agencies, we can meet the great challenges presented to the public in these instances where mass medical evacuations are required.

I am pleased to answer any questions you may have.