

Secretary Napolitano Issues Action Directives on First Responder Health Surge Capacity and Hurricane Katrina



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U.S. Department of Homeland Security (DHS) Secretary Janet Napolitano announced today two action directives, on first responder health surge capacity and Hurricane Katrina.

The directives require specific department offices and components to work with state and local partners to review and assess current plans to respond to significant medical emergencies and address Hurricane Katrina's lingering impacts.

Secretary Napolitano has already issued nine action directives: Federal Emergency Management Agency (FEMA) state and local integration; national planning, cybersecurity; northern border strategy; critical infrastructure protection; risk analysis; state and local intelligence sharing; transportation security; and state, local and tribal integration. She will continue to issue additional action directives in the coming days focused on the missions critical to the department: Protection, Preparedness, Response, Recovery and Immigration.

The full action directives are below:

- **First Responder Health Surge Capacity.** Given the ongoing threat of a pandemic, biological or nuclear attack, improving the capacity to deal with large-scale medical emergencies is paramount. While the Department of Health and Human Services serves as the lead federal agency, DHS plays a critical role in enhancing emergency medical response capabilities at all levels of government. DHS also oversees the health aspects of contingency planning for all chemical biological, radiological and nuclear hazards. Given the department's all-hazards response mission, it is essential to determine the current state of medical readiness, including local first responder capabilities, hospital bed capacity, and the ability to surge existing capacity in an emergency, as well as any gaps and current efforts to address them. To this end, the Office of Health Affairs (OHA), working with FEMA, state and local emergency management officials, and other federal agencies shall:
 1. Review plans and activities underway to strengthen and coordinate medical readiness preparedness.
 2. Conduct a review and assess any shortcomings of the National Response Framework Emergency Support Function #8 - Public Health and Medical Services.
 3. Review the capacity for communities to handle large scale health emergencies, including first responder capacity and the ability to surge beyond existing bed space at local hospitals.
 4. Review any overlaps and inconsistencies in medical readiness plans and activities.
 5. Review ongoing grant making efforts and assess their effectiveness.
 6. Submit any possible restructuring or consolidations for these plans and activities that are necessary and identify areas where state and local emergency management agencies can provide input.

An oral report is due Feb. 10, with a final report due Feb. 24.

- **Hurricane Katrina.** More than three years have passed since Hurricane Katrina devastated the Gulf Coast. Many individuals and communities have moved forward to recover and rebuild. However, there are still individuals, neighborhoods, and institutions, where the recovery process is stalled because of disagreements about damages and indecision about next steps. We now have the opportunity to take a fresh look at rebuilding the communities impacted by Katrina so they will be safer and more economically and socially resistant to future disasters. To determine how best to proceed, we need to understand the current circumstances relative to the following areas:

Public Assistance Projects. What will it take to resolve major public assistance projects under dispute with the city of New Orleans and the state of Louisiana such as Charity Hospital, New

Orleans Water and Sewer Board, St. Bernard Wastewater Plant, university projects at Louisiana State, Tulane and Southern universities and other major projects? Are there legislative or regulatory requirements that are impeding speedy resolution of these projects? What is the schedule to resolve the backlog of appeals on public assistance projects and what can be done to expedite these appeals?

Hazard Mitigation. FEMA has made available over \$1.5 billion in funding for hazard mitigation projects in Louisiana. How is this funding being used to make communities more disaster-resilient?

Co-Location. Historically, the state and FEMA co-located their recovery efforts. However, the state of Louisiana and FEMA are operating out of different locales. What is the value to co-locating operations and what would be required of FEMA to co-locate with the state?

Housing. The Department of Housing and Urban Development has played an important role in issuing temporary housing for Katrina victims. How has the process worked and do they have the capacity for future disasters? How can we best address those individuals that continue to reside in FEMA-supported temporary housing?

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