NDMS:
A 600 Second Update

Andrew L. Garrett, MD, MPH
HHS/ASPR/OEM
ASPR Coordinates the Federal Public Health and Medical Response

• The National Response Framework (NRF) informs an effective federal response

• ASPR has the lead role for Emergency Support Function #8 – Public Health and Medical Response

• Role of OEM as the central point of coordination
  – Secretary’s Operations Center (SOC)

ESF-8 Responsibilities include:
• Public Health Assessment
• Surveillance
• Medical care and supplies
• Patient Evacuation
• Patient and Animal Care
• Drug Safety and Security
• Blood and Related Products
• Food Safety and Security
• Agricultural Safety and Security
• Behavioral Health
• Vector Control
• Water and Wastewater
• Mass Fatality Support
• Definitive Care
Supporting Response through the National Disaster Medical System

• Partnership between HHS, DHS, VA, and DoD

• Mission is two-fold:
  1. Support communities in the United States with post-disaster medical assistance as needed
  2. Backstop the DoD and VA medical systems in a mass casualty warfare scenario
Functions of NDMS

• Three key functions:
  1. Medical Response (medical, veterinary, fatality management)
  2. Patient Evacuation by air from affected areas
  3. Delivery of Definitive Care through system of NDMS network hospital

• NDMS and US Public Health Service are two of the major deployable assets available to the HHS Secretary and ASPR
• Large, geographically distributed workforce of over 6000 personnel organized into 80+ response teams
  – Over 4000 credentialed professionals
  – Covered by Workers Compensation, Federal Tort Claims Act, and Uniformed Services Employment and Reemployment Act
  – Enabling a prompt federal response

• Employees must have adequate worker protection, job protection, and training. Since 2014:
  – NDMS is working to legislate modernized coverage
  – Innovative training with our FEMA partners, over 1000 trained in 2014
Full Context, Full Speed Training
Train as we Fight (Work)
Supporting the Response Teams: Recent Evolution

• Post-Sandy development of the Mobile Lifesaving Kit to complement the traditional NDMS caches
  — Forward deployed to support first response

• Realignment of the response teams into consistently typed assets
  — Three configurations of Health and Medical Task Forces
  — New design for the National Veterinary Response Teams

• Re-evaluation of the business of NDMS
  — Shortened response time and mechanisms to support this
  — Movement towards a more team-centric culture
• Hundreds of responses, thousands of deployed personnel, tens of thousands of patient encounters

• Strong and improving relationships with our federal partners, including the Regional Emergency Coordinators and Hospital Preparedness Program

• Evolving to operate in a climate of limited resources, as with all Public Health programs across the country

• Future directions need to include more practical and purposeful interactions with regional and military partners
Questions?