



THE ROLE OF THE FEDERAL GOVERNMENT



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GOAL OF THIS SECTION

To explain the roles and responsibilities held by the U.S. Department of Health and Human Services (HHS), the U.S. Department of Homeland Security (DHS), and other agencies of the federal government to manage a range of public health crises, from naturally occurring disasters to terrorist attacks, namely:

- › The role HHS would play in response to terrorist threats to public health
- › How HHS, DHS, and other federal agencies would work together in a crisis
- › The responsibilities of various HHS offices and agencies in a crisis
- › The legal basis for public health authority in a crisis

WHAT THIS SECTION INCLUDES AND WHY

This section clarifies how various parts of the federal government work together and with state, local, and tribal officials to manage a health crisis. Responses to crises are complex. In recent years, there have been changes in the types of public health challenges facing our nation and the world. In addition, there have been changes in crisis response systems, as well as response organizations, and their responsibilities. Because these roles will continue to evolve, updated information will be made available at <http://www.hhs.gov/emergency>. Information published in this guide is current as of spring 2005.

WHAT THIS SECTION DOES NOT INCLUDE

A detailed explanation of the National Response Plan (NRP) or the National Incident Management System (NIMS) is not included. The purpose of the section is to explain the public health response. See the NRP (<http://www.dhs.gov/nrp>) and NIMS (<http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf>) Web sites for descriptions.

WHAT TO EXPECT FROM HHS

HHS is the U.S. government's principal agency for protecting the health of all Americans. The overall goal of HHS' preparedness and response program is to ensure sustained public health and medical preparedness within our communities and our nation in defense against terrorism, infectious disease outbreaks, medical emergencies, and other public health threats.

In a public health emergency, HHS' responsibilities include:

- › Monitoring, assessing, and following up on people's health
- › Ensuring the safety of workers responding to an incident
- › Ensuring that the food supply is safe
- › Providing medical, public health, and mental/behavioral health advice

- › Establishing and maintaining a registry of people exposed to or contaminated by a given agent

To fulfill this role, HHS works closely with state, local, and tribal public health departments; DHS; other federal agencies; and medical partners in the private and nonprofit sectors. Under the Public Health Service Act (see appendix D [p.234]), HHS has the authority to:

- › Declare a public health emergency
- › Make and enforce regulations (including isolation and quarantine) to prevent the introduction, transmission, or spread of communicable diseases into the United States or from one state or possession into another
- › Conduct and support research and investigation into the cause, treatment, or prevention of a disease or disorder



- › Direct the deployment of officers of the Public Health Service, a division of HHS, in support of public health and medical operations
- › Provide public health and medical services and advice
- › Provide for the licensure of biological products

On behalf of the Secretary, the Assistant Secretary for Public Health Emergency Preparedness coordinates the Department's efforts to prevent, prepare for, respond to, and recover from public health and medical consequences of disasters or emergencies.

THE NATIONAL RESPONSE PLAN

The structures, capabilities, and resources of federal agencies are unified in the NRP, an all-hazards plan that establishes a single comprehensive framework for the management of domestic incidents. The NRP can be found in its entirety on the Web (<http://www.dhs.gov/nrp>).

PUBLIC HEALTH OR MEDICAL EMERGENCIES

Federal public health and other medical assistance in federally declared public health or medical emergencies is provided under Emergency Support Function (ESF) #8 of the NRP. ESF #8 is 1 of 15 ESFs, which are described later in this section. HHS is the primary agency for ESF #8 and coordinates federal health and medical assistance in support of state, local, and tribal jurisdictions. HHS performs this responsibility with DHS, which has overall responsibility for domestic incident management.

The following table describes the coordinated federal assistance to supplement state, local, and tribal resources in response to public health and medical care needs in a national crisis (called "Incident of National Significance" in the NRP). It also includes veterinary assistance. Please note that HHS has the authority to implement the activities described below, but specific activities described under each function will be implemented as appropriate for a specific incident.

It is important to recognize that state, local, or tribal governments have the initial responsibility for responding to an emergency and protecting the people, property, and environment within their jurisdiction. The federal government generally supports the state, local, and tribal response when one or more of the following occurs:

- › A state requests assistance from the federal government and the President
- › The President declares a state of emergency
- › An incident takes place in areas that are owned or controlled by the federal government

Federal response is coordinated through DHS.

