

**Hearing before the Ad Hoc Subcommittee on State, Local, and Private Sector  
Preparedness and Integration**

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

**July 22, 2010**

**Opening Statement**

I want to welcome our panelists, Ranking Member Ensign, and fellow Subcommittee members, to today’s hearing on the National Disaster Medical System (NDMS). I appreciate your taking the time to be here today and call this hearing to order.

I’d especially like to welcome Paul Cunningham from my home state of Arkansas, who will be testifying on the second panel.

September 11 and Hurricane Katrina highlighted weaknesses in our medical response capabilities. As a result, Congress enacted legislation to improve Federal medical preparedness and response efforts, such as the Pandemic and All-Hazards Preparedness Act. We invested in preparedness activities through the purchase of antiviral drugs for stockpiling and the creation of pandemic influenza strategies to mitigate the effects of future events.

Strong planning is the foundation for effective action. And while we have made strides to improve our public health system to ensure effective response activities, many unknowns remain.

State and local entities worry about whether the next severe health threat could overwhelm medical systems. Do they have the appropriate resources to care for a surge of patients? Will local health care services will be disrupted if disaster strikes. How can patients be relocated if necessary?

To begin addressing these uncertainties, today we will examine the National Disaster Medical System (NDMS) as a case study of Federal medical response efforts. NDMS was established in 1984 to provide emergency medical services. NDMS partners with other Federal agencies and the private sector to deploy response teams to the disaster site, provide for patient evacuation and use volunteer hospitals to provide offsite medical care.

NDMS has activated volunteer hospitals on three occasions. These activations unveiled gaps in our planning efforts. I want to close these gaps. I want to ensure the Federal government works with our state and local partners. Together we can strengthen Federal programs and better understand our medical response needs.

Today we will hear from Federal officials who will describe the roles and responsibilities of Federal medical response efforts. They will describe the lessons learned from

activating NDMS volunteer hospitals during Hurricane Katrina, Hurricane Gustav and the Haiti earthquake.

On our second panel, we will hear about the experience of volunteer Arkansas hospitals that were activated in response to Hurricane Gustav and suggestions to improve NDMS.

It is my hope that this hearing will highlight what we have learned from utilizing NDMS. I believe what we learn today will strengthen the current program, and help us improve disaster medical response efforts.

With that, I will introduce our first panel.