



# **EMERGENCY MANAGEMENT STRATEGIC HEALTHCARE GROUP (EMSHG)**

**FY-2004 Annual Report**



**Department of Veterans Affairs  
Veterans Health Administration**

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## **Executive Summary**

The FY-2004 Annual Report of the Emergency Management Strategic Healthcare Group (EMSHG) provides a comprehensive review of the organization's development and evolution during a period of continued exceptional activity. The United States remains a country at war since September 11, 2001. During this year, EMSHG was challenged to coordinate an unprecedented response to hurricane disasters. In recognition of the accomplishments, expertise, and experience of its headquarters and field personnel, EMSHG has been designated the VHA lead office for emergency management. Continually facing new operational and organizational requirements, EMSHG manages its assets to provide vital emergency management information for VA leadership with a constant goal of ensuring that health care for veterans remains uninterrupted. As the largest integrated national health care system with personnel and facilities in virtually every community across the United States, VA is a national asset, uniquely positioned to contribute to homeland security measures and respond to natural disasters quickly and efficiently. As such, EMSHG has reinforced its lead role in VA's "fourth mission," contingency planning and operations, for the benefit of veterans, their families, and their communities.

## **Emergency Management Strategic Healthcare Group (EMSHG)**

EMSHG is comprised of 10 headquarters staff located at Martinsburg, West Virginia, and 65 "out-based" staff (District Managers, Area Emergency Managers, and Management Assistants) located at field offices throughout the Nation. The VA NDMS Federal Coordinating Centers (FCCs) map may be viewed on page 5.

### **STRATEGIC OVERVIEW**

The Emergency Management Strategic Healthcare Group (EMSHG) manages, coordinates and implements the emergency medical preparedness mission for the Department of Veterans Affairs (VA) through various Federal laws and regulations.

### **VISION**

EMSHG will be recognized as a premier provider of Comprehensive Emergency Management services and a benchmark organization in health care emergency management.

### **MISSION**

EMSHG provides Comprehensive Emergency Management services to the Department of Veterans Affairs, coordinates medical backup to the Department of Defense, and assists the public via the National Disaster Medical System and the National Response Plan.

### **STRATEGIC GOALS**

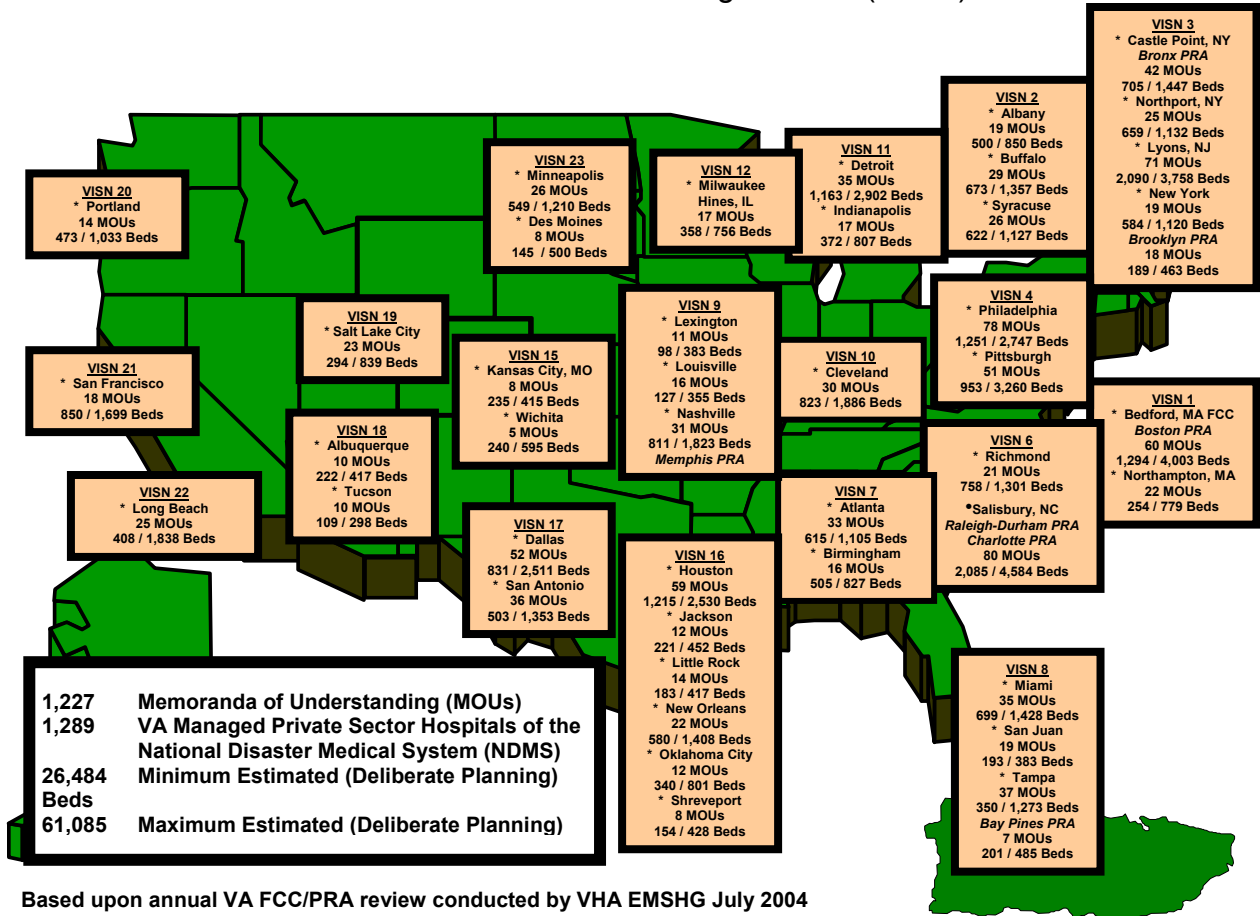
EMSHG strategic goals directly support the VA national strategic goal to *contribute to the public health and socio-economic well being of the nation* and the VHA strategic goal to *build healthy communities*. EMSHG strategic goals directly support the VHA national goal to *improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to veterans as well as support to national, state, and local emergency management and homeland security efforts*.

