



Department of Defense

DIRECTIVE

NUMBER 6010.22

January 21, 2003

Certified Current as of November 24, 2003

ASD(HA)

SUBJECT: National Disaster Medical System (NDMS)

- References: (a) DoD Directive 3020.36, "Assignment of National Security Emergency Preparedness (NSEP) Responsibilities to DoD Components," November 2, 1988
- (b) Memorandum of Understanding Between Department of Health and Human Services (DHHS), Department of Veterans Affairs (DVA), Department of Defense (DoD), and the Federal Emergency Management Agency (FEMA) of May 2, 1997
- (c) DoD Directive 3025.1, "Military Support to Civil Authorities," January 15, 1993
- (d) Integrated CONUS Medical Operations Plan (ICOMP), USCINCFROM FUNCPLAN 2508-981," April 15, 1998¹
- (e) through (h), see enclosure 1

1. PURPOSE

This Directive:

1.1. Implements references (a) and (b).

1.2. Defines the Military Health System role, as stated in reference (c), by establishing DoD policy for DoD participation in the National Disaster Medical System (NDMS), a joint Federal, State, and local mutual aid organization for a coordinated medical response, patient movement, and definitive inpatient care in time of war, U.S. national emergency, or major U.S. domestic disaster.

¹ <https://business.transcom.mil/gpmrc/jfcom.html>

2. APPLICABILITY

This Directive applies to the Office of the Secretary of Defense (OSD), the Military Departments, the Chairman of the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, DoD Agencies, and all other organizational entities within the Department of Defense (hereafter referred to collectively as "the DoD Components").

3. POLICY

It is DoD policy that:

3.1. The NDMS primarily supports Emergency Support Function Number 8, Health and Medical Services, of the Federal Response Plan (FRP). The Department of Health and Human Services (DHHS) is the lead agency with operational control of the system administered through the Office of Emergency Response (OER), the U.S. Public Health Service (USPHS). The NDMS has the following three missions:

3.1.1. Emergency medical care support and assistance provided by the DHHS civilian response teams. Under the FRP, the DoD Components may supplement DHHS emergency medical care.

3.1.2. Transportation of patients from a disaster site or between definitive medical sites in military contingencies to locations where definitive care is available. When local needs exceed transportation capabilities, the U.S. Transportation Command (USTRANSCOM) shall provide necessary patient transportation assets to include medical crews and patient movement items.

3.1.3. Definitive medical care provided by a network of civilian NDMS member hospitals. Reception, tracking, monitoring, and financial arrangements of patients is accomplished by Federal Coordinating Centers (FCCs) located at selected Veterans Administration Hospitals and Military Treatment Facilities (MTFs).

4. RESPONSIBILITIES

4.1. The Assistant Secretary of Defense for Health Affairs, under the Under Secretary of Defense for Personnel and Readiness, shall:

4.1.1. Coordinate DoD NDMS functions with other Federal Agencies and Military Departments.

4.1.2. Provide NDMS policy and planning guidance to responsible DoD Components, including the issuance of DoD Directives and Instructions, when necessary.

4.1.3. Ensure that Military Departments effectively implement and manage assigned NDMS responsibilities.

4.1.4. Ensure the TRICARE Management Activity coordinates (when appropriate) with the OER to follow established reimbursement procedures for associated NDMS medical costs.

4.1.5. Maintain liaison with the organizations responsible for emergency preparedness such as the American National Red Cross, the American Hospital Association, the National Association of State Emergency Medical System Directors, and the International Association of Emergency Managers.

4.1.6. Activate the NDMS in time of war or national emergency involving armed conflict (process diagram at enclosure 3) when the DoD and the Department of Veterans Affairs (DVA) bed capability is insufficient to provide adequate treatment for military casualties.

4.1.7. Coordinate DoD NDMS support when the NDMS is activated by the Assistant Secretary of Public Health Emergency Preparedness (ASPHEP) (DHHS) for a National Disaster or Homeland Security Incident (process diagram at enclosure 4).

4.1.8. Monitor implementation, testing, and operations of the DoD NDMS FCCs. Develop and maintain an automated capability to monitor organization, facility, and personnel participation as well as patient distribution and administration through the Global Patient Movement Requirements Center (GPMRC) under the USTRANSCOM and the Integrated CONUS Medical Operations Plan (ICMOP), USCINCFCOM FUNCPLAN 2508-98 (reference (d)), as managed by the U.S. Joint Forces Command.

