



DoD INSTRUCTION 6010.22

NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

Originating Component:	Office of the Under Secretary of Defense for Personnel and Readiness
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Incorporates and cancels:	DoD Directive 6010.22, "National Disaster Medical System (NDMS)," January 21, 2003
Approved by:	Robert O. Work, Deputy Secretary of Defense

Purpose: This issuance:

- Defines DoD roles, assigns responsibilities, and prescribes activation procedures in support of Section 300hh-11 of Title 42, United States Code (U.S.C.) and Section 104 of Public Law 113-5, also known and referred to in this issuance as the "Pandemic and All-Hazards Preparedness Reauthorization Act of 2013."
- Establishes policy for DoD participation in the NDMS, a joint federal, State, and local mutual aid response system, to provide a coordinated medical response, patient movement, and definitive patient care during a military health emergency, U.S. national emergency, or U.S. domestic disaster.
- Establishes DoD support to NDMS as outlined in Title 42, U.S.C., the Pandemic and All-Hazards Preparedness Reauthorization Act, and the NDMS Federal Partners Memorandum of Agreement.

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SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY. This issuance applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff (CJCS) and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the Department of Defense (referred to collectively in this issuance as the “DoD Components”).

1.2. POLICY. It is DoD policy that:

a. NDMS serves a dual role of support in domestic emergencies, under the lead agency responsibility of the Department of Health and Human Services; and military health emergencies, under the lead agency responsibility of the Department of Defense.

b. The DoD will provide available resources to support the NDMS during U.S. national emergencies or U.S. domestic disasters in accordance with Title 42, U.S.C., the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013, the NDMS Federal Partners Memorandum of Agreement, or as directed by the President.

c. In accordance with Chapter 68 of Title 42, U.S.C. (also known and referred to in this issuance as “The Stafford Act”) or Section 1535 of Title 31, U.S.C. (also known and referred to in this issuance as “The Economy Act”), requests for NDMS assistance will be processed in accordance with DoDD 3025.18 and the National Response Framework (NRF). Such assistance is provided on a reimbursable basis under these acts.

d. DoD NDMS patient movement and reception pertains to patient evacuation from ports of embarkation to ports of debarkation via a Federal Coordinating Center (FCC) to an NDMS hospital.

e. NDMS civilian hospitals serve as a backup to military treatment facilities when both DoD and Department of Veterans Affairs (VA) hospitals are at capacity during a military health emergency.

f. The DoD medical evacuation system is organized, trained, and equipped for the evacuation of wartime casualties. This population is normally not synchronous with the types of patients generated from a civilian disaster scenario. DoD will provide medical evacuation for patients identified in the U.S. Transportation Command (USTRANSCOM) Patient Movement Automated Information System bed categories within the capacity of the evacuation system at execution.

1.3. INFORMATION COLLECTIONS. The FCC throughput and NDMS hospital bed availability reports, referred to in Paragraph 2.8.g.(3) of this issuance, does not require licensing with a report control symbol in accordance with Paragraph 1.b.(5) of Enclosure 3, Volume 1 of DoD Manual 8910.01.

SECTION 2: RESPONSIBILITIES

2.1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).

Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), the ASD(HA):

- a. Coordinates DoD NDMS functions within the DoD and with non-DoD federal and non-federal agency directors, in accordance with the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 and DoDD 5136.01.
- b. Develops DoD policy for participating in the NDMS and provides guidance to the responsible DoD Components, as necessary.
- c. Oversees the implementation and management of DoD NDMS responsibilities. Reviews, evaluates, and undertakes management oversight activities for DoD health and medical plans to execute DoD NDMS responsibilities, including in response to complex catastrophes such as chemical, biological, radiological, nuclear, and high-yield explosives incidents.
- d. Is the DoD representative on the NDMS Senior Policy Group (or its successor organization). Provides the primary DoD representative to the Department of Health and Human Services (HHS) hosted NDMS Directorate Staff in collaboration with the Assistant Secretary of Defense for Homeland Defense and Global Security (ASD(HD&GS)). Participates on the Senior Leader Council on Patient Movement in coordination with the ASD(HD&GS).
- e. May, after consultation with HHS, access the NDMS hospital network for definitive medical care in a military health emergency. DoD is responsible for funding patient evacuation and medical care for Service members.
- f. Informs the ASD(HD&GS) of significant changes in, or developments impacting, DoD's participation in the NDMS.
- g. Coordinates and approves changes to DoD FCC locations with other NDMS federal partners.