In addition to these functions, HHS is responsible for continuing actions to acquire and assess information on the incident. Staff continues to identify the nature and extent of public health and medical problems and establishes appropriate monitoring and public surveillance. Continuing responsibilities include:

- › Activation of health/medical response teams
- › Coordination of requests for medical transportation
- › Coordination for obtaining, assembling, and delivering medical equipment and supplies to the incident area
- › Communications to coordinate federal public health and medical assistance
- › Information requests, which are referred to ESF #15
- › After-Action Reports



TABLE 1. ESF #8—PUBLIC HEALTH AND MEDICAL SERVICES: ROLES AND RESPONSIBILITIES

FUNCTION	DESCRIPTION
Assessment of Public Health/ Medical Needs	In collaboration with DHS, deploys ESF #8 personnel. Assesses public health and medical needs. Assesses the public health care system/facility infrastructure.
Health Surveillance	In coordination with state health agencies, enhances existing surveillance systems to monitor the health of the general population and special high-risk populations. Carries out field studies and investigations. Monitors injury and disease patterns and potential disease outbreaks. Provides technical assistance and consultations on disease and injury prevention and precautions.
Medical Care Personnel	Deploys HHS staff (e.g., U.S. Public Health Service Commissioned Corps). Requests support from the U.S. Department of Defense (DOD) in casualty clearing/staging and other missions, as needed. Seeks individual clinical health and medical care specialists from the Department of Veterans Affairs (VA) to assist state, local, and tribal personnel.
Health/Medical Equipment and Supplies	Deploys assets from the Strategic National Stockpile. Requests DHS, DOD, or VA to provide medical equipment and supplies, including medical, diagnostic, and radiation-emitting devices; pharmaceuticals; and biologic products, in support of immediate medical response operations and for restocking health care facilities in an area affected by a major disaster or emergency.
Patient Evacuation	Requests DOD to evacuate seriously ill or injured patients to locations where hospital care or outpatient services are available; DOD will be responsible for regulating and tracking patients transported on DOD assets to appropriate treatment facilities (e.g., National Disaster Medical System non-federal hospitals).
Patient Care	Tasks HHS, the Medical Reserve Corps, VA, DOD, and DHS to provide available personnel to support inpatient hospital care and outpatient services to victims who become seriously ill or injured regardless of location (may include mass care shelters).
Safety and Security of Human Drugs, Biologics, Medical Devices, Veterinary Drugs, etc.	Ensures the safety, efficacy, and advises industry on security measures of regulated human and veterinary drugs, biologics (including blood and vaccines), medical devices (including radiation-emitting and screening devices), and other HHS-regulated products.
Blood and Blood Products	Monitors blood availability and maintains contact with the American Association of Blood Banks Interorganizational Task Force on Domestic Disasters and Acts of Terrorism to determine the need for blood, blood products, and the supplies used in their manufacture, testing, and storage; the ability of existing supply chain resources to meet these needs; and any emergency measures needed to augment or replenish existing supplies.
Food Safety and Security	In cooperation with ESF #11, ensures the safety and security of federally regulated foods. (Note: HHS, through the Food and Drug Administration, has statutory authority for all domestic and imported food except meat, poultry, and egg products, which are under the authority of the U.S. Department of Agriculture Food Safety and Inspection Service.)
Agriculture Safety and Security	In cooperation with ESF #11, ensures the safety and security of food-producing animals, animal feed, and therapeutics. (Note: HHS, through the Food and Drug Administration, has statutory authority for animal feed and for the approval of animal drugs intended for both therapeutic and nontherapeutic use in food animals as well as companion animals.)
Worker Health/Safety	Requests the U.S. Department of Labor/Occupational Safety and Health Administration to implement the processes in the Worker Safety and Health Support Annex to provide technical assistance for worker safety and health. Requests support from the U.S. Department of Labor and other cooperating agencies to assist in monitoring the health and well-being of emergency workers, performing field investigations and studies addressing worker health and safety issues, and providing technical assistance and consultation on worker health and safety measures and precautions.



TABLE 1. ESF #8—PUBLIC HEALTH AND MEDICAL SERVICES: ROLES AND RESPONSIBILITIES (cont.)