- I. Improve effectiveness of VISN emergency management programs.
- II. Ensure VA readiness to provide medical support for DoD contingencies.
- III. Fulfill VA NDMS responsibilities.
- IV. Enhance emergency management partnerships in the Nation's communities.
- V. Lead VHA in preparing for emerging threats.
- VI. Contribute to the emergency management knowledge base.
- VII. Deliver appropriate, timely, and effective disaster response services.

Strategies and performance targets were developed for each of the seven strategic goals. During FY-2004, the EMSHG management, working through the Area Emergency Managers, continued to complete targets towards achieving and implementing the EMSHG Strategic Goals. This relationship was the basis for

measuring progress in emergency management preparedness at both the Veterans Integrated Service Network (VISN) and the VA Medical Center (VAMC) levels.

### VA NDMS Federal Coordinating Centers (FCCs)



Based upon annual VA FCC/PRA review conducted by VHA EMSHG July 2004  
August 10, 2004

## **PROGRAM RESPONSIBILITIES**

### **VA/DoD Contingency Hospital System:**

EMSHG develops National, VISN and local plans and training programs to ensure back-up support to the Department of Defense medical systems during war or National emergency.

### **VA Contingencies:**

EMSHG provides guidance and consultation to VISNs to ensure that all VA medical centers (VAMCs) develop a comprehensive emergency management program with an all-hazards focus including weapons of mass destruction, natural disasters, and other emergencies.

### **National Disaster Medical System (NDMS):**

EMSHG supports Federal Coordinating Center (FCC) functions located at designated VAMCs. EMSHG develops and coordinates National, regional and local FCC plans to assist in the implementation of the National Disaster Medical System's support to State and local medical resources in the event of major domestic disasters, or the DoD medical care system when needed during military contingencies.

### **National Response Plan:**

EMSHG takes appropriate actions in cooperation with the Department of Homeland Security and FEMA, related to planning, preparedness, response, recovery, awareness, and mitigation strategies for disaster threats. EMSHG coordinates VA's participation in federal disaster response as specified in the provisions of the National Response Plan, the National Incident Management System (NIMS), and other provisions of Homeland Security Presidential Directive (HSPD) 5.

### **Continuity of Government:**

EMSHG executes assigned actions for the Veterans Health Administration (VHA) in support of the continuity of government plan and responsibilities related to maintenance of specific sites in coordination with the Office of Policy, Planning, and Preparedness.

### **Federal Radiological Emergency Response Plan:**

EMSHG provides response capability to supplement other Federal, state, and local government efforts in response to accidents at fixed nuclear facilities or during transportation of radioactive materials.

## **EMSHG Highlights for FY-2004**

- EMSHG coordinated an unprecedented response to Hurricanes Charley, Frances, Ivan and Jeanne. Including EMSHG staff, 455 personnel were deployed in response to internal missions for VA and support to ESF-8 of the National Response Plan.
- Progress towards meeting strategic targets in FY04 was excellent.

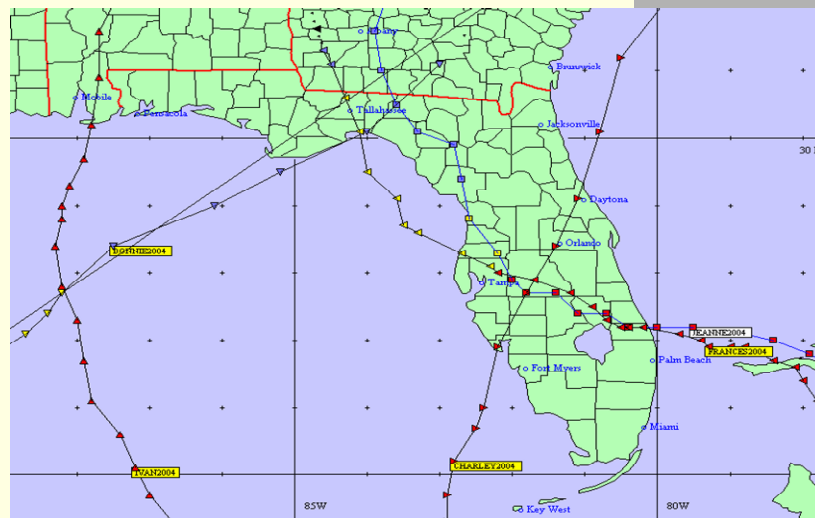
- The Continuity of Operations Plan (COOP) for VHA was finalized, and VHA participated in *Forward Challenge*.
- EMSHG was assigned the responsibility to conduct annual inspections of the VHA pharmaceutical caches.
- All Area Emergency Managers (AEMs) completed an extensive orientation and training on the Emergency Management Program Guidebook.
- A videotape and poster to help market the Disaster Emergency Medical Personnel System (DEMPS) were produced and distributed to all VISNs.
- Content for the Emergency Management Academy began development in association with leading experts with The George Washington University.