4.2. The Chairman of the Joint Chiefs of Staff shall:

4.2.1. Ensure the integration of DoD NDMS policy with contingency and/or mobilization plans, policy, and doctrine.

4.2.2. Participate in the evaluating and testing of the NDMS activation and system operations during command post and field training exercises.

4.3. The Secretaries of the Military Departments shall:

4.3.1. Issue departmental regulations covering NDMS activities, according to OSD policies.

4.3.2. Operate and manage assigned NDMS responsibilities.

4.3.3. Program and budget for assigned NDMS responsibilities.

4.3.4. Establish and maintain a means to provide personnel, financial, and medical record support for military patients admitted and cared for in VA, civilian, and MTFs.

4.3.5. Maintain FCCs at existing DoD MTFs designated as FCCs. Periodic review by the NDMS Senior Policy Group and/or the Directorate Staff shall be conducted to ensure appropriateness of MTFs being designated as FCCs. Notification of changes shall be sent out by separate cover.

4.4. The Commander, United States Joint Forces Command (JFCOM), shall:

4.4.1. Ensure the Department of Defense develops plans in support of civilian disaster relief involving chemical, biological, radiological, nuclear, and high-yield explosives events to include military healthcare commitments to the NDMS.

4.4.2. Activate reference (d) by having USJFCOM/J02M send a message to the ASD(HA) for fiduciary responsibility signature. Instruct USJFCOM/J02M to maintain a liaison relationship with USTRANSCOM/SG to assure the following:

4.4.2.1. Obtain necessary transportation assets.

4.4.2.2. Activate Bed Reporting procedures.

4.4.2.3. Obtain current DoD/VA/NDMS readiness status.

4.4.2.4. Ensure viability of the Continental United States (CONUS) reception management.

4.4.3. Facilitate CONUS Quarterly Bed Reporting Exercises and prepare After Action Reports to the Surgeon Generals of the Army, the Navy, the Air Force, and the Assistant Secretary of Defense for Health Affairs (ASD(HA)) along with other participating partners. Facilitate planning and execution of ICMOP-related exercises whenever possible. The USJFCOM/J02M shall facilitate readiness assessments of all patient reception areas to include throughput and medical treatment facility capacity to receive and care for returning wartime casualties.

4.4.4. Ensure the USTRANSCOM/GPMRC is kept up-to-date on the CONUS Strategic Healthcare deliberate planning system to include designated DoD Medical Treatment Facilities, designated VA Primary Reception Centers, and to facilitate FCC NDMS points-of-contact as designated by the Office of Emergency Preparedness.

4.5. The Commander, U.S. Transportation Command, shall, consistent with DoD Directive 5158.4 (reference (e)):

4.5.1. Coordinate patient movement for the NDMS through the GPMRC utilizing Air Mobility Command, Military Sealift Command, and the Military Traffic Management Command inputs.

4.5.2. Coordinate planning to meet the transportation requirements of the supported Combatant Commanders and other Federal Agencies.

4.5.3. Coordinate with the Department of Transportation for the movement of medical supplies and equipment following peacetime disasters.

4.5.4. Support the planning, testing, and operation of the NDMS during exercises and actual activation.

4.5.5. Ensure the Director, Global Patient Movement Requirements Center (an activity of the USTRANSCOM) shall, consistent with DoD Instruction 6000.11 (reference (f)):

4.5.5.1. Serve as the single point-of-contact for patient movement (Lift-Bed planning) and regulating agency for the NDMS.

4.5.5.2. Support the planning, testing, and operation of the NDMS as related to patient movement.

4.6. The Directors of Federal Coordinating Centers at DoD MTFs shall appoint a FCC Area Coordinator to handle the day-to-day activities, and:

4.6.1. Ensure dedicated staffing at the mid-grade to senior-level to ensure all program functions are adhered to for a high level of readiness. This shall include associated operations with participating civilian hospitals, health professional organizations, and applicable Federal, State, and local officials within the assigned NDMS region. Guidelines for operations are in the Federal Coordinating Guide (reference (g)).

4.6.2. Recruit and execute memorandums of understanding (MOUs) for participation of civilian healthcare organizations in the NDMS and ensure annual renewal of these MOUs with copies provided to the USJFCOM Medical Liaison Officer to USTRANSCOM/SG and the Office of the ASD(HA).

4.6.3. Develop and maintain plans for the management of NDMS patients to include patient reception, medical/administration record keeping, In-Transit Visibility, billing procedures, family support, and daily patient follow-up when transferred into their respective area.