FUNCTION	DESCRIPTION
All-Hazard Public Health and Medical Consultation, Technical Assistance, and Support	Assists in assessing public health and medical effects resulting from all hazards (e.g., assessing exposures on the general population and on high-risk population groups; conducting field investigations, including collection and analysis of relevant samples; providing advice on protective actions related to direct human and animal exposures, and on indirect exposure through contaminated food, drugs, water supply, and other media; and providing technical assistance and consultation on medical treatment, screening, and decontamination of injured or contaminated individuals). At the request of a state (who, along with local governments, retain the primary responsibility for victim screening or decontamination) or other federal agency, deploys teams with limited capabilities for victim decontamination (e.g., National Disaster Medical System or U.S. Department of Energy assistance for nuclear/radiological incidents); these teams typically arrive on scene within 24–48 hours.
Behavioral Health Care	Assists in assessing mental health and substance abuse needs. Provides disaster mental health training materials for disaster workers. Provides liaison with assessment, training, and program development activities undertaken by federal, state, local, and tribal mental health and substance abuse officials.
Public Health and Medical Information	Provides public health, disease, and injury prevention information that can be transmitted to members of the general public who are located in or near affected areas.
Vector Control	Assists in assessing the threat of vector-borne diseases. Conducts field investigations, including the collection and laboratory analysis of relevant samples. Provides vector control equipment and supplies. Provides technical assistance and consultation on protective actions regarding vector-borne diseases. Provides technical assistance and consultation on medical treatment of victims of vector-borne diseases.
Potable Water/Wastewater and Solid Waste Disposal	In coordination with ESF #3 and ESF #10, assists in assessing potable water, wastewater, solid waste disposal issues, and other environmental health issues. Conducts field investigations, including collection and laboratory analysis of relevant samples. Provides water purification and wastewater/solid waste disposal equipment and supplies. Provides technical assistance and consultation on potable water and wastewater/solid waste disposal issues.
Victim Identification/Mortuary Services	Requests DHS and DOD to assist in providing victim identification and mortuary services; establishing temporary morgue facilities; performing victim identification by fingerprinting, forensic dental, and/or forensic pathology/anthropology methods; and processing, preparing, and disposing of remains.
Protection of Animal Health	In coordination with ESF #11, protects the health of livestock and companion animals by ensuring the safety of the manufacture and distribution of foods and drugs given to animals used in human food production.

ALL EMERGENCY SUPPORT FUNCTIONS IN THE NATIONAL RESPONSE PLAN

The Public Health and Medical Services function is one of 15 ESFs under the NRP. The following list includes all ESFs and the agencies responsible for accomplishing each one:

› **The ESF Coordinator**, listed first, is the agency with primary ongoing responsibilities throughout the prevention, preparedness, response, recovery, and mitigation phases of incident management.

› **Primary Agencies** orchestrate federal support within a functional area, provide staff, manage mission assignments, and coordinate with support agencies.

› **Support Agencies** (not listed in table 2 but described in the full NRP [<http://www.dhs.gov/nrp>]), at the request of the Coordinating and Primary Agency, conduct operations, furnish personnel and resources, assist with assessments, and provide ongoing planning and other essential functions. Many federal agencies play critical roles in each ESF.



TABLE 2. NATIONAL RESPONSE PLAN EMERGENCY SUPPORT FUNCTIONS



FUNCTION	ESF COORDINATOR WITH PRIMARY AGENCY(IES) RESPONSIBLE FOR ACCOMPLISHING THE MISSION OF THE ESF	SCOPE
ESF #1 Transportation	<p>U.S. Department of Transportation</p> <p><i>Note: For some ESFs, one agency serves as both the ESF Coordinator and Primary Agency.</i></p>	<ul style="list-style-type: none"> • Processing and coordinating requests for federal and civil transportation support • Reporting damage to transportation infrastructure as a result of the incident • Coordinating alternate transportation services • Coordinating restoration and recovery of transportation infrastructure • Performing activities conducted under the direct authority of U.S. Department of Transportation elements, such as air, maritime, surface, rail, and pipelines • Coordinating and supporting prevention/preparedness/mitigation among transportation infrastructure stakeholders at the state and local levels
ESF #2 Communications	U.S. Department of Homeland Security/ National Communications System	<ul style="list-style-type: none"> • Coordinating federal actions to provide temporary telecommunication and information technology services • Restoring telecommunication and information technology infrastructure
ESF #3 Public Works and Engineering	U.S. Department of Defense/ U.S. Army Corps of Engineers <i>-with-</i> U.S. Department of Homeland Security/ Emergency Preparedness and Response/ Federal Emergency Management Agency	<ul style="list-style-type: none"> • Conducting pre- and post-incident assessments of public works and infrastructure • Executing emergency contract support for life-saving and life-sustaining services • Providing technical assistance to include engineering expertise, construction management, and contracting and real estate services • Providing emergency repair of damaged infrastructure and critical facilities • Implementing and managing the Federal Emergency Management Agency Public Assistance Program and other recovery programs
ESF #4 Firefighting	U.S. Department of Agriculture/ U.S. Forest Service	<ul style="list-style-type: none"> • Managing and coordinating firefighting activities, including the detection and suppression of fires on federal lands • Providing personnel, equipment, and supplies in support of state, local, and tribal agencies involved in rural and urban firefighting operations
ESF #5 Emergency Management	U.S. Department of Homeland Security/ Emergency Preparedness and Response/ Federal Emergency Management Agency	<ul style="list-style-type: none"> • Responsible for all functions critical to support and facilitate multiagency planning and coordination • Deployment and staffing of the U.S. Department of Homeland Security emergency response teams • Incident action planning • Coordination of operations, logistics and material, and direction and control • Information management • Facilitation of requests for federal assistance • Resource acquisition and management • Worker safety and health • Facilities management • Financial management • Other support as required