## **EMSHG Significant Achievements: 2004**

### **HURRICANE RESPONSE**

The hurricanes of 2004 challenged VA to continue to provide health care for veterans as well as fulfill the VA's obligation to provide medical support under the National Response Plan (NRP), Emergency Support Function (ESF) 8. EMSHG was key to meeting this challenge in both areas. While VISN 8 and VISN 16 experienced the most direct hurricane impact and successfully managed many challenges, EMSHG coordinated the deployment of personnel from all networks to meet VA internal support needs, as well as obligations under the National Response Plan.

## 2004 Hurricanes

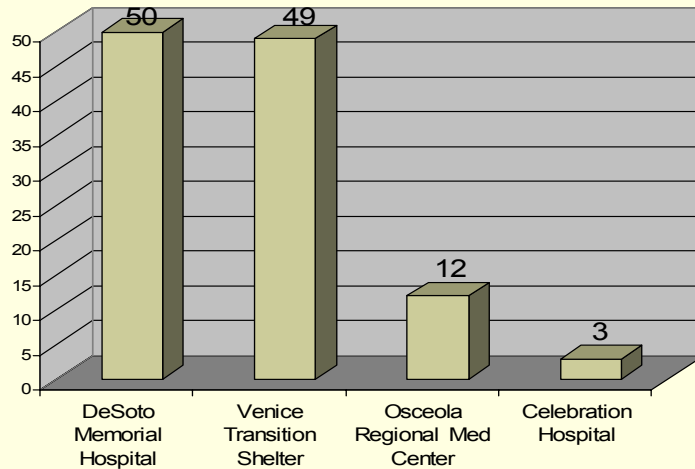


On August 13, Hurricane Charley made landfall on the Western coast of Florida near Punta Gorda and worked its way to the northeast, passing near Orlando and Daytona. In anticipation of Charley's arrival, many Community Based Outpatient Clinics (CBOCs) were closed, and patient visits were rescheduled. As a result of Charley's impact, the Port Charlotte CBOC was permanently closed, and additional space was leased to accommodate patients. Protective actions were taken at various VA Medical Centers in VISN 8.

As requested by the Department of Health and Human Services, the lead agency under ESF 8 of the NRP, VA responded by deploying just over 100 personnel from various VISNs throughout the country. EMSHG Area Emergency Managers (AEMs) were deployed to manage logistics, such as housing and transportation, for the deployed clinical personnel. These medical personnel worked in Florida at the Desoto Memorial Hospital in Arcadia, the transition shelter established in Venice, the Osceola Regional Medical Center, and the Celebration Hospital in Orlando. Damage to the Desoto hospital was extensive, and many of the staff working at this non-Federal hospital lost their homes. The following chart shows distribution of deployed VA personnel following Charley.



## CHARLEY – VA Support to ESF 8



Because most hotels and motels in the Arcadia area experienced damage, and the area was without power for several days, the 50 VA staff who initially volunteered to deploy, spent nearly two weeks sleeping and living in a tent, dubbed “Camp Outback” by its residents. Despite the austere living conditions, VA staff did an outstanding job and received praise from officials and other staff at the Desoto facility. EMSHG Area Emergency Managers managed logistics for this deployment and also used Camp Outback as their sleeping facility.

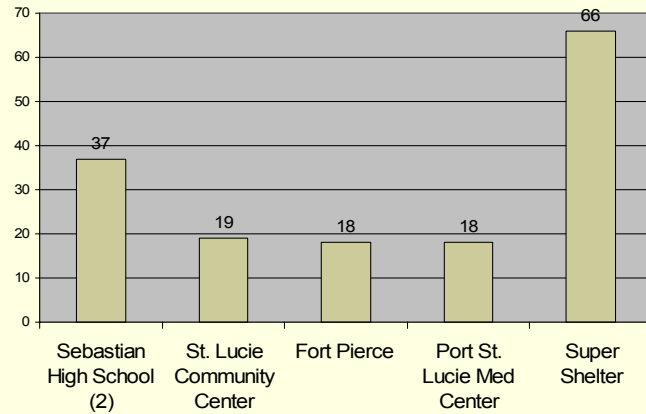
## Sleeping at DeSoto



On September 5, just as management of the response to Hurricane Charley was starting to become routine, Hurricane Frances made landfall on the Southeast Florida coast near Melbourne. Hurricane Frances moved across Florida and passed through some of the same inland counties that Charley had visited in mid-August.

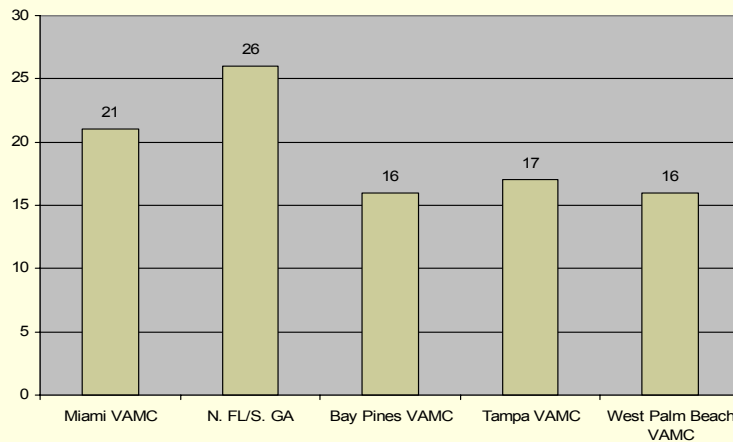
In the aftermath of Frances, VA, with EMSHG managing the effort, deployed the most personnel ever at a single time, supporting both VA internal needs and continued support previously requested under ESF 8. Additionally, ESF 8 tasked VA to provide more medical support for people moved to shelters and to assist non-Federal medical facilities in Martin, Indian River, and St. Lucie counties. Many of the staff (numbers depicted in the next chart), eventually arrived at the pilot project “super shelter” in Orlando, established by the Federal Emergency Management Agency and the Department of Health and Human Services.