4.6.4. Coordinate with the DVA, the DHHS, and the Federal Emergency Management Agency (FEMA) to ensure civilian hospitals participating in the NDMS are kept apprised of policy changes and are current on activation and reporting procedures.

4.6.5. Ensure current NDMS education, training programs, and policies are provided to civilian hospitals participating in the NDMS.


4.6.6. Maintain required documentation of NDMS area bed status, according to FEMA 9230.1-PL, "Federal Response Plan (FRP)" (reference (h)).

4.5.7. Coordinate an annual NDMS exercise with local NDMS-affiliated hospitals that includes a weapons of mass destruction component.

4.5.8. Formulate, submit, and justify requests for NDMS resource requirements for assigned NDMS responsibilities.

5. EFFECTIVE DATE

This Directive is effective immediately.


Paul Wolfowitz
Deputy Secretary of Defense

Enclosures - 4

- E1. References, continued
- E2. National Disaster Medical System (NDMS)
- E3. VA/DoD Military Contingency Hospital and NDMS Alert/Notification Process
- E4. Civilian Disasters and Emergencies NDMS Hospital Alert/Notification Process

E1. ENCLOSURE 1

REFERENCES, continued

- (e) DoD Directive 5158.4, "United States Transportation Command," January 8, 1993
- (f) DoD Instruction 6000.11, "Patient Movement," September 9, 1998
- (g) "Federal Coordinating Center Guide," August 1999
- (h) FEMA 9230.1-PL,² "Federal Response Plan" (FRP), April 22, 1999

² <http://166.112.200.141/r-n-r/frp/frpfull.pdf>

E2. ENCLOSURE 2

NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

E2.1. ACTIVATION

E2.1.1. Military Conflict Involving U.S. Armed Forces. The Assistant Secretary of Defense for Health Affairs (ASD(HA)) shall activate NDMS Federal Coordinating Centers (FCCs) with sufficient civilian hospital beds to support a military conflict when casualties exceed the combined DVA/DoD Contingency Hospital System. Deactivation of the NDMS system will occur when projected casualties may be supported by DoD/VA facilities alone; the ASD(HA) shall deactivate the NDMS FCC/civilian in-patient support as necessary.

E2.1.2. Catastrophic Disasters Within the United States. The Office of the Assistant Secretary for Public Health Emergency Preparedness (ASPHEP/DHHS) shall activate the NDMS in response to a U.S. domestic disaster or in support of a Homeland Security event. The DoD Components may be asked to participate in relief operations. Refer to the process diagram at enclosure 4. When projected casualties do not exceed local capabilities, the ASPHEP/DHHS shall deactivate the NDMS FCC/civilian in-patient support as necessary.

E2.2. NDMS STRUCTURE

E2.2.1. Senior Policy Group (SPG). The SPG is an interagency group that determines overall policy and program guidance for the NDMS. The SPG consists of the ASPHEP/DHHS; the ASD(HA), for the Department of Defense; the Secretary, DVA; and the Director, FEMA. The ASPHEP/DHHS chairs the SPG.

E2.2.2. NDMS Directorate Staff. The NDMS Directorate Staff, chaired by the OER, USPHS, ensures implementation of policy and direction in the operating elements of NDMS. The Office of the ASD(HA) provides a representative from its Force Health Protection and Readiness Directorate. The FEMA, DVA, and DHHS also provide representatives to the NDMS Directorate Staff.

E2.2.3. The FCC Coordination Working Group (formerly called the FCC Management Working Group). This workgroup reports to the NDMS Directorate Staff. The NDMS Directorate Staff charged the working group with two tasks:

E2.2.3.1. Examine current FCC placement. Determine whether or not FCC caregiver assignments (both the VA and the Department of Defense) and geographical areas of responsibilities meet the system needs.