<p>ESF #6 Mass Care, Housing, and Human Services</p>	<p>U.S. Department of Homeland Security/ Emergency Preparedness and Response/ Federal Emergency Management System <i>-with-</i> American Red Cross</p>	<ul style="list-style-type: none"> • Mass care, including nonmedical mass care services to include sheltering of victims, organizing feeding operations, providing emergency first aid at designated sites, collecting and providing information on victims to family members, and coordinating bulk distribution of emergency relief items • Housing, including assistance for short- and long-term housing needs of victims • Human services, including victim-related recovery efforts, such as counseling, identifying support for persons with special needs, expediting processing of new federal benefits claims, assisting in collecting crime victim compensations for acts of terrorism, and expediting mail services in affected areas
<p>ESF #7 Resource Support</p>	<p>General Services Administration</p>	<ul style="list-style-type: none"> • Resource support to federal, state, local, and tribal governments, including emergency relief supplies, facility space, office equipment, office supplies, telecommunications, contracting services, transportation services, security services, and personnel required to support immediate response activities • Support for requirements not specifically identified in other ESFs, including excess and surplus property
<p>ESF #8 Public Health and Medical Services</p>	<p>U.S. Department of Health and Human Services</p>	<ul style="list-style-type: none"> • Provide supplemental assistance to state, local, and tribal governments in meeting the public health needs of victims • Assess public health/medical needs, including behavioral health • Public health surveillance • Medical care personnel • Medical equipment and supplies
<p>ESF #9 Urban Search and Rescue</p>	<p>U.S. Department of Homeland Security/ Emergency Preparedness and Response/ Federal Emergency Management Agency</p>	<ul style="list-style-type: none"> • Coordination and logistical support to urban search and rescue task forces during emergency operations • Needs assessments • Technical advice and assistance to state, local, and tribal government emergency managers
<p>ESF #10 Oil and Hazardous Materials Response</p>	<p>Environmental Protection Agency <i>-with-</i> U.S. Department of Homeland Security/ U.S. Coast Guard</p>	<ul style="list-style-type: none"> • Hazardous materials (oil, chemical, biological, and radiological) response and recovery, including efforts to detect, identify, contain, clean up, or dispose of released oil and other hazardous materials • Environmental safety, and short- and long-term cleanup
<p>ESF #11 Agriculture and Natural Resources</p>	<p>U.S. Department of Agriculture <i>-with-</i> U.S. Department of the Interior</p>	<ul style="list-style-type: none"> • Nutrition assistance by the Food and Nutrition Service, including obtaining food supplies, arranging for food delivery, and authorizing disaster food stamps • Implementing integrated federal, state, local, and tribal response to an outbreak of a highly contagious or economically devastating animal/zoonotic disease, an outbreak of a highly infective exotic plant disease, or an economically devastating plant pest infestation. • Assurance of the safety and security of the commercial food supply, including inspection and verification of food safety aspects of slaughter and processing plants, products in distribution and retail sites, and import facilities or ports of entry; laboratory analysis of food samples; control of products suspected to be adulterated; plant closures; foodborne disease surveillance; and field investigations • Protection of natural and cultural resources and historic property resources
<p>ESF #12 Energy</p>	<p>U.S. Department of Energy</p>	<ul style="list-style-type: none"> • Collecting, evaluating, and sharing information on energy system damage and estimations on the impact of energy system outages within affected areas • Provides information concerning the energy restoration process





TABLE 2. NATIONAL RESPONSE PLAN EMERGENCY SUPPORT FUNCTIONS (cont.)