## FRANCES--ESF 8 Support



VA facilities and staff began to feel the long-term impact as Hurricane Frances moved on. This was the second hurricane to affect the same areas of central Florida in less than three weeks. VA clinical staff, many facing damage or destruction of their own homes, worked together to handle increasing patient workloads at their facilities. VA staff from throughout the country united to support Florida VA facilities. The following graph shows the number of VA employees deployed and the facilities they supported.

## FRANCES- Internal VA Support (96)



On September 15, tropical storm Jeanne hit Puerto Rico, causing water supply and power problems at the San Juan VA Medical Center. VISN 8 managed this situation carefully and without significant disruption of patient care for veterans. The EMSHG area emergency manager (in San Juan) was instrumental in coordinating overall emergency management issues.

On September 16, Hurricane Ivan came ashore. Winds, storm surge, and heavy rains pounded the panhandle area of Florida, and lower Alabama. VISN 16 managed the disaster response in Alabama and western Florida. They successfully evacuated patients to safe areas and received nearly 40 patients from a private nursing home in Harrison County, Alabama, who were in harm's way.

In addition, major transportation routes, such as I-10 in western Florida, were severely damaged. This, combined with debris on nearly all roadways, made it difficult for veterans to travel to the facility where they normally received medical care. In response, VA moved in three of their mobile clinics to the Pensacola area. These clinics had been staged in Atlanta, prior to Ivan making landfall. One of the three clinics is shown in use near Pensacola. Once again, area emergency managers played a key role in supporting the clinical staff by locating lodging facilities as well as assisting them with transportation.

## Mobile Clinics

Three mobile clinics were deployed to the panhandle of Florida



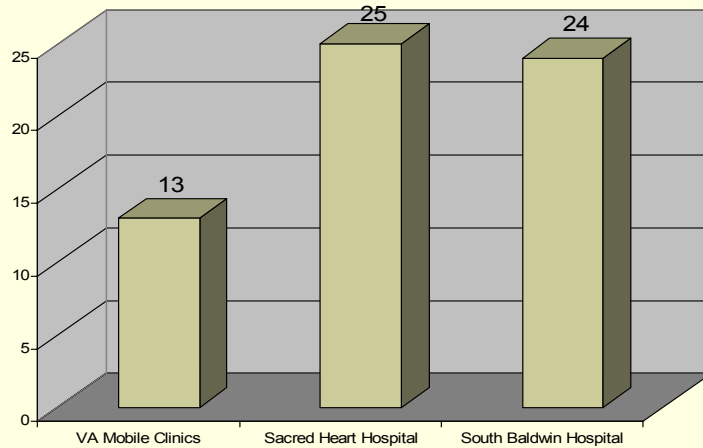
Two non-Federal hospitals requested assistance following Ivan's impact. While the number of VA staff deployed was being reduced, VA, with EMSHG coordinating the effort, was still playing a major role in support of ESF 8 of the NRP. In addition to supporting veterans with the mobile clinics, VA staff provided needed assistance at the Sacred Heart Hospital in Pensacola, Florida, and the South Baldwin Medical Center in Foley, Alabama. Again, finding lodging for clinical staff in the hurricane-damaged area was a challenge for the AEMs; but as before, they were eventually successful in finding adequate accommodations.

## South Baldwin Hospital- Foley, AL



The Ivan deployment summary follows.

## Ivan—Number of Staff Deployed

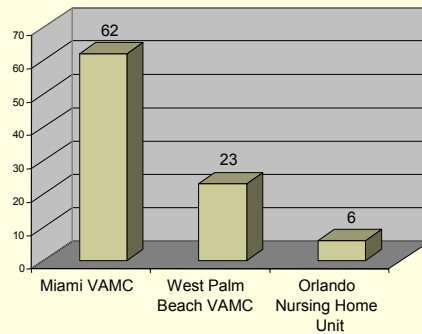


As the end of September drew near and VA staff grew weary from their responses to three hurricanes, Jeanne announced her presence. This slow-moving system kept network and VHA emergency managers on edge for several days, while it determined where it would strike, and with what force. Jeanne took a similar path to Frances and made landfall on September 26; and for the second time, wind and rain damaged the West Palm Beach (WPB) VA Medical Center. From this point on, much of VISN 8's efforts, and that of VHA, would be to provide care for those veterans displaced from the WPB VAMC. Many patients were moved to, or redirected to, the Miami VAMC during this time. In addition, a few personnel provided a much-needed break for clinical staff at the VA Nursing Home Unit in Orlando.

Fortunately, the requirement to supply clinical personnel to support ESF 8 missions was nearly complete, and no additional ESF 8 requirements would be forthcoming, allowing VA to concentrate solely on supporting its own facilities, staff, and patients.

