

Statement for the Record

The Honorable Michael Chertoff

Secretary

United States Department of Homeland Security

Before the

United States House of Representatives

Committee on Oversight and Government Reform

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Introduction

Good morning Chairman Waxman, Ranking Member Davis, and Members of the Committee. Thank you for the opportunity to participate in this hearing to discuss issues surrounding medical surge capacity and the effect of Medicaid regulations on the ability to respond in the event of a major disaster or other catastrophic incident.

I will address medical surge capacity within the scope of overall emergency preparedness and response capabilities, including national incident management doctrine. In particular, I will discuss the roles and responsibilities of the Department of Homeland Security (DHS), and highlight key areas of coordination between DHS and the Department of Health and Human Services (HHS).

It is important to note that the Department of Health and Human Services is the lead Federal agency for public health and medical preparedness and response issues and consequently coordinates and provides the actual health care and medical response in a major disaster or other catastrophic incident. The Department supports HHS in their mission.

Department of Homeland Security Responsibilities

The Department of Homeland Security's mission is to lead national efforts to prepare for, protect against, respond to, and recover from terrorist attacks, major disasters and other catastrophic emergencies whether manmade or natural disaster that affect the homeland. Should a catastrophic incident occur, DHS leads overall incident management activities.

Incident management, by definition, incorporates a variety of Departments across the Federal government, as well as State and local government and law enforcement; the actors involved depend on the type of incident. In turn, each department or agency, whether at the Federal or State and local level, has a particular role and mission. It is our role to coordinate and integrate all of those individual activities into an effective, coordinated, and timely response.

Medical surge capacity is a critical element of our local, state and national resiliency. When a large-scale natural or manmade disaster occurs, the ability to provide urgent and life-saving medical care, provided by resources from the local, state and federal levels, will have a direct correlation to the ability to save lives.

For example, if an improvised nuclear device or radiological dispersal device (i.e., a "dirty bomb") goes off in the middle of Manhattan or a biological agent is released in our Nation's capital, the capacity to handle a large number of casualties will be essential to managing the overall crisis and providing the necessary urgent care to those in need.

Many of our nation's medical facilities, including emergency departments and trauma centers, would be overwhelmed with individuals suffering from illnesses and injuries, ranging from relatively minor to life-threatening. HHS serves as the lead agency for coordinating the health response activities. It is our responsibility to facilitate that effective medical response within the

context of all the other demands of the event, such as the law enforcement, environmental, intelligence-gathering, public safety, communications, and search and rescue aspects.

In the event of a dirty bomb detonation, there will likely be numerous patients with multiple injuries from the bomb itself and related blast debris, such as glass, concrete and metal. This scene would also require additional care to address the issue of radiation contamination.

If a biological agent, such as an aerosolized form of anthrax, were disseminated over a wide area such as the Washington, D.C. metropolitan area, the city's medical capabilities would be severely tested. There would be little visible evidence of life-threatening injury, illness or other physical symptoms in the immediate aftermath of an anthrax release. We expect that many people will show up at local emergency departments to seek medical treatment, including those who have not been contaminated but are concerned they may have been exposed.

In this scenario, the Department's National Biosurveillance Integration Center (NBIC) would work with the intelligence community both before and after an event to identify the potential for a release and to help characterize the biological event if it did occur.

The fact that there may be little indication of a biological agent release early on is the reason a system of environmental sensors such as the DHS BioWatch program is critical to identifying that release before people become clinically symptomatic. Reaching exposed persons and providing them with appropriate antibiotics before they become clinically symptomatic is critical to saving lives.

Incident Management and Command

Homeland Security Presidential Directive (HSPD)-5 provides the framework for the Federal government's incident management system. HSPD-5 directs DHS to coordinate the Federal response in a major disaster or terrorist attack. The roles and responsibilities of Federal, state and local governments, law enforcement and the private sector are outlined in the National Response Framework (NRF) and in the 15 Emergency Support Functions (ESF), which include transportation, communications, health, law enforcement, and critical infrastructure.

Based on the National Incident Management System (NIMS), DHS is responsible for integrating the Federal response capabilities with our partners at the state, local and private sector levels to ensure a strong and interoperable national response. This system provides for a command, control and accountability structure among the multiple jurisdictions and disciplines that have to respond to large-scale events.

At the Federal level, response activities are coordinated by FEMA's National Response Coordination Center (NRCC). All of the lead agencies for the various Emergency Support Functions will have representatives present at the NRCC, including HHS as lead for ESF – 8 activities (*Public Health and Medical Services*). The NRCC includes representatives from FEMA and Office of Health Affairs (OHA), who interact directly with their counterparts from HHS to facilitate the necessary coordination for an effective medical response. Information from the NRCC is routinely fed to the National Operations Center where it is combined with

information from other agencies and open source media outlets to provide a common operating picture of an incident, thus giving full visibility to senior decision makers.

To be successful in fulfilling the DHS mission as the overall incident commander, we have to support others' abilities to fulfill their respective roles and responsibilities. For instance, we rely on the Department of Transportation to obtain key transportation-related information and provide appropriate resources to maintain transportation infrastructure. We rely on the Department of Defense and Army Corps of Engineers to provide support in coordinating and facilitating the delivery of their services and assessing public infrastructure and other resources. The Department of Justice is responsible for the characterization of a terrorist incident and to determine the source to prevent subsequent attacks. HHS is responsible for public health and medical issues.

It is not the responsibility of the Department of Homeland Security to direct our Federal partners to perform their specific roles and responsibilities when managing a major incident – for example, telling Health and Human Services specifically how to provide medical surge. It is the Department's responsibility to ensure that each of the agency roles and responsibilities are being met and coordinated in a major incident response.

Coordination with the Department of Health and Human Services

The authorities for mass casualty events are enumerated in several places, including the National Response Framework (NRF), Emergency Support Function (ESF) – 8: *Public Health and Medical Services*, HSPD-21 and the Public Health Service Act, and other statutory authorities. According to the NRF, HHS is the lead Federal agency in preparing, deploying and providing health and medical care to the public in the event of a disaster or other emergency.

Within DHS, the Office of Health Affairs and FEMA both work closely with the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control and Prevention (CDC) on a daily basis to address the issues that affect our Nation's ability to effectively prepare for and respond to a major emergency.

State and Local Response

It is also important to highlight the essential role that state and local responders play in the immediate aftermath of a catastrophic event. Using the National Incident Management System (NIMS) model, these responders are required to manage on-scene activities from the moment of the event until Federal resources are able to arrive and become operational. Depending on the magnitude of the event, the response activities (including personnel, equipment and supplies) will expand from local health resources, to surrounding regions, to state resources, to adjoining state resources to Federal resources. Plans in place around the country incorporate these expanding assets.

DHS is committed to ensuring that the Federal response, whether it is a medical, environmental, or law enforcement response, for example, is well-coordinated with state and local officials to

ensure a seamless and integrated response. The role of the Federal government is to supplement the state and local efforts and to provide assistance when it is needed.

FEMA and the Office of Health Affairs work closely HHS and with states and local regions to assist in developing inter-state and multi-state agreements to provide supplies, hospital beds, medical professionals during a catastrophic event. These partnerships are important to ensure medical surge capacity.

Conclusion

Mr. Chairman, these are all very important issues. Medical surge capacity is a significant part of any effective national emergency preparedness and response capability. We are committed to working with our partners to ensure that these missions are fulfilled. I would be happy to answer any questions.

Thank you.