FUNCTION	ESF COORDINATOR WITH PRIMARY AGENCY(IES) RESPONSIBLE FOR ACCOMPLISHING THE MISSION OF THE ESF	SCOPE
<p>ESF # 13 Public Safety and Security</p>	<p><i>Note: For some ESFs, one agency serves as both the ESF Coordinator and Primary Agency.</i></p> <p>ESF #13 has three Coordinating Agencies: U.S. Department of Homeland Security U.S. Department of Homeland Security/ Emergency Preparedness and Response/ Federal Emergency Management Agency -and- U.S. Department of Justice</p>	<ul style="list-style-type: none"> • Support for non-investigative/non-criminal law enforcement, public safety, and security capabilities and resources • Support incident management requirements, including force and critical infrastructure protection, security planning and technical assistance, technology support, and public safety in both pre- and post-incident situations
<p>ESF # 14 Long-term Community Recovery and Mitigation</p>	<p>U.S. Department of Homeland Security/ Emergency Preparedness and Response/ Federal Emergency Management Agency -with- U.S. Department of Commerce U.S. Department of Health and Human Services U.S. Department of Housing and Urban Development U.S. Department of the Treasury -and- Small Business Administration</p>	<ul style="list-style-type: none"> • Generally activated when state and local resources are overwhelmed or inadequate • Working with state, local, and tribal governments; non-government organizations; and private-sector organizations to enable long-term community recovery and reduce or eliminate risk from future incidents, where feasible • Assesses incident impacts • Varies depending on magnitude and type of incident and potential for long-term severe consequences
<p>ESF # 15 External Affairs</p>	<p>U.S. Department of Homeland Security</p>	<ul style="list-style-type: none"> • External affairs support to federal, state, and tribal governments • Public affairs, including coordinating messages among federal, state, local, and tribal governments; establishing a federal Joint Information Center; gathering information; and disseminating information to media and other sources • Community relations, including initial action plan with incident-specific guidance; coordinating with states to assist with dissemination of information; identifying unmet needs; and facilitating collaboration • Congressional affairs, including contact with congressional offices representing affected areas and conducting congressional briefings • International affairs, including coordinating with the U.S. Department of State on all matters of international involvement • State and local coordination, including implementing a system of information sharing and informing officials • Tribal affairs, including providing a Tribal Relations Office to coordinate with tribal governments on all aspects of incident management



HOW HHS WORKS WITH OTHER FEDERAL AGENCIES: WHO IS RESPONSIBLE FOR WHAT IN DIFFERENT SITUATIONS

IN ALL EMERGENCY SITUATIONS

In all disasters, HHS's Secretary's Operations Center becomes operational immediately upon notification and begins the collection, analysis, and dissemination of requests for medical and public health assistance.

HHS operates under the NRP in all situations involving an "Incident of National Significance." This is defined in the NRP as "an actual or potential high-impact event that requires a coordinated and effective response by an appropriate combination of federal, state, local, tribal, and non-governmental and/or private sector entities in order to save lives and minimize damage and provide the basis for long-term community recovery and mitigation activities."

Incidents of national significance are declared by the Secretary of Homeland Security under these criteria:

1. A federal department or agency acting under its own authority has requested the assistance of the Secretary of DHS
2. The resources of state and local authorities are overwhelmed and federal assistance has been requested by the appropriate state and local authorities
3. More than one federal department or agency has become substantially involved in responding to an incident
4. The Secretary of Homeland Security has been directed to assume responsibility for managing a domestic incident by the President

IN A NATURAL DISASTER

DHS coordinates the federal response to a natural disaster, which may include floods, earthquakes, hurricanes, tornadoes, droughts, and epidemics. As in all crises, the Secretary's Operations Center will coordinate medical and public health support to local and state governments. HHS will also gather and analyze data to help identify, monitor, and manage medical and health consequences for the public. HHS's activities will

be closely coordinated with several other agencies and organizations, including the Federal Emergency Management Agency under DHS, the National Guard and Reserve, and the American Red Cross.

IN A NATURAL OUTBREAK

As the primary public health agency in the nation, HHS will, through its Centers for Disease Control and Prevention (CDC), work closely with local and state public health officials to identify, track, and monitor outbreaks of diseases. Disease surveillance and detection systems, including the National Electronic Disease Surveillance System, provide the framework for communication of public health information throughout the nation and help public health officials detect and fight outbreaks. CDC has also provided funding and other support to develop additional epidemiological and laboratory capacity for states and territories to address infectious disease. In coordination with DHS, HHS will provide direct public health support—both staff and medical supplies—to a state, if requested by its leadership (see National Response Plan: Biological Incident Annex [http://www.dhs.gov/interweb/assetlibrary/NRP_FullText.pdf]).

Many federal agencies would play a role in the management of an outbreak considered to be an Incident of National Significance, such as pandemic influenza or serious emerging infectious disease. HHS will coordinate all federal response for such an incident.

IN A BIOTERROR ATTACK

HHS has primary responsibility for federal public health and medical response in a bioterrorist incident because response and recovery efforts will rely on public health and medical emergency response. The Assistant Secretary for Public Health Emergency Preparedness will coordinate responses with DHS and other federal and state agencies from the Secretary's Operations Center. HHS will coordinate the federal public health and medical response to a bioterror attack (see National Response Plan: Biological Incident Annex [http://www.dhs.gov/interweb/assetlibrary/NRP_FullText.pdf]).



