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## ***PREFACE***

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# **THE NATIONAL DISASTER MEDICAL SYSTEM (NDMS)**

## **STRATEGIC VISION**

### **PREFACE**

The NDMS Strategic Vision is a result of a full, formal, contracted evaluation of the National Disaster Medical System based on a review of after action reports and the analysis of seven workgroups. The Strategic Vision focuses on the configuration of NDMS including improvements, renewal and options for development of objectives and milestones. It is, therefore, both a set of objectives to be reviewed and further refined for possible implementation over the next five years and a recommended process of program assessment and evaluation that should continue beyond that time.

Objectives and implementation options are included in this report to provide a basis for future discussions. Approval of the Strategic Vision does not imply acceptance of any particular method of implementation or a commitment to fund each and every objective. Therefore, the Strategic Vision is the "road-map" guiding the NDMS in its quest for full operational capability.

Upon approval of the NDMS Strategic Vision, committees will be formed to establish priorities, resource requirements, implementation plans, and milestones to carry out the agreed upon objectives. Each plan must be accepted by the NDMS Directorate before being implemented.

## ***EXECUTIVE SUMMARY***

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## **EXECUTIVE SUMMARY**

### **I. BACKGROUND**

The National Disaster Medical System (NDMS) is a cost effective cooperative effort of public and private organizations and individuals to provide emergency medical treatment, casualty evacuation, and definitive medical care to victims of natural and man made catastrophic disasters. This system is a cooperative effort among four Federal departments and agencies: the Department of Health and Human Services (DHHS), the Department of Defense (DoD), the Department of Veterans Affairs (VA), and the Federal Emergency Management Agency (FEMA) with a budget of \$150,000 per annum. Emergency medical treatment is provided through Disaster Medical Assistance Teams (DMATs) administered by DHHS which are made up of volunteer health care professionals and sponsored by private and public organizations around the country, as well as by health professionals from DHHS, VA and DoD. Casualty evacuation is administered by the Department of Defense using military and civilian resources. Inpatient medical care is provided through DoD and VA hospitals, and by a network of over 1,800 non-government hospitals that commit a limited number of beds for that purpose. This network is coordinated by program offices in 72 military and Department of Veterans Affairs medical facilities around the country.

NDMS is a young program, having been formed ten years ago by a series of interagency agreements. It is not formally recognized in Federal legislation. However, under the Federal Response Plan for catastrophic disasters, NDMS represents a significant part of the Federal government's health and medical response. Since 1989, NDMS has proved its value in a number of actual disaster response situations. The Department of Health and Human Services has the responsibility for administering NDMS in partnership with the Department of Defense, the Department of Veterans Affairs, and the Federal Emergency Management Agency. These four agencies interact on program affairs through a series of committees culminating in the NDMS Senior Policy Group which is made up of the top health officials of the three cabinet departments and the Director of FEMA.

The Federal response experience in Hurricane Andrew stimulated a number of evaluations of Federal catastrophic disaster programs and policies. These programs are usually activated upon request from the States when State resources are overwhelmed. The Office of Emergency Preparedness initiated an evaluation of NDMS emergency response beginning with a conference to assess its performance in the Florida hurricane response. The results led to a full evaluation of the program by MAXIMUS, a contract consultant firm. The results of the evaluation confirmed that NDMS is a valuable program, but it needs to be strengthened and supported more consistently to meet today's challenges and those expected in the future.

## **II. PLAN DEVELOPMENT PROCESS**

The results of the MAXIMUS evaluation of the National Disaster Medical System were reported to the NDMS Senior Policy Group. The Senior Policy Group charged the Director of NDMS to produce an NDMS Strategic Vision document. Seven issue areas were identified for improving the system. Work groups made up of representatives of the partner agencies and other participants in the NDMS program were appointed to develop options and recommendations for these issue areas. The work groups chaired by representatives of the partnership agencies, reported their recommendations in two phases: first, as initial options for the issue areas, and then, in terms of specific recommendations for goals and objectives to form the basis of the Strategic Vision to be implemented over the five year period after issue of the formal document.

## **III. GOALS AND OBJECTIVES UNDER THE PLAN**

The work group recommendations for the seven issue areas were reviewed by the oversight bodies of the NDMS Senior Policy Group, Directorate, and Directorate Staff, and they were consolidated under four major program areas. The overall goals for the Strategic Vision are designed to improve these four program areas as summarized below.

