

NEMA-ASTHO-GHSAC Joint Policy Workgroup Meeting
Thursday – Friday, February 7-8, 2019
Alexandria, Virginia
Meeting Summary

Tri-Chairs:

Dr. Patrick O’Neal (ASTHO); Director Pete Landon (GHSAC); and Administrator Brian Satula (NEMA)

Agenda Topics

- The Earth EX Black Sky Event (BSE) Simulations Project/Exercise
- Powered for Patients – DHS Resilience Challenge Project
- Meeting the Need for Future Health and Medical Personnel Deployments Through EMAC
- CDC Brief
- ASPR Brief

The Earth EX Black Sky Event (BSE) Simulations Project/Exercise

For the first day, all attendees participated in a facilitated black sky exercise. A Black Sky Hazard is a catastrophic complex event that severely disrupts the normal functioning of critical infrastructures in multiple regions for a long duration. Low frequency but high impact events pose a direct threat to civilization due to the impact of cascading infrastructure failures that will follow a prolonged power outage. The BSE focused on understanding the impact of cascading consequences and the tightly interconnected nature of our supporting critical lifeline infrastructures. The BSE aligns with the current focus on infrastructure identification, protection, and lifeline restoration priorities. EIS Council professional facilitators integrated exercise participants to produce insights and lessons learned in advance of living through a real Black Sky event.

For the second day, Mr. Landon opened the day with a welcome, introductions to the Chairs, and asked for introductions of all the attendees sitting around the table. Then quickly introduced Eric Cote from Powered with Patients.

Powered for Patients – DHS Resilience Challenge Project

Mr. Eric Cote, Project Director, quickly provided a brief of the project. Using funding from DHS, the non-profit Powered for Patients will create a prototype to provide emergency managers and public health officials with real time alerts when emergency power systems are threatened at hospitals and other critical healthcare facilities (such as dialysis centers, nursing homes, and water systems serving healthcare centers) during disasters. These alerts will be provided through a dashboard with a Red, Yellow, Green threat level indicator. The project involves participants from various agencies and associations focused on homeland security, public healthcare, and emergency management professions. Mr. Cote asked for feedback on the project in its current conceptual state. Comments on what the dashboard would look like in providing information, as well as how the communication would flow between the levels of government during a response are main concerns. Mr. Cote took all comments seriously as Powered for Patients will take this feedback into consideration as they develop the prototype.

Meeting the Need for Future Health and Medical Personnel Deployments Through EMAC

Mr. Satula introduced the panelist: Trina Sheets, NEMA Executive Director; Mike Sprayberry, Director of NC Division of Emergency Management; Andrew Phelps, Director of Oregon Office of Emergency Management; and Brian Hastings, Director of Alabama Emergency Management Agency.

Ms. Sheets laid the groundwork of the discussion to show how well States are doing in responding to the need for deployments through looking at the past year (2018). Two major trends outlined the potential for an increase in future health and medical personnel deployments to mega shelters in large disasters; as well as nurses and mental health professionals. Mr. Sprayberry captivated the audience with setting the stage of what a culmination of large disasters response effort looks like and illustrated that even though the response was very successful, these large disasters are becoming more frequent thus extending the potential for more medical personnel for deployments. Oregon was able to overcome in-state challenges, according to Mr. Phelps, to be able to send aid for behavioral health professionals from a volunteer reserve corps to Alaska during the Cook Inlet Earthquake as well as assistance for wildfires in California. Oregon overcame the challenge that the only way some agency personnel can deploy is through a Governor Declaration for the state. Mr. Phelps stated the health department is addressing those barriers to ensure they are ready for the next time. Mr. Phelps stressed for those managing EMAC to be sure to communicate the expectations of the process and deployments. Mr. Hastings took the lessons learned from the 2018 response efforts and the expectations Mr. Phelps alluded to, by creating identified functional assessment support teams in the State of Alabama. These teams will be prepared and ready to respond. A quick review of the template mission ready packages was provided by Ms. Sheets. These mission ready packages are helpful in the act of responding quickly and can be downloaded from the EMAC website, www.emacweb.org

CDC Brief

Mr. O'Neal introduced Director Kristine Kosmos of the Division of State and Local Readiness and Mr. Todd Talbert, Senior Advisor for Program Planning and Development, from the CDC to have the floor. The Public Health Emergency Preparedness program was created to advance public health with the mission to ensure that the public health system is prepared to respond and to recover from a public health event or emergency. Their intent is to have the system operationally ready by 2024 with capabilities that set standards, and an operational readiness review that proves plans will be operational. Their focus is on specific threats as well as at-risk populations with the lens of the state and local level. With this focus, they will continue to drive exercises, maintain the capabilities, continue the operational readiness review (so far ahead of schedule to be complete by 2022), continue their efforts on vaccinations (Anthrax), and create right-size territorial programmatic results.

ASPR Brief

Mr. O'Neal introduced the ASPR team: Senior Advisor, Mike Vineyard; Darrin Donato, Chief of Domestic Policy Branch, and Joe Lamana, Repatriation Lead Planner. Mr. Donato introduced the newly published National Health Security Strategy highlighting the goal is to focus healthcare on national security components. The entire strategy may be found via the ASPR/HHS website: <https://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx> Mr. Lamana provided a short brief on the status of the repatriation planning for when an event may occur to bring back U.S. citizens from countries that are responding to an incident. The current event in Venezuela, although did not create a mass exodus of citizens, did promote the 'what if' scenario for the planning effort of the program. Mr. Lamana highlighted that scenario to the group with specific areas within the United States that would stage centers to welcome those citizens.