IN A CHEMICAL INCIDENT

If a chemical attack or other chemical incident occurs, HHS will work as part of the emergency management team in the emergency operations center of the agency with primary responsibility, the Environmental Protection Agency or the DHS/U.S. Coast Guard (see National Response Plan: Oil and Hazardous Materials Annex and ESF #10 [http://www.dhs.gov/interweb/assetlibrary/NRP_FullText.pdf]), in the event that the emergency activates ESF #8. CDC, through its Agency for Toxic Substances and Disease Registry (<http://www.atsdr.cdc.gov>) and National Institute for Occupational Safety and Health (<http://www.cdc.gov/niosh/topics/emres>), will assume roles in evaluating chemical spills and environmental contamination and providing safety and health recommendations to responders (e.g., the wearing of personal protective equipment). HHS will determine whether illnesses, diseases, or complaints may be attributed to exposure to a hazardous substance. It will establish disease exposure registries, conduct appropriate testing, and provide information on the health effects of toxic substances.

WHEN RADIOLOGICAL MATERIALS HAVE BEEN RELEASED

DHS is responsible for the overall coordination of incident management activities for all radiological or nuclear Incidents of National Significance. If radiological materials have been released, HHS will work in cooperation with the emergency operations center of DHS and/or the agency it appoints as the coordinating agency. For example:

- ▶ Radiological terrorism incidents would be initially coordinated by the U.S. Department of Energy (DOE), unless the material or facilities were either owned or operated by the U.S. Department of Defense (DOD) or licensed by the Nuclear Regulatory Commission. In those cases, the respective agency would serve as the coordinating agency. Radiological terrorism incidents include:
 - Radiological Dispersal Device, e.g., radioactive material plus conventional explosives
 - Improvised Nuclear Device, e.g., “suitcase bomb,” crude nuclear bomb
 - Radiation-Emitting Device, e.g., hidden (not exploded) radiological materials used to expose people to radiation (sometimes referred to as a “silent” source)

- ▶ Management of an incident at a nuclear facility would be coordinated by the agency that licenses, owns, or operates the facility; this would be the Nuclear Regulatory Commission, DOD, or DOE. For nuclear facilities not licensed, owned, or operated by a federal agency, the Environmental Protection Agency would coordinate incident management.
- ▶ In the event of a nuclear weapon accident/incident, DOD or DOE would serve as the coordinating agency, based on custody at the time of the event.

HHS will assess, monitor, and follow people's health; ensure the safety of workers and responders involved in the incident; ensure that the food supply is safe; and provide medical and public health advice. If there is a mass casualty situation, the American Red Cross will take a lead role in management as well.

THE ROLES OF HHS AGENCIES AND OFFICES

HHS OFFICE OF THE SECRETARY EMERGENCY RESPONSE ROLES

Within the Office of the Secretary, the following are the organizations in emergency response:

Immediate Office of the Secretary of HHS

Responsible for the overall response to public health and medical emergencies. The Secretary or his/her designee determines the nature and scope of HHS' response to a public health or medical emergency.

Office of Public Health Emergency Preparedness

(<http://www.hhs.gov/ophep>)

Working on behalf of the Secretary, directs and coordinates the Department's efforts to prevent, prepare for, respond to, and recover from the public health and medical consequences of disaster or emergency. The Office of Public Health Emergency Preparedness (OPHEP) acts as the liaison office of HHS to DHS. As directed by the Secretary, OPHEP establishes and deploys the Secretary's Emergency Response Team (SERT) to be the Secretary's agent on scene at emergency sites.



› Secretary's Operations Center

(<http://www.hhs.gov/news/facts/command.html>)

Provides a central location of public health information and intelligence for the Secretary of HHS. The Secretary's Operations Center coordinates the response activities of HHS with local, state, federal, and international public health authorities.

› Secretary's Emergency Response Team

Directs and coordinates the activities of all HHS personnel deployed to the emergency site to assist local, state, and other federal and government agencies. The Secretary's Emergency Response Team (SERT), which is rapidly deployed, has cross-HHS representation and acts for HHS onsite for all types of public health emergencies, from emerging diseases and terrorism to natural disasters.

Office of the Assistant Secretary for Health

(<http://www.hhs.gov/ash>)

Directs the Office of the Surgeon General, who operates the U.S. Public Health Service Commissioned Corps, and oversees Regional Health Administrators.

› Office of Public Health and Science

(<http://www.osophs.dhhs.gov/ophs>)

- Regional Health Administrators

(<http://www.osophs.dhhs.gov/ophs/rha.htm>)

Oversee public health relationships at the local, regional, and state levels as well as relationships with other federal agency offices in their regions. Regional Health Administrators may, under some circumstances, serve on a SERT.