**1. Policy and Overall Program Direction:** The work groups recommended that several objectives be pursued to strengthen the overall policy and direction of the NDMS program. First, the Public Health Service Act and possibly the Stafford Act should be amended to explicitly recognize NDMS. The amendments should include mission statements for each of



the NDMS partner agencies. The role of the Department of Health and Human Services as the lead agency for NDMS should be reinforced by the issue of a mission statement and executive order and the establishment of a line budget within the Department for the program. Oversight by the NDMS Senior Policy Group and joint program direction by the NDMS Directorate and Directorate Staff should be maintained. The Incident Command System (ICS) should be used as the guiding model for program direction. Policies should be reviewed and updated, and planning and communication among NDMS participant agencies should be strengthened. Increased emphasis should be placed on an expanded role for regional, State and local level planning and response agencies, including support for Disaster Medical Assistance Teams (DMATs), mobile VA resources, and program interaction with the military. Finally, the partnership work group process should be continued during the implementation phase under the Strategic Vision to refine and monitor the objectives for implementation and to initiate further improvements in the program.

**2. Disaster Medical Assistance Team (DMAT) Program:** The Strategic Vision objectives related to the Disaster Medical Assistance Teams were, as follows: First, the guidelines currently in place for governing DMAT organization and operations should be reviewed and revised. Special attention should be given to command and control, specific medical roles, and readiness categories. Second, standard equipment stocks for each DMAT readiness level should be developed. Third, a full set of DMAT operations manuals should be completed and issued. Fourth, a support program to facilitate DMAT activation should be instituted. Fifth, a logistics and field support system should be established. And finally, improvements should be made in the training program for DMATs.

**3. Education, Training and Exercises:** The Strategic Vision contains four major objectives for strengthening the program of education, training and exercises for NDMS. First, a training program should be developed which addresses the needs of the three NDMS functional components; casualty care, evacuation and patient distribution to definitive care sources. This process should begin with a needs and resources assessment and conclude with an evaluation process. Distinctive training material should be developed for both training and exercises. Maximum use of the resources and expertise of the partner agencies should be utilized. Second, training and education for the health and medical area should be closely coordinated with the overall disaster response training program directed by the Federal

Emergency Management Agency. Third, adequate funding should be identified and appropriated. Finally, increased emphasis should be put on the role of the Federal Coordinating Centers in training.

#### **4. Networking: Federal, Regional, State and Local Planning and Response:**

Recognizing the importance of emphasizing State and local response capabilities as the basic doctrine for Federal disaster efforts, two sets of objectives for strengthening Federal support for local planning and action were established. First, joint planning at the regional, State and local levels should be formally instituted as a main focus of NDMS to mitigate the impact of catastrophic disasters. To do this, liaison should be developed with other organizations that are pursuing this goal. The guiding philosophy, instituted in several program components, should be the development of and reliance on local resources. Second, NDMS should support a number of efforts that go beyond the range of the NDMS program, itself. These are aimed at strengthening the full range of disaster health and medical planning and response capabilities at the regional, State and local levels within Emergency Support Function #8 of the Federal Response Plan (health, medical and related human services). This process of support includes reviewing a series of options for increasing personnel as well as stimulating development and maintenance of State and local medical plans and resources. The review should culminate in NDMS recommending selected options to the partner agencies in the Federal catastrophic disaster response system for adoption.

### **IV. IMPLEMENTATION, MONITORING AND RESULTS**

The objectives presented above are the substantive core of the NDMS Strategic Vision. The objectives represent policy initiatives that can be implemented to strengthen program planning, management and operations. The plan also contains guidance for the implementation process, including a management and monitoring system to track responsibilities, milestones and accomplishments. The NDMS Directorate and Directorate Staff will form an NDMS Strategic Vision Implementation Committee to review the objectives, make cost estimates, coordinate implementation, establish time frames and agency responsibilities for implementation, and monitor adoption. The Directorate Staff and the Directorate will then provide to the SPG appropriate recommendations for the SPG approval.

of required resources to be budgeted by the NDMS members. Implementation will be administered by the Office of Emergency Preparedness of DHHS with results regularly reported to the NDMS Senior Policy Group.

The NDMS Strategic Vision is both a set of objectives to be reviewed and further refined for implementation over the next five years, and the establishment of a process of program assessment and improvement that should continue indefinitely.