2.2. DIRECTOR, DHA. In addition to the responsibilities in Paragraph 2.5., and under the authority, direction, and control of the USD(P&R) through the ASD(HA), the Director, DHA:

- a. Issues DHA regulations, plans, and procedures for NDMS activities in accordance with this issuance, as appropriate.
- b. Directs the Defense Medical Readiness Training Institute to:
 - (1) Organize, develop, and conduct FCC training for the DoD Components.
 - (2) Offer FCC training vacancies to the VA for their Emergency Management students at VA expense.

2.3. ASD(HD&GS). Under the authority, direction, and control of the Under Secretary of Defense for Policy, the ASD(HD&GS):

a. Serves as the principal civilian advisor to both the Secretary of Defense and the Under Secretary of Defense for Policy for Defense Support of Civil Authorities in accordance with DoDD 3025.18.

b. Receives and evaluates requests for assistance and prepares a recommendation for Secretary of Defense approval.

c. Serves as an interagency point of contact for DoD NDMS execution, in collaboration with the ASD(HA).

d. Represents OSD on the Senior Leadership Council on Patient Movement in collaboration with the Office of the ASD(HA) and participates on the NDMS Directorate Staff.

e. In coordination with the ASD(HA), recommends activating NDMS for Homeland Defense missions when DoD and VA medical treatment capabilities are exceeded.

2.4. SECRETARIES OF THE MILITARY DEPARTMENTS. In addition to the responsibilities in Paragraph 2.5., the Secretaries of the Military Departments will issue Military Departmental regulations, plans, and policies for NDMS activities in accordance with this issuance.

2.5. SECRETARIES OF THE MILITARY DEPARTMENTS AND DIRECTOR, DHA.

The Secretaries of the Military Departments and the Director, DHA:

a. Oversee the operation and management of assigned NDMS responsibilities per Table 1.

b. Identify requirements and provide resources, as appropriate, for routine pre-event participation in NDMS, including FCC readiness activities, NDMS exercises, and training. Provide this information to the ASD(HA), ASD(HD&GS), and the CJCS, upon request.

c. Coordinate deletion or addition of a DoD FCC with the CJCS, ASD(HA), ASD(HD&GS), the Secretaries of the other Military Departments, and the Commanders of the U.S. Northern Command (CDRUSNORTHCOM), U.S. Pacific Command (CDRUSPACOM), and U.S. Transportation Command (CDRUSTRANSCOM), as appropriate. Patient Reception Areas (PRAs) are identified and operated by the FCCs.

d. Ensure FCCs are operated in accordance with the NDMS “Federal Coordinating Center Guide.”

Table 1. FCC Assignments

Service	State	FCC Name (responsible facility)
Air Force	MS	Keesler (81 AMDS Keesler Air Force Base (AFB))
Air Force	OH	Dayton (88 Medical Group, Wright Patterson AFB)
Air Force	CA	Sacramento (60 Medical Group, Travis AFB)
Army	GA	Augusta (Eisenhower Army Medical Center, Ft. Gordon)
Army	SC	Columbia (Moncrief Army Hospital, Ft. Jackson)
Army	TX	El Paso (Beaumont Army Medical Center, Ft. Bliss)
Army	TX	San Antonio (Brooke Army Medical Center, Joint Base San Antonio-Ft. Sam Houston)
Army	HI	Hawaii (Tripler Army Medical Center, Honolulu)
Army	WA	Puget Sound (Madigan Army Medical Center, Joint Base Lewis/McChord)
DHA	MD	Bethesda (Walter Reed National Military Medical Center)
Navy	VA	Portsmouth (Naval Medical Center, Portsmouth)
Navy	FL	Jacksonville (Naval Hospital Jacksonville)
Navy	CA	Orange County (Naval Hospital Camp Pendleton)
Navy	CA	San Diego (Naval Medical Center San Diego)

2.6. CJCS. The CJCS:

- a. Coordinates the provision of military assets when the CDRUSNORTHCOM and CDRUSPACOM submit a request for forces in support of NDMS.
- b. Upon NDMS activation and in accordance with an approved Request for Assistance:
 - (1) Directs that the Combatant Commands (CCMDs) conduct appropriate planning.
 - (2) Monitors the execution of operations.
 - (3) Coordinates support to other federal agencies.
- c. Recommends activating the NDMS in military contingency operations when DoD and VA medical treatment capabilities are insufficient.