Office of the Assistant Secretary for Public Affairs

(<http://www.hhs.gov/aspa>)

Directs HHS' emergency public information and communications efforts.

Office of Intergovernmental Affairs

(<http://www.hhs.gov/iga>)

› Regional Directors

(<http://www.hhs.gov/iga/regions.html>)

Act as the Secretary's primary representatives, unless a SERT has been deployed. Regional Directors serve as members of a SERT and can be appointed SERT team leader.

› Regional Emergency Coordinators

Assists state, local, and tribal public health, medical, emergency management, and law enforcement officials in the development of comprehensive and integrated preparedness and response plans. Regional Emergency Coordinators work with the health and medical planners in their regions to determine response capabilities, when and what type of federal support might be needed, and how federal assistance would be integrated into the region's incident management system. They also serve on SERTs.

THE ROLES OF HHS OPERATING DIVISIONS

Within HHS, the following operating divisions play key roles in the Department's response:

Centers for Disease Control and Prevention

(<http://www.bt.cdc.gov>)

- › Prevents and intervenes on disease and injury.
- › Detects and investigates disease outbreaks and other health problems.
- › Develops strategies for dealing with the public health aspects of an emergency.
- › Plays a role in evaluating chemical spills and environmental contamination and provides safety and health recommendations to responders (e.g., the wearing of personal protective equipment).

Food and Drug Administration

(<http://www.fda.gov/oc/opacom/hottopics/bioterrorism.html>)

- › Assures the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation.



- › Advances the public health by helping to speed innovations that make medicines and foods more effective, safer, and more affordable.
- › Helps the public obtain the accurate, science-based information they need to use medicines and food to improve their health.

Health Resources and Services Administration

(<http://www.hrsa.gov/bioterrorism.htm>)

- › Works to ensure the availability of quality health care to low-income, uninsured, isolated, and special-needs populations that meets their unique health needs.
- › Increases access to basic health care for those who are medically underserved.
- › Manages the National Bioterrorism Hospital Preparedness Program as well as the Bioterrorism Training and Curriculum Development Program.
- › Maintains an Emergency Response Center capability, which is activated in emergency situations.

Indian Health Service

(http://www.ihs.gov/PublicInfo/PublicAffairs/Welcome_Info/IHSintro.asp)

- › Provides a comprehensive health service delivery system, including personal and public health care for American Indians and Alaska Natives.
- › Addresses issues pertaining to mental health, environmental health, engineering, dentistry, pharmaceuticals, nursing, laboratory, and community health and oversees varied surveillance activities for disease outbreaks and other health problems among American Indians and Alaska Natives.
- › Provides special water purification and waste disposal assistance during national and international disasters and emergencies.

Substance Abuse and Mental Health Services Administration

(<http://www.samhsa.gov/>)

- › Addresses the psychosocial factors (mental health, substance abuse, and related concerns) in preparedness, response, and recovery for natural and manmade disasters. (For more information, see the “Range of Public Reactions” section [p. 169].)
- › May staff interagency emergency operations centers; deploy personnel; and provide grants, services, and technical assistance to local and state jurisdictions.

National Institutes of Health

(<http://www.nih.gov/about/NIHoverview.html>)

- › Serves as the steward of medical and behavioral research for the nation.
- › Conducts science in pursuit of fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability.
- › Within HHS’ National Institutes of Health, the National Institute of Allergy and Infectious Diseases conducts and supports most of the research aimed at developing new and improved medical tools against potential bioterror agents.

Agency for Healthcare Research and Quality

(<http://www.ahrq.gov/browse/bioterbr.htm>)

- › Supports research preparing models and practices that enhance the preparedness efforts of local, state, and national jurisdictions.
- › Develops and assesses alternative approaches that ensure health surge capacity for mass casualty events.
- › Develops and assesses alternative uses of information technology and electronic communication networks, protocols, and technologies to enhance interoperability among health care systems, the public health system, and other organizational participants in the emergency response network.
- › Assesses training and information needs of health care providers for enhanced emergency response.



Administration on Aging

(http://www.aoa.gov/about/over/over_mission.asp)

- › Assists a nationwide network of organizations focused on the needs of older Americans in emergency preparedness and response to disaster events related to weather, terrorism, and other catastrophes that adversely affect the lives of and service delivery system for older persons.
- › Works with state and area agencies on aging, tribal organizations, and aging service providers in partnering with emergency preparedness systems to assure that the special needs of the elderly are included in emergency planning and response management.

Administration for Children and Families

(<http://www.acf.hhs.gov/programs/orr/partners/hthcoord.htm>)

- › Manages resettlement for domestic refugees and entrant resettlement through the Office of Refugee Resettlement.
- › Provides services including resettlement, medical assistance, and social service programs.

