



**Testimony**  
**Committee on Oversight and Government Reform**  
**United States House of Representatives**

**Advancing Emergency Preparedness and  
Emergency Care in our Nation**

*Statement of*

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**For Release on Delivery**  
**Expected at 10:00 a.m.**  
**June 22, 2007**

Thank you, Chairman Waxman and Members of the Committee for the invitation to speak to you today on such an important topic and one in which the Office of the Assistant Secretary of Preparedness and Response is extremely interested and engaged. I am Kevin Yeskey, a Board Certified emergency medicine physician, prior Public Health U.S. Public Health Service officer and, as of May 27<sup>th</sup>, the Director of the Office of Preparedness and Response in the Office of the Assistant Secretary for Preparedness and Response (OASPR) at the U.S. Department of Health and Human Services (HHS).

As outlined within the Pandemic and All-Hazards Preparedness Act (PAHPA), our office's primary role is the federal lead for public health and medical disaster preparedness and response; therefore, the majority of my comments on the Institute of Medicine (IOM) report will concentrate in this area. I will make my remarks as brief as possible, for I look forward to your questions and discussing how HHS and ASPR can work with you to advance emergency preparedness and emergency care for our nation.

### **ASPR and the Pandemic and All Hazards Preparedness Act: A Nation Prepared**

This is a challenging and an exciting time for the Office of the Assistant Secretary of Preparedness and Response. In December of 2006, the Pandemic and All-Hazards Preparedness Act was enacted, which created a lead federal official for public health and medical emergency preparedness and response within the HHS named the "The Assistant Secretary for Preparedness and Response (ASPR), currently RADM Craig Vanderwagen, a family physician with significant prior experience with the Indian Health Service, service in Iraq, and the HHS senior officer in the HHS responses during the 2005 Hurricane season and the Tsunami, serves as the lead official for Emergency Support Function #8, the Public Health and Medical Annex under the National Response Plan.. In addition, the Assistant Secretary of Preparedness and Response serves as the principal advisor to the Secretary of the Department of Health and Human Services on federal public health and medical preparedness and response issues,

oversees advanced research, development, and procurement of medical countermeasures and provides logistical support for medical and public health aspects of federal responses to public health emergencies. This extensive law also assigned to the ASPR lead and/or coordination roles over multiple HHS programs including: the Strategic National Stockpile, the Cities Readiness Initiative, the Medical Reserve Corps, the Emergency System for Advance Registration of Volunteer Health Professionals, the Hospital Preparedness Program and the National Disaster Medical System. I would like to briefly discuss two of these last two programs

Transferred to the Office of the Assistant Secretary of Preparedness and Response on January 1st of this year, the National Disaster Medical System is a coordinated effort by HHS and the Departments of Defense, Homeland Security, and Veterans Affairs, working in collaboration with states and other appropriate public and private entities to assist state and local authorities in dealing with the public health and medical impacts of public health emergencies and providing support to the military and the Department of Veterans Affairs medical systems in caring for casualties evacuated back to the U.S. from armed conflicts. The National Disaster Medical System, consisting of medical providers mainly from Emergency Medical Services, emergency departments and hospitals, stand ready to respond to public health or medical emergencies across the nation. The teams under this system include: the Disaster Medical Assistance Teams (DMAT), the Disaster Mortuary Operational Response Teams (DMORT), the National Medical Response Teams (NMRT), the Veterinary Medical Assistance Teams (VMATs), the National Nurse Response Teams (NNRT), and the National Pharmacy Response Teams (NPRTs). The mission of NDMS is three-three-three-fold: 1) providing medical support to a disaster area in the form of teams, supplies, and equipment; 2) moving patients from a disaster site to unaffected areas of the nation;, and 3) provision of definitive medical care at participating hospitals in unaffected areas.

The Health Resources and Services Administration (HRSA) Hospital Preparedness Program was also transferred to the OASPR as a result of the PAHPA. Since 2002 this program has distributed approximately \$2.6 billion through cooperative agreements to

states to improve hospital emergency preparedness capabilities and capacity. Each state receives a base amount, plus an amount based on its proportional share of the national population. States must allocate at least 75 percent of its funds to hospitals or other health care entities and then distribute the funds to hospitals, with a small portion going to other entities such as community health centers, emergency medical services, and poison control centers. While the focus of the program had been bioterrorism preparedness, a shift has been made to all-hazards preparedness based on local and state hazard and vulnerability assessments. New to the program this year, as directed by PAHPA, is a competitive program that will enhance local healthcare system regional partnerships and collaborations, an area mentioned within the IOM Reports. The goal is to transcend day-to-day competitive interactions of hospitals and to foster collaboration to ensure that casualties of a mass casualty incident receive high quality care at the most appropriate facility capable of providing that care. To facilitate this collaboration, eligibility requirements require inclusion of a trauma center and a regional jurisdiction, be that county, city, or state. All applicants for this program will be required to demonstrate integration into their respective State's plans, as demonstrated by a letter of support from the State health office.

It should also be mentioned that the Office of the Assistant Secretary of Preparedness and Response, under PAHPA, has become more forward leaning, action-oriented and results driven. Since the beginning of 2007, OASPR has created the Biomedical Advanced Research and Development Agency, completed the transfer and review of the National Disaster Medical System (NDMS) and the announcement of the National Biodefense Science Board. We have also committed to the use of evidence-based processes and scientifically founded benchmarks and objective standards called for in the law under the National Health Security Strategy. By utilizing this approach, the OASPR will ensure consistency in the preparedness efforts across our nation, ensure greater accountability of local, state and federal entities, and provide a foundation for improved coordination.

## HHS Responds to the IOM Reports

The reports -- "Hospital-Based Emergency Care", "Emergency Care for Children", and "Emergency Medical Services" -- represent an objective assessment of the status of our nation's overall emergency care system. In addition to issuing these three reports, the Institute of Medicine held regional workshops to discuss the findings and recommendations, encouraging an open discussion on this issue. We commend the IOM for holding the workshops and support the dialogue. The ASPR was a panel member and participated in the final capstone workshop here in the nation's capital.

Recognizing the importance of the IOM "Future of Emergency Care" reports, soon after the release, HHS convened an internal senior staff level workgroup to examine the three reports, discuss the 22 recommendations directed at HHS, evaluate initiatives, and suggest a strategy to move forward.

This workgroup met regularly since 2006. The workgroup includes representatives from Operating Divisions (OPDIVs) and Staff Divisions (STAFFDIVs) throughout the department including the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services, Food and Drug Administration (FDA), Assistant Secretary for Health (ASH), Agency for Healthcare Research and Quality (AHRQ) and Health Resources and Services Administration. The workgroup found that all three reports made valuable recommendations.

In evaluating the recommendations, the workgroup concluded there were three consistent themes that were noted: 1) creation of a lead agency for emergency care within HHS to encourage efforts directed at daily Emergency Care issues, while also supporting the Federal Interagency Commission on EMS, 2) unity of effort with AHRQ, FDA, CDC and the NIH to promote clinical- and systems- based emergency care research, and 3) assistance from HRSA, CMS, and the ASH's office, to further promote greater regionalized approaches to delivering daily emergency care.

## **The Way Ahead**

ASPR has already undertaken initial steps to better understand the IOM report recommendations and has begun working within the department to discuss ways to proceed. Additionally, ASPR is creating an administrative element within the Office that will coordinate the HHS's emergency care activities. The ASPR will continue to provide leadership in this area, fostering a department-wide approach to the nation's emergency care issues.

This concludes my testimony. Thank you.