2.7. CDRUSNORTHCOM AND CDRUSPACOM. The CDRUSNORTHCOM and CDRUSPACOM:

- a. Through the CJCS:
 - (1) Collaborate with USTRANSCOM and the Offices of the ASD(HD&GS) and ASD(HA) on the selection of FCCs for a given operation in anticipation of a requirement for DoD to execute NDMS patient movement operations.

(2) Participate with other federal agencies at the strategic and operational levels to coordinate DoD NDMS patient movement and definitive care functions.

(3) Coordinate with the Secretaries of the Military Departments, CDRUSTRANSCOM, the Chief, National Guard Bureau, and the Director, DHA, to identify theater requirements and capabilities for NDMS patient movement, medical regulating, staging, reception, tracking, and definitive medical care in NDMS participating hospitals.

b. Develop plans, as directed, that support this issuance and the NRF.

c. Integrate NDMS operations into the Command's exercises conducted under the Federal Emergency Management Agency (FEMA) National Exercise Program, whenever feasible.

d. Ensure CCMD plans effectively address military health emergencies, incidents of national significance, or public health emergencies in accordance with DoDD 3025.18.

2.8. CDRUSTRANSCOM. In accordance with Section 300hh-11 of Title 42, U.S.C., the CDRUSTRANSCOM:

a. With available DoD assets, coordinates planning to meet the transportation requirements of the supported Combatant Commanders and other federal agencies for NDMS patient movement.

b. Coordinates patient reception, staging, and onward movement from designated ports of embarkation in support of NDMS using available USTRANSCOM assets upon request to ports of debarkation.

c. Coordinates patient movement for the NDMS through the Global Patient Movement Requirements Center (GPMRC), utilizing inputs from CDRUSTRANSCOM-assigned component commands: the Air Mobility Command, Military Sealift Command, and the Military Surface Deployment and Distribution Command.

d. Directs the GPMRC, consistent with Section 300hh-11 of Title 42, U.S.C., to serve as the point of contact for USTRANSCOM-executed patient movement data for the NDMS. Through the Command Surgeon, GPMRC will collect and ensure NDMS contingency bed data and FCC points of contact are maintained and up to date in the USTRANSCOM Patient Movement Automated Information System.

e. Supports the planning, testing, and operation of the NDMS during exercises and actual activation.

f. Provides medical regulating for USTRANSCOM-executed patient movement missions.

g. Through the CJCS:

(1) Supports the CDRUSPACOM and CDRUSNORTHCOM with NDMS patient movement in accordance with the Unified Command Plan and the NRF.

(2) Coordinates with the Military Services and geographic CCMDs for the transport of patient movement enablers, interagency staging capability, medical supplies and equipment, and patient movement items in anticipation of, or in response to, disasters.

(3) Prepares reports (e.g., Continental United States Bed Reporting Exercises) for the Surgeons General of the Army, Navy, Air Force, the ASD(HA), and the ASD(HD&GS) along with other intergovernmental partners (i.e., Department of Homeland Security (DHS), HHS, VA) or others as required.

(4) Collaborates with HHS, FEMA, U.S. Northern Command (USNORTHCOM), U.S. Pacific Command (USPACOM), the Offices of the ASD(HD&GS) and ASD(HA), and the Joint Staff to incorporate USTRANSCOM NDMS functions in exercises under the National Exercise Program in accordance with DoDI 3020.47.

SECTION 3: PROCEDURES

3.1. FCC SELECTION. Selecting and activating specific FCCs is a collaborative effort coordinated by the Patient Movement Coordination Cell (PMCC). The collaboration occurs among the Offices of the ASD(HA) and ASD(HD&GS); HHS; VA; DHS; USNORTHCOM; USPACOM; USTRANSCOM; the Military Services; and the DHA, as required. Selection factors include, but are not limited to, available beds, PRA throughput, distance from disaster area, and number of anticipated persons requiring medical evacuation.

3.2. FCC ACTIVATION.

a. In accordance with Section 300hh-11 of Title 42, U.S.C., HHS activates the NDMS or specific capabilities of the NDMS, depending on the situation. The Secretary of HHS activates the appropriate FCCs by notifying the VA and DoD program managers in writing. Activation may be in response to:

(1) A national emergency, domestic disaster, or in support of a homeland security event.