COORDINATION OF THE FEDERAL RESPONSE

The federal response to Incidents of National Significance will be coordinated under the National Incident Management System (NIMS) and the NRP. These two documents utilize the principles of the Incident Command System (ICS). This system provides a means to coordinate the efforts of individual agencies as they work toward the common goal of stabilizing an incident and protecting life, property, and the environment.

ICS was developed by the fire and rescue community in the 1970s in response to a series of major wildland fires in southern California. It is the model tool for command, control, and coordination of a complex response situation and has been used by first responders for many years.

ICS principles include the use of:

- › Common terminology
- › Modular organization, enabling expansion and contraction
- › Integrated communications with common plan, procedures, etc.

- › Unified command structure, with a common set of objectives and strategies and consolidated action planning among different agencies
- › A manageable span of control of personnel and material resources
- › Comprehensive resource management, to maximize resource use

NIMS provides the framework for interoperability and compatibility that will, in turn, enable a diverse set of public and private organizations to conduct well-integrated and effective incident management. More detailed information on NIMS can be found at <http://www.fema.gov/nims/>.

COMMUNICATING WITH THE INCIDENT COMMAND STRUCTURE

The Joint Information System provides a structure for coordination of public communication. Each federal agency will operate its own press operation and will coordinate with the Joint Information Center (JIC) onsite. The JIC does not supplant the federal agencies but provides coordination among the various agencies. The JIC also includes local and state entities, as applicable.

The primary JIC will be authorized to release general medical and public health response information. Other JICs may also release general medical and public health response information to the public at the discretion of the lead public affairs officer.

PUBLIC HEALTH SOURCES OF AUTHORITY

At the federal level, there are several main sources of legal authority related to public health emergencies. Two of the most important of these sources are described in more detail in this section. The federal government also often has legal jurisdiction in situations involving multiple states and other countries. However, it is important to note that many important laws related to public health emergencies are also enacted at state and local levels. For example, all levels of government have the legal authority to issue isolation and quarantine orders, but the authority shifts based on geographic details of the outbreak. Because the state laws vary greatly in



general and need updating to reflect current threats and community needs, many states are currently working on revising their public health laws. Some of the important issues being addressed by states include privacy and protection, clarity of jurisdiction, and liability.

Public Health Service Act*

(<http://www.fda.gov/opacom/laws/phsvcact/phsvcact.htm>)

The Public Health Service Act authorizes the Secretary of HHS, acting at both the department level and through agencies of the Public Health Service (e.g., CDC, the Food and Drug Administration, the National Institutes of Health, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and the Indian Health Service) to protect the public well-being and provide public health and medical services during emergencies. Under the Public Health Service Act, 42 U.S.C. § 241 et seq., the Secretary is authorized to take the following actions, among others:

- › Declare a public health emergency and take appropriate discretionary actions to respond to the emergency
- › Act to prevent the introduction, transmission, and spread of communicable diseases
- › Deploy the Public Health Service Commissioned Corps
- › Develop and stockpile countermeasures, such as antibiotics, chemical antidotes, antitoxins, and medical material, to agents that could be used in a bioterror event

Public Health Security and Bioterrorism Preparedness and Response Act of 2002

(<http://thomas.loc.gov/cgi-bin/query/z?c107:H.R.3448.ENR:>)

This Act authorizes HHS' Secretary to further develop and implement a coordinated strategy for carrying out health-related activities to prepare for and respond effectively to bioterrorism and other public health emergencies. Among its provisions it requires:

- › Assistance to state and local governments
- › Extensive training and coordination to prepare for responses to an emergency
- › The development and maintenance of the Strategic National Stockpile
- › Awards to improve state, local, and hospital preparedness
- › Enhanced control of certain biological agents and toxins
- › Enforced protection of the food and drug supply

In addition to these authorizations in the Public Health Service Act and the Public Health Security and Bioterrorism Preparedness and Response Act of 2002:

- › A section of the Social Security Act provides authorization for waiver of Medicare, Medicaid, or State Children's Health Insurance Program requirements in an emergency.
- › Sections of the Federal Food, Drug, and Cosmetic Act provide authorization to inspect and investigate food that may be adulterated, to refuse imports suspected of being adulterated, and to detain or seize any adulterated food introduced into interstate commerce.

Descriptions of selected sections of the Public Health Service Act; the Public Health Security and Bioterrorism Preparedness and Response Act of 2002; the Social Security Act; and the Federal Food, Drug, and Cosmetic Act can be found in appendix D (p. 234).

* Summarized sections include amendments made by the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 and the Homeland Security Act of 2002.



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