

STATEMENT OF

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BEFORE THE

OVERSIGHT AND INVESTIGATIONS SUBCOMMITTEE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

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Mr. Chairman and Members of the Subcommittee,

I am pleased to be here today to discuss the Department of Homeland Security (DHS) disaster response activities, including our close working relationship with the Department of Veterans Affairs (VA). My name is Eric Tolbert, and I am the Director of the Response Division of the Emergency Preparedness and Response Directorate of DHS.

Two vital health and medical response programs were transferred from the Department of Health and Human Services (HHS) into the Department of Homeland Security (DHS)– the Office of Emergency Response, including the National Disaster Medical System, and the Strategic National Stockpile.

The Department of Homeland Security manages the National Disaster Medical System (NDMS) and coordinates much of the federal health, medical, and mental health response to major emergencies, federally declared disasters and terrorist incidents. DHS also is responsible for the federal health and medical response to domestic terrorist incidents involving weapons of mass destruction (WMD).

National Disaster Medical System

Started in 1984, NDMS is now a partnership between DHS and the Departments of Defense, Veterans Affairs and Health and Human Services, state and local governments, and the private sector. The System includes three major components: direct medical care, patient evacuation and the non-federal hospital bed system. NDMS was created as a nationwide medical response system to:

- Supplement state and local medical resources during disasters and emergencies;
- Evacuate patients to designated locations throughout the United States for casualties that cannot be managed locally; and
- Support the military and VA health care systems during an overseas conventional conflict.

NDMS comprises over 8,000 private sector medical and support personnel organized into approximately 90 Disaster Medical Assistance Teams, Disaster Mortuary Operational Response Teams, National Medical Response Teams for WMD response, Veterinary Medical Assistance Teams, Mental Health Teams, International Medical/Surgical Response Teams, and other specialty teams across the nation. These volunteers leave their private sector jobs and become federal employees when called to service.

NDMS meets the national need for the medical component of the National Response Plan, including medical care, in-hospital care, patient evacuation, mental health assistance, victim identification and mortuary services. NDMS is also a partner in the military contingency program, and can be activated directly by the Assistant Secretary of Defense for Health Affairs. In the event of a military conflict that overwhelms the DOD and VA health care systems, NDMS will be available to provide medical care and hospital beds in over 2,000 private (non-federal) hospitals across the U.S.

Federal Coordinating Centers

VA and DOD work closely with our office, by maintaining a system of sixty-two Federal Coordinating Centers (FCCs). These facilities, located in major metropolitan areas, manage the day-to-day planning and operations in one or more assigned geographic NDMS Patient Reception Areas. The FCC's are responsible for the management of patient evacuation for those who cannot be cared for in a disaster area.

FCC's maintain a nationwide network of voluntary, pre-identified, non-federal acute care hospitals to provide definitive care for the victims of domestic disasters or a military contingency that exceeds the medical care capability of the affected local, state, or Federal medical system.

NDMS Activities and Operations

After a natural disaster or terrorist event, NDMS, through its Disaster Medical Assistance Teams (DMATs) provides medical care in austere conditions, including pre-hospital, ambulatory and in-patient care, medical transportation, patient evacuation, and other medical duties as required. Fully operational DMATs, which must be self-sustaining for up to 72 hours, deploy with standardized equipment, pharmaceuticals and supplies in a disaster area. The International Medical/Surgical Response Team (IMSURT) can rapidly deploy to sites overseas to provide on scene surgical as well as medical care in support of Department of State missions.

In 1996, the DHHS Office of Emergency Response (OER) was charged with

assisting the National Transportation Safety Board (NTSB) in the aftermath of airline and other transportation disasters. Other assistance includes providing Disaster Mortuary Operational Response Teams (DMORTs) to work with local medical examiners in the identification of victims, provision of mortuary services, and assistance to the families of the victims. 10 DMORTs are located throughout the U.S and an additional DMORT was created to be able to deal with contaminated victims of a WMD event. The teams have deployed with NTSB a number of times, and have also assisted individual states and localities, most recently in Rhode Island after the nightclub fire.

National Security and WMD Activities

Beginning with the 1996 Summer Olympic Games, OER has participated in a number of national special security events that have the potential for a terrorist attack. The National Medical Response Teams (NMRTs) have deployed with the FBI, DOD, Secret Service, U.S. Capitol Police and other law enforcement groups to Presidential State of the Union Addresses, Republican and Democratic national conventions, Presidential inauguration events, world summits, and other high profile events. Three of the four NMRTs were created from DMATs that were given additional training and provided specialized personal protective and other specialized equipment, appropriate pharmaceuticals, and mass decontamination capability to deploy to areas where a terrorist event has occurred and be able to immediately begin to decontaminate and treat victims. A fourth NMRT is permanently stationed in the Washington, DC metropolitan area. VA is an active partner in this effort, by maintaining the NMRT pharmaceutical caches and ensuring that they are ready to deploy at a moment's notice.

Strategic National Stockpile

Begun in 1999, the Stockpile includes pharmaceuticals, antidotes, antibiotics and other medical supplies to treat victims of a biological or chemical attack. The stockpile is composed of 12 “push packages” of pharmaceuticals, medical supplies and equipment strategically located around the country to provide rapid response to emergencies with life-saving drugs and equipment. The stockpile also includes a “vendor managed inventory” that can be deployed, should a major biological event occur. DHS is now responsible for determining when and where the stockpile should be deployed. HHS will continue to manage the contents of the stockpile, with VA’s continued assistance in pharmaceutical purchases, drug rotation and inventory management.

VA Partnerships

As I’ve mentioned, VA is an active partner in all NDMS activities, through NDMS management activities, deployment to disaster areas of medical, management and support staff, assistance in OER’s operational center, and active management of NDMS’ Federal Coordinating Centers. Together, we conduct training exercises, as well as organize and manage an annual NDMS training conference.

Since 1997, VA has provided invaluable expertise and service in managing and maintaining the WMD pharmaceutical caches. Based on DHS’ threat based assessments, VA purchases the pharmaceuticals and medical supplies, maintains an active inventory, provides climate controlled space, rotates and replaces stock as required, and deploys the

inventory when called upon by DHS.

We hope that we will also be active partners in the development of the education and training programs on the medical responses to the consequences of terrorist activities. One of the HHS programs that transferred to DHS was the Noble Training Center (NTC) located in Anniston, Alabama. NTC was the base hospital at Fort McClellan that was transferred by Congress to HHS for use as a WMD medical training facility. DHS will work with VA at NTC to establish a coordinated medical training approach to train medical staff in a hospital setting.

Conclusion

The mission of the Emergency Preparedness and Response Directorate is very clear – helping people in need, be it a response to a natural disaster, terrorist event, or any other catastrophic event. DHS looks forward to a continuing strong working relationship with VA, and all of our federal agency partners.

Mr. Chairman, that concludes my prepared remarks. I will be pleased to answer any questions you may have.