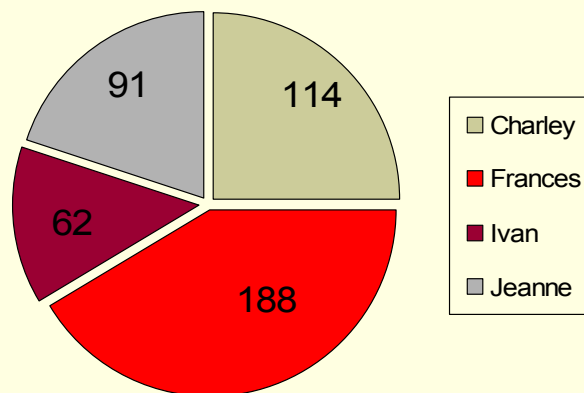
VA's main focus would now be on following through with recovery operations in all areas that had been impacted and restoring the WPB VAMC to full capacity. Up to this point, many VA staff deployed had been medical/clinical staff, but the WPB medical center needed personnel to help repair the facility. Several carpenters from VA facilities as far away as California rose to the challenge and reported for duty at WPB. As before, EMSHG headquarters, along with deployed AEMs, provided the coordination.

## VA Internal Support, Jeanne

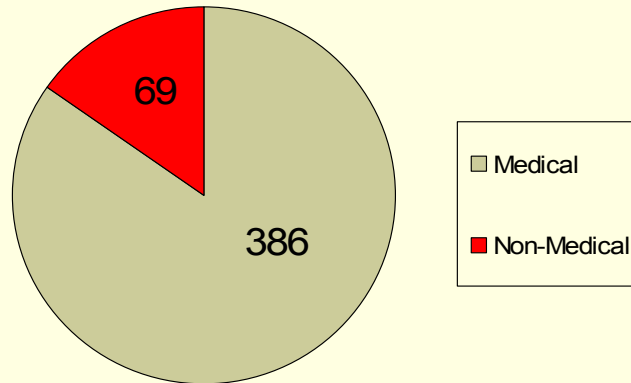


The following charts depict the total deployment of VA personnel in response to both internal VA missions, as well as to missions in support of ESF 8 of the National Response Plan.

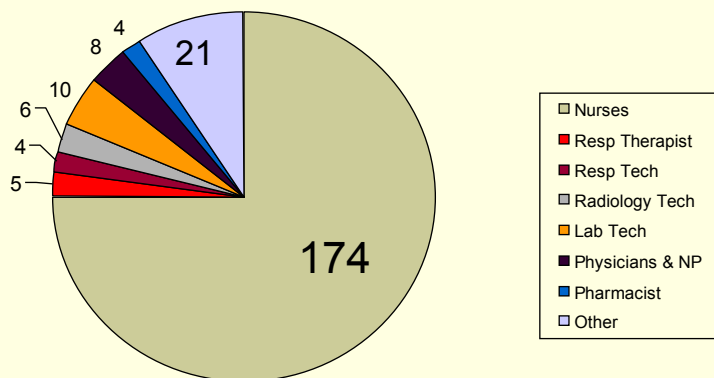
## TOTAL DEPLOYMENT (455)



## MEDICAL/NON-MEDICAL (455)

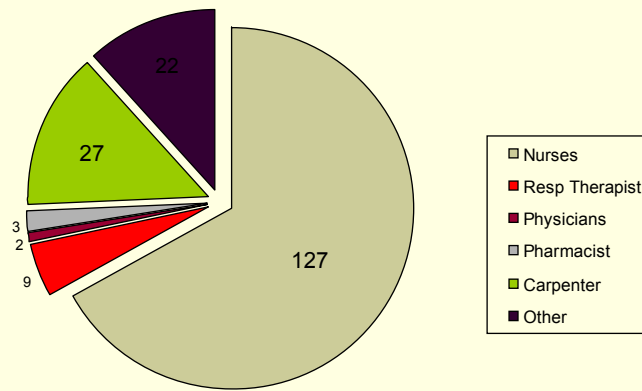


## TOTAL ESF 8 Support by Category (232)

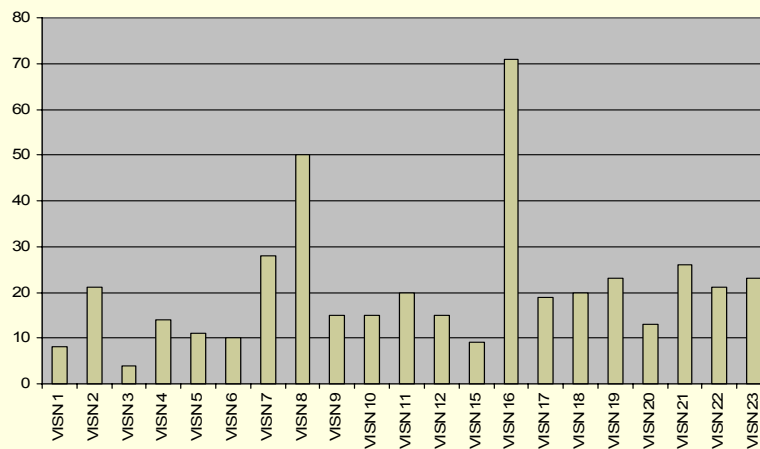




## VA Internal Support by Category (190)



## DEPLOYMENT BY VISN



Some VISNs were unable to deploy personnel due to other activities within their VISN, such as VISN 3, which was supporting preparedness for the Republican National Convention. Other VISNs that could eventually be in the path of the hurricanes decided not to deploy large numbers of staff in case the hurricane(s) would strike within their

network. VISN 6 had problems of its own, experiencing a water outage during the time of the hurricane, while not specifically linked to a hurricane.

VA was able to accomplish this large, complex disaster response to the unprecedented hurricanes by using a structure based on the National Incident Management System (NIMS).