(2) The Secretary of HHS declaring a public health emergency in accordance with Section 300hh-11 of Title 42, U.S.C.

b. The Secretary of Defense must approve the use of DoD FCCs for NDMS operations to support civil authorities.

c. The ASD(HA) accesses NDMS in response to a military health emergency when DoD casualties exceed combined DoD and VA medical treatment capabilities.

3.3. PROCEDURES.

a. Civilian patient evacuees (i.e., non-DoD beneficiaries) will not be medically regulated to military medical treatment facilities (MTF). FCC directors are authorized to admit (on a reimbursable basis) non-beneficiaries transiting through their patient reception area to DoD MTF if the senior medical authority at the FCC believes further transportation may cause the patient's condition to significantly deteriorate. The patient must be moved to a NDMS hospital as soon he or she is medically stable.

b. The Offices of the ASD(HA) and ASD(HD&GS) will be notified of planned exercises or other training events in which Federal Government agencies other than the DoD will be invited to participate.

c. FCC operations will be in accordance with the National Disaster Medical System "Federal Coordinating Center Guide."

GLOSSARY

G.1. ACRONYMS.

AFB	Air Force Base
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(HD&GS)	Assistant Secretary of Defense for Homeland Defense and Global Security
CCMD	Combatant Command
CDRUSNORTHCOM	Commander, U.S. Northern Command
CDRUSPACOM	Commander, U.S. Pacific Command
CDRUSTRANSCOM	Commander, U.S. Transportation Command
CJCS	Chairman of the Joint Chiefs of Staff
DHA	Defense Health Agency
DHS	Department of Homeland Security
DoDD	DoD directive
FCC	Federal Coordinating Center
FEMA	Federal Emergency Management Agency
GPMRC	Global Patient Movement Requirements Center
HHS	Department of Health and Human Services
MTF	medical treatment facility
NDMS	National Disaster Medical System
NRF	National Response Framework
PMCC	Patient Movement Coordination Cell
PRA	patient reception area
U.S.C.	United States Code
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USNORTHCOM	U.S. Northern Command
USPACOM	U.S. Pacific Command
USTRANSCOM	U.S. Transportation Command
VA	Department of Veterans Affairs

G.2. DEFINITIONS. These terms and their definitions are for the purpose of this issuance.

available beds. Unoccupied hospital patient beds including supporting space, equipment, medical material, ancillary and support services and staff to operate under contingency circumstances. Transient patient beds, bassinets, incubators, and labor and recovery beds are excluded.

definitive medical care. Medical care provided by an NDMS participating hospital:

For injuries or illnesses resulting directly from a specified public health emergency; or

For injuries, illnesses, and conditions requiring essential medical treatment or services to maintain health when such medical treatment or services are temporarily not available as a result of the public health emergency.

FCC. An organization that is responsible for day-to-day coordination of planning and operations in one or more NDMS patient reception areas. DoD MTFs or VA Medical Centers are responsible for the operations of an FCC.

GPMRC. A body that, through the USTRANSCOM Surgeon's office, manages all assigned personnel supporting each theater Patient Movement Requirements Center in the global patient movement system in peacetime and contingencies. GPMRC is the functional manager for existing and future patient movement Automated Information Systems responsible for maintenance, operations, and joint patient movement training.

incident of national significance. A high-impact event that requires an extensive and well-coordinated multiagency response to save lives, minimize damage, and provide the basis for long-term community and economic recovery. As the principal federal official for domestic incident management, the Secretary of Homeland Security declares incidents of national significance (in consultation with other departments and agencies as appropriate).

medical regulating. The actions and coordination necessary to arrange for the movement of patients from a port of embarkation to a PRA with the necessary health service support capabilities and available bed space in the NDMS participating hospitals in its area.

military health emergency. An occurrence where the medical treatment capabilities needed for caring for casualties of the armed forces resulting from a major military operation, disaster, significant outbreak of an infectious disease, bioterrorist attack, or other significant or catastrophic event that exceeds DoD and VA medical capabilities.

National Exercise Program. A FEMA program designed to test, assess, and improve U.S. preparedness and resiliency.

NDMS. A coordinated partnership between DHS, HHS, DoD, and VA established for the purpose of responding to the needs of casualties, victims, and patients of a public health emergency.