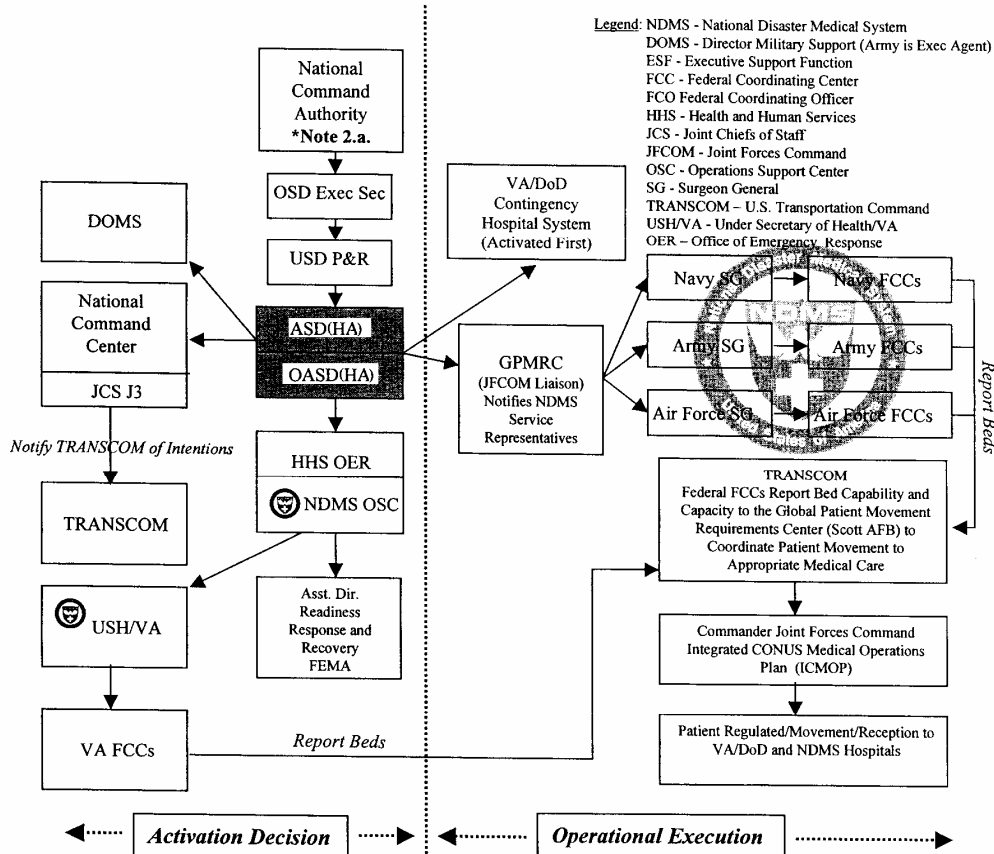
E2.2.3.2. Evaluate the need for an FCC management cell. Its ultimate mission may expand to include coordinating FCC training, site assessment, exercises, planning, communications, and operations to insure FCC preparedness.

E2.2.4. NDMS Operations Support Center (NDMSOSC). The NDMSOSC is located at the OER in Rockville, Maryland. When activated the NDMSOSC may include representatives of the DHHS/PHS, the Department of Defense, the FEMA, the DVA, the American Red Cross, and other Federal and private agencies concerned with coordinating Federal health and medical logistics. The NDMSOSC shall work in cooperation with State emergency medical authorities and the Federal Coordinating Officer responsible for overall management of Federal response to the disaster.

E2.2.5. NDMS Federal Coordinating Centers (FCCs). These facilities are primarily MTFs or DVA medical centers. The DoD MTF Commander or VA PRC Director appoints the FCC Area Coordinator. The FCC Area Coordinator role includes: soliciting participation in NDMS by non-Federal area hospitals, assisting in the coordination of area disaster plans with hospital representatives, arranging annual NDMS exercises, and developing procedures for participants to report on bed availability, triaging, and the transporting and tracking of incoming patients to area hospitals.

E3. ENCLOSURE 3

VA/DoD MILITARY CONTINGENCY HOSPITAL AND NDMS ALERT/NOTIFICATION PROCESS



Notes:

- 1) FCCs are the Federal Coordinating Centers that are responsible for recruiting civilian hospitals to participate in the NDMS network and report bed capacity for those hospitals
- 2) The VA/DoD Contingency Hospital System is activated first in the following manner:
 - a. SECDEF determines that DoD needs VA medical care resources because of military conflict or other type of national emergency that is generating military casualties beyond the capabilities of MTFs.
 - b. SECDEF notifies the SECVA, in writing, of any need for medical care contingency support.
 - c. SECVA commits VA to provide support and communicates this commitment to the SECDEF in writing.
 - d. If it is then determined that DoD and VA capacity will become overwhelmed, the ASD(HA) - has the authority to activate the civilian component (NDMS) to provide previously committed beds for military casualties.
 - e. The ICMOP is the means by which military patients are moved into hospitals throughout the United States.
- 3) If a Chem/Bio casualty, patient will be retained overseas until non-contagious and/or completed decontaminated

E4. ENCLOSURE 4

CIVILIAN DISASTERS AND EMERGENCIES
NDMS HOSPITAL ALERT/NOTIFICATION PROCESS