**Progress Toward Strategic Targets**

Strategic targets were identified for FY-2004 and are part of an ongoing multi-year effort to achieve progress toward the targets. A brief statement of those targets and achievement rate is shown below:

**GOAL: Improve the effectiveness of Comprehensive Emergency Management (CEM) programs**

	FY04 Target	FY04 Actual
VISNs that receive VISN EOC training	95%	95%
AEMs communicate VISN CEM goals to facilities	95%	95%
AEMs brief VISNs on FY03 accomplishments	95%	100%

**GOAL: Enhance VISN/VAMC partnerships**

	FY04 Target	FY04 Actual
*AEM completed needs survey	100%	95%
AEM conducts customer service survey of EPC	85%	92%

\* Staff vacancies contributed to not meeting target

**GOAL: Ensure VA readiness to provide medical support for DoD contingencies**

	FY04 Target	FY04 Actual
Communicate DoD requirement to facility staff	85%	92%
*Review VA/DoD plans	100%	98%
Ensure three people trained in TRAC2ES bed reporting	90%	92%
*PRC/FCC patient reception exercise every three years	80%	77%

\* Staff vacancies contributed to not meeting target

**GOAL: Fulfill National Disaster Medical System (NDMS) responsibilities**

	FY04 Target	FY04 Actual
FCC coordinator provides one education meeting	90%	98%
Ensure MOUs renewed by facility directors every 3 yrs.	95%	96%

**GOAL: Lead VHA in establishment of emergency management standards and become a benchmark organization for emergency management and healthcare**

	FY04 Target	FY04 Actual
*AEMs complete decontamination training	95%	80%
**VAMCs incorporating pharmaceutical cache exercise into facility drill	50%	39%

\* Hurricane response impacted ability to attend training

\*\* There is no requirement for a cache exercise

**GOAL: Contribute to emergency management knowledge base and improve education and training**

	FY04 Target	FY04 Actual
Documented professional development plans for AEMS and MAs	95%	97%
Attend 10 hours of emergency management training	100%	98%
30 hours of training to enhance job responsibilities	100%	100%

**GOAL: Deliver appropriate, timely, and effective disaster response and recovery services.**

*(See sections on hurricane response and DEMPS)*

**Continuity of Operations Plan (COOP) and Forward Challenge**

Federal Preparedness Guide 65 was updated in 2004, for use at all levels of Federal Executive organizations, and was expanded to include new COOP procedures since 9/11. This new preparedness guide provided departments and agencies with new tools for developing and implementing continuity of operations. VHA Central Office staff, working with EMSHG headquarters staff, developed the VHA COOP plan and tested the plan during a national COOP exercise termed "Forward Challenge," held in May.

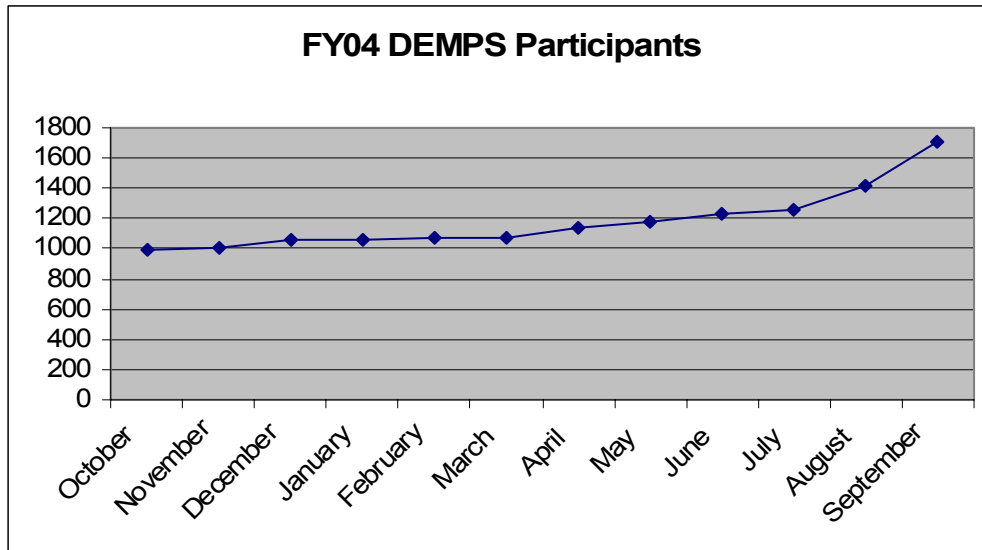
**Pharmaceutical Cache Inspection**

VHA Directive 2004-046, issued August 24, 2004, directs that VA pharmaceutical caches be inspected annually. This inspection is an EMSHG responsibility. EMSHG area emergency managers have been provided instructions and procedures for conducting these inspections.

**Disaster Emergency Medical Personnel System (DEMPS)**

EMSHG continued to support VHA DEMPS recruitment initiatives at all VAMCs, including providing consultation and updated information to VISN and VAMC directors. More than 1700 VHA employees, including members of the VISN 4 and VISN 7 emergency medical response teams (EMRTs), were enrolled in DEMPS at the end of FY2004, representing a wide-range of clinical and administrative specialties.

Participants in the program increased 58% during the fiscal year. Several DEMPS volunteers were included in those employees who deployed following this year's hurricanes. The following chart depicts the growth in DEMPS participation during FY2004.



A videotape was produced to help market the DEMPS program in future years. Additionally, wall charts with specific information about DEMPS have been distributed, along with the video tapes, to all VA Medical Centers.