NDMS Directorate Staff. A staff that ensures implementation of policy and direction in the operating elements of NDMS. Representatives are provided from the Offices of the ASD(HA) and ASD(HD&GS) as well as FEMA, VA, and HHS.

NDMS federal partners. The federal departments (DoD, HHS, VA, and DHS) that are signatories to the NDMS Federal Partners Memorandum of Agreement.

NDMS participating hospitals. Civilian hospitals that have signed a Memorandum of Agreement with an FCC to provide medical care to patients evacuated through the NDMS system.

NDMS Senior Policy Group. An interagency group that consists of the HHS's Assistant Secretary for Preparedness and Response, who acts as the chair of the Senior Policy Group; the ASD(HA) in collaboration with the ASD(HD&GS); the Under Secretary for Health, VA; and the Assistant Secretary of Homeland Security for Health Affairs, DHS. The group determines overall policy and program guidance for the NDMS.

non-medical attendant. A non-medical person who escorts the patient to assist in activities of daily living until the patient is admitted to the destination medical facility.

NRF. The guide for U.S. response to all types of disasters and emergencies. It is built on scalable, flexible, and adaptable concepts identified in the National Incident Management System to align key roles and responsibilities across the United States.

patient reception area. A location with adequate patient staging facilities and local patient transport assets to support patient reception and transport to local voluntary, pre-identified, non-federal, acute care hospitals capable of providing definitive medical care for victims of a domestic disaster, emergency, or military contingency. PRAs are normally established at pre-designated airfields, but may be located at facilities supporting patient movement by ground evacuation assets.

PMCC. A cell that coordinates and integrates NDMS operational planning, alerts, activations, and de-activations in order to establish and maintain an NDMS patient movement common operating picture for HHS and the interagency partners. The PMCC will determine which FCCs are to be alerted and eventually activated. The PMCC is composed of a representative(s) from the Offices of the ASD(HA) and ASD(HD&GS); HHS; VA; DHS; USNORTHCOM; USPACOM; USTRANSCOM; the Military Services; and the DHA, as required. The PMCC also includes NDMS patient movement partners (e.g., interagency partners, state health departments, FEMA Regional Emergency Coordinators).

public health emergency. An emergency requirement for health care services to respond to a disaster, significant outbreak of an infectious disease, bioterrorist attack, or other significant or catastrophic event. For purposes of NDMS activation, a public health emergency may include, but is not limited to:

Public health emergencies declared by the Secretary of HHS in accordance with Section 247d of Title 42, U.S.C.; or

A declaration of a disaster or emergency in accordance with the Stafford Act.

Senior Leader Council on Patient Movement. A working group formed to assist with development of policy and goals for NDMS and to provide operational direction as needed. This

interagency group consists of the HHS's Assistant Secretary for Preparedness and Response, who acts as the chair of the Senior Leader Council on Patient Movement; and representatives from the Offices of the ASD(HA) and ASD(HD&GS); a representative from the Under Secretary for Health, VA; and a representative of the Assistant Secretary of Homeland Security for Health Affairs, DHS.

throughput. The maximum number of patients that can be received at the NDMS patient reception area, off-loaded, staged, triaged, transported, and admitted to the destination hospital (or hospitals of the NDMS) within any 24 hour period. This is an estimate that considers reception site and local transportation limits, personnel limits for patient reception, staging, and transport as well as any other factors deemed relevant.

REFERENCES

- DoD Directive 3025.18, “Defense Support of Civil Authorities (DSCA),” December 29, 2010, as amended
- DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013
- DoD Instruction 3020.47, “DoD Participation in the National Exercise Program (NEP),” January 29, 2009
- DoD Manual 8910.01, Volume 1, “DoD Information Collections Manual: Procedures for DoD Internal Information Collections,” June 30, 2014
- Federal Emergency Management Agency, “The National Response Framework (NRF),” Second Edition, May 2013
- National Disaster Medical System (NDMS) Federal Partners Memorandum of Agreement, October 2005¹
- National Disaster Medical System, “Federal Coordinating Center Guide,” April 2014¹
- Public Law 113-5, Section 104, “Pandemic and All-Hazards Preparedness Reauthorization Act of 2013,” March 13, 2013
- Unified Command Plan, current edition²
- United States Code, Title 31, Section 1535
- United States Code, Title 42

¹ Contact the Defense Health Agency, Readiness Division, Civil-Military Medicine for a copy of this document

² This is a classified document. Contact the Joint Staff, J-5 for copies.