### EMSHG Organization

As noted in the previous EMSHG Annual Report, 17 EMSHG headquarters personnel were transferred to support the Secretary's vision to create a Department-level homeland security office. This reorganization had a dramatic impact on EMSHG's organizational functions during FY-2003. The Under Secretary for Health approved a new EMSHG organizational chart in FY-2003, which included three new headquarters staff and three full-time district managers. During FY 2004, all these positions were filled, except the Administrative Officer position, which was being advertised during the time this report was prepared. This staff increase not only provided EMSHG with additional and required staff but also provided EMSHG with the organizational flexibility to carry out its mission and program responsibilities within VHA and the Department.

### EMSHG Web Site

The EMSHG web site is a focal point for emergency management, weapons of mass destruction (WMD) training, and related information. The site now includes: Emergency Management Awareness and Operations training courses, the Emergency Management Academy (EMA) Knowledge Management (KM) Library (currently only Intranet); EMSHG Employee Education System (EES) Satellite Broadcasts, the Emergency Management Program Guidebook, the Department of Homeland Security Threat Advisory link (automatic updates), and EMSHG Administration (links to EMSHG internal

memos and EMSHG-initiated directives regarding MERRT and DEMPS). EMSHG posted up-to-date information on upcoming conferences and other training and provided daily situation reports for the VA medical response efforts during the 2004 hurricane season.

### **Research and Technical Assistance**

During FY-2004, EMSHG's primary research activity was supporting the design and delivery of an assessment of VA Medical Center and VISN Emergency Management Programs. This study, managed by VA's Office of Policy, Planning and Preparedness, was one component of a larger set of surveys that looked at vulnerability of VA employees, systems, buildings and external role.

EMSHG staff participated in numerous Federal and State emergency health and medical services committees, such as the National Response Plan, National Disaster Medical System, Cities Readiness Initiative, and Health Resources and Services Administration Bioterrorism Preparedness Program. EMSHG also supported various national hospital preparedness standards-setting organizations/committees with the National Fire Protection Association (NFPA), the American Society for Testing and Materials (ASTM) and the Interagency Board (IAB).

### **Education**

EMSHG's Emergency Management Academy (EMA) continued its development, with the publishing of its curriculum outline and initiation of contracts for content development and web education format. The EMA's four units include:

- Unit 1, Introduction to Emergency Management for Health Systems
- Unit 2, Emergency Management Program Development
- Unit 3, Incident Management Systems
- Unit 4, Organizational Development

The content for Units 1 and 2 are being developed in-house, and the content for Units 3 and 4 by leading experts at The George Washington University. The EMA's web-based courses should be complete by FY 2006.

EMSHG staff supported VHA's Office of Public Health and Environmental Hazards in producing an extensive array of educational materials in a project with the Department of Defense' Uniformed Services University of Health Sciences entitled "Weapons of Mass Destruction (WMD) Training for VA Clinicians." Web-based modules, videos and pocket cards were produced for chemical, biological, nuclear/radiological, explosive/burn and mental health.

EMSHG published on-line educational materials to support its responsibilities in VHA's Emergency Pharmaceutical Cache Program. Content and support aids for conducting awareness and operations-level seminars on the Emergency Management Program Guidebook were also made available on the EMSHG web site.

## **Training**

EMSHG headquarters and field locations carried out various training activities including Continuity of Operations (COOP), Incident Command System (ICS), Emergency Operations Center (EOC), Disaster Emergency Medical Personnel System (DEMPS), pharmacy cache and mass casualty decontamination.

EMSHG held a Spring Meeting in Martinsburg, West Virginia where Area Emergency Managers participated as trainers in the agenda designed to provide “operations level” understanding of the Emergency Management Program Guidebook.

## **Exercises**

EMSHG headquarters and field locations participated in, designed and conducted numerous exercises throughout FY 2004. Tabletop exercises, done in conjunction with orientation seminars, have become very popular at the hospital level since the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) allowed their use in 2002. EMSHG’s own performance management system requires the conduct of a full-scale patient reception exercise every three years. These are often accomplished in concert with other community agencies that also have exercise requirements.

Significant mass casualty exercises were conducted in the following EMSHG field locations: Oklahoma City, OK; Lexington, KY; Des Moines, IA; San Antonio, TX; East Orange, NJ; Albuquerque, NM; Portland, OR; and Little Rock, AR.

EMSHG Headquarters, in partnership with VA’s Office of Policy, Planning and Preparedness (P3) conducted a complex COOP exercise named “Forward Challenge (FC).” Participants in FC relocated to Martinsburg, WV from Washington, DC and included the Deputy Secretary, other key policy officials and staff from the Veterans Health Administration, Veterans Benefits Administration and National Cemetery Administration.

## **EMSHG and JCAHO Collaboration**

EMSHG continues to collaborate closely with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

## **EMSHG Technical Advisory Committee (TAC)**

The EMSHG TAC continued to meet (on-site at VACO) quarterly and to work consistently by conference calls and electronic means. The purpose of the TAC, chaired by the EMSHG Chief Consultant, is to advise EMSHG leadership on emergency management issues (including those related to preparedness for potential incidents involving WMD that impact VHA). The EMSHG TAC membership is comprised of

representatives of VHA and VA programs, groups, and entities, and expert representatives of other federal departments and agencies, e.g., DoD, HHS, FEMA, FBI, and the Department of State.

### **EMSHG TAC Task Forces and Chairs**

- Basic Training - Larry Flesh, MD - VA
- Emergency Management Academy - Robert Darling, CAPT, MC, USN - USAMRIID
- Organizational Support - Robert Roswell, MD - VA
- Pharmaceutical Stockpiles – Wesley Robbins, Pharm.D. – VA
- PPE and Decontamination - John Hancock - VA
- Quarantine - Donna Barbisch, MG, Ph.D. - USAR
- Research - Eric Auf der Heide, MD - ATSDR/CDC
- Surveillance - Gary Roselle, MD - VA
- Telemedicine - Adam Darkins, MD - VA

### **TAC Products and Contributions**

- Developed scholarly review, options, and specific recommendations for PPE levels and decontamination protocols. Submitted to VHA leadership for use in the plan to purchase and train on PPE/decontamination equipment, VHA-wide.
- Developed "BIOLOGICAL THREAT INTERROGATORIES," a tool for use by VAMCs in planning for potential WMD incidents. (Document is posted on EMSHG web site.)
- Reviewed contents of VHA pharmaceutical caches and recommended modifications to the Pharmacy Benefits Management Strategic Healthcare Group. (Included was a recommendation that VA reduce the number of cyanide antidote kits resulting in significant cost savings to VA.)
- Reviewed/provided revisions for WMD "pocket cards" (a VHA-generated tool useful to health care providers who may encounter patients exposed to WMD agents). Cards are posted on the EMSHG web site.

### **PUBLICATIONS AND PRESENTATIONS**

EMSHG Area Emergency Managers are a link to their local VAMC, the local emergency management organizations, and in some cases to state and other Federal agencies. To accomplish the needed interaction, as well as training, AEMs often publish articles, prepare and deliver presentations to emergency management audiences, and provide training to various groups.

#### **PUBLICATIONS/ARTICLES**

Kenneth Bresnan and Suzanne Conklin, VISN 11 quarterly newsletter, NEWS at VISN 11, Vol. 6, Issue #4, Fall 2004. Article, "Charles, Frances, Ivan and Jeanne. Oh My!"

Suzanne Conklin, VISN 11 quarterly newsletter, NEWS at VISN 11, Vol. 6, Issue #4, Fall 2004. Article, "First Hand Account of Hurricane Charley's Aftermath."

Paul D. Christoph, Emergency Management News newsletter, March 2004. Articles, "VA's Fourth Mission", "VA/DoD Contingency System", and "DEMPS."

David R. Rossi, Pittsburgh Healthcare System newsletter, Issue #17, Summer/Fall 04. Article, "Annual EMERT Training."

David R. Rossi, Stars and Stripes Healthcare Network newsletter, Veterans First, November 2003, Article, "VA Health Care's Fourth Mission."

Cosme Torres-Sabater, Army Reserve Family Readiness Group Newsletter, 2<sup>nd</sup> Edition, 3<sup>rd</sup> quarter, July 2004. Article, "Hurricane Season Just Started."

Pete Brewster, American College of Healthcare Executives, 2004, "Understanding and Implementing Standards and Guidelines for Emergency Management, Terrorism and Disaster Management."

## **PRESENTATIONS**

Paul Brannigan and Zane Shaw, presentation on *Developing the EOP*, Area Emergency Manager's Meeting, Martinsburg, West Virginia, March 2004.

Gerald D. Cartier, presentation on *Partners in Preparedness*, at the U.S. Army Southeast Regional Medical Command—Homeland Security Medical Conference, Atlanta, Georgia, in January 2004.

Gerald D. Cartier, training session on *Comprehensive Emergency Management* at the State of Kentucky, Department of Public Health Planners Conference, Frankfort, Kentucky in February 2004.

Gerald D. Cartier, presentation on Integrating the VA's 4<sup>th</sup> Mission into our National WMD Efforts, to the State of Kentucky Bio Terrorism Healthcare Preparedness Committee, Frankfort, Kentucky in June 2004.

Paul D. Christoph, presentation on *VA Emergency Management and NDMS*, to the Nashville Metro Disaster Medical Committee in March 2004.

John F. Flynn, presentation on *EMSHG Emergency Management*, to the VISN 2 Chaplains at Canandaigua, New York in June 2004.

Michael S. Peters, presentation on *NDMS Patient Reception Area Operations—Patient Administration and Tracking*, at the National Disaster Medical System Conference in Dallas, Texas in April 2004.



David R. Rossi, presentation on *National Disaster Medical Systems* to the residents in the Occupational and Environmental Residency Program, at the University of Pittsburgh, January 2004.

William Thompson, presentation on *VA/DoD Contingency Planning* to the Homeland Security Conference, October 15, 2003.

William Thompson, presentation on *Hospital Emergency Incident Command System (HEICS)*, to the management staff of the New Mexico Veterans Affairs Healthcare System, September 3, 2004.

Cosme Torres-Sabater, training session on *Hospital Emergency Incident Command System (HEICS)*, for the Puerto Rico Department of Health, San Juan, Puerto Rico in April 2004.

Cosme Torres-Sabater, training session on *Hospital Planning for a Terrorism Incident*, for San Juan VA Medical Center staff in May 2004.

Cosme Torres-Sabater, training session on *Hospital Planning for a Terrorism Incident*, for San Juan VA Medical Center staff in June 2004.

Cosme Torres-Sabater, training session on *Hospital Planning for a Terrorism Incident*, for San Juan VA Medical Center staff in July 2004.

Darlene Weisman, presentation on *Introduction to Surge Capacity*, to the FEMA Region V Regional Interagency Steering Committee (RISC) in April 2004.

Pete Brewster, Comprehensive Emergency Management Programs for Health Care Systems, 2004 National Disaster Medical System Annual Conference.

Pete Brewster, Comprehensive Emergency Management Programs for Health Care Systems, National Health Research Institute, Taipei, Taiwan.