

Testimony of
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Before the
House Select Bipartisan Committee to Investigate the
Preparation for and Response to Hurricane Katrina

United States House of Representatives

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Opening Statement

Introduction

Mr. Chairman, honorable members of the Committee, on behalf of the Mississippi State Board of Health and the 2,200 employees of the Mississippi Department of Health, please allow me to express my appreciation for an invitation to share information about Mississippi's public health response to Hurricane Katrina.

Mississippi Department of Health Preparedness

Was the Mississippi Department of Health prepared? Absolutely. Did the Mississippi Department of Health have the capacity to respond to a disaster of the magnitude of Katrina? Unfortunately, the answer is no. However, the Mississippi Department of Health's capacity has risen dramatically in the last four years thanks to the commitment made by Congress in 2001.

I can tell you unequivocally, the federal preparedness funding provided by Congress saved hundreds if not thousands of lives in the wake of Hurricane Katrina. Please allow me to share some specific information about preparedness and planning activities that have taken place over the last few years utilizing federal preparedness funding.

Training

The Mississippi Department of Health has invested heavily in emergency preparedness training for thousands of Mississippians, including first responders, local government officials, hospital staff across the state and the Department of Health workforce.

An excellent and timely example of this training occurred this past summer when 390 Mississippi Department of Health nurses received specialized training in caring for special needs populations. Within a month of the training, Hurricane Katrina forced hundreds of special needs patients into shelters requiring the deployment of 166 Department of Health nurses to care for them in sometimes extremely challenging conditions (no electricity, water, sewer and limited food supply).

Identification of Personnel

A simple comparison of the response capacity of the Mississippi Department of Health before federal preparedness funding paints a clear picture of the benefits received. In 1998, Hurricane Georges struck the Mississippi gulf coast causing extensive flooding and wind damage. The Mississippi Department of Health response team consisted of 15 employees. In contrast, some 1,400 Mississippi Department of Health employees were actively involved in the response to Hurricane Katrina.

The most important lesson with regard to public health response personnel to be learned from a large scale disaster like Katrina, is the need for such personnel to be self-sufficient (housing, food, water, supplies, etc.). Under these circumstances, the most appropriate personnel are those that are trained and equipped to respond quickly to such a situation. Disaster Medical Assistance Teams (DMAT), Strike teams, and teams from other states under the Emergency Management Assistance Compact (EMAC) were able to quickly deploy and provide support.

We owe a special debt of gratitude to our friends from other state public health agencies, particularly Florida, Kentucky, Indiana, Illinois, and North Carolina. The Florida Department of Health activated its emergency operations center in support of Mississippi prior to landfall of Katrina and dispatched more than 300 staff to Mississippi as part of response and recovery efforts. Our friends in Kentucky sent more than 100 public health environmentalists to assist with environmental assessment and recovery activities.

Medical Supplies

The State of Mississippi became the first state to receive, stage, store and distribute the Strategic National Stockpile Twelve Hour Push Package. Within twelve hours of a call and my official request, eight tractor-trailers rolled into Mississippi loaded with medical supplies for affected Mississippi hospitals.

Assessment of the Federal Assistance to Mississippi

As stated earlier, the magnitude of Hurricane Katrina overwhelmed state and local resources in Mississippi. Thanks to supplemental resources provided by Federal Emergency Management Agency National Disaster Medical System (NDMS) and the United States Department of Health and Human Services (United States Public Health Service, Centers for Disease Control, etc.), Mississippi's public health response reached throughout affected areas of the state.

Secretary Leavitt dispatched Rear Admiral Brenda Holman and the Secretary's Emergency Response Team to assist the Department of Health in providing health and medical support.

Through coordination with the National Disaster Medical System, we positioned DMAT teams at every affected hospital and Strike teams at overflow hospitals in the affected areas. Of the 17,649 reported injuries, DMAT teams treated 15,500 patients in the initial days after landfall. Coast Guard helicopters, along with additional ground ambulances, were immediately available.

The National Disaster Medical System also dispatched DMORT units (Disaster Mortuary Team) to provide support to local coroners. Men and women of this unit are some of the most professional individuals I have ever encountered and showed great dignity and respect for Mississippians who perished in this terrible disaster.

Among the more significant assets deployed to Mississippi by HHS was the Carolinas Med-1, a 100 bed portable facility including laboratory, pharmacy, emergency room, limited surgical capacity and medical staff. This unit was invaluable to Mississippi's most hard hit area in Hancock County. As a footnote, this unit was purchased in North Carolina utilizing Hospital Resource Services Administration (HRSA) preparedness funds.

During a trip by Secretary Leavitt to Mississippi on Wednesday, August 31, the Mississippi Department of Health requested that federalization of medical personnel be streamlined and fast tracked. Within twenty-four

hours, Secretary Leavitt issued a waiver to ease the requirements for medical personnel providing service in the emergency.

Undoubtedly, there is room for improvement in government at all levels to improve disaster response capabilities. The Mississippi Department of Health views preparedness as an ongoing process and is committed to a focus on continuous improvement. We have already begun the process of using lessons learned in response to Katrina to improve our future response efforts.

Full Text of Testimony

Introduction

Mr. Chairman, honorable members of the Committee, on behalf of the Mississippi State Board of Health and the 2,200 employees of the Mississippi Department of Health, please allow me to express my appreciation for an invitation to share information about Mississippi's public health response to Hurricane Katrina. While our agency's capacity was overwhelmed by the magnitude of this natural disaster, I am proud to report that our public health workforce responded in a heroic fashion by placing their personal challenges aside while working to save the lives of fellow Mississippians.

As you know, Hurricane Katrina came ashore in Mississippi on the morning of August 29, 2005. By the end of the day, more than one half of the state was without power and in many cases without water service. The lower third of our state was besieged by tremendous damage from wind. Our three coastal counties were ravaged by a 30 plus foot storm surge in addition to high winds and tornadoes. At the end of the day thousands of homes had been damaged and thousands of Mississippi families were displaced.

The Mississippi Department of Health activated its emergency operations center at the Department of Health central office in Jackson on August 27, 2005, in conjunction with the State Emergency Operations Center at the Mississippi Emergency Management Agency. The Department of Health EOC was manned 24 hours per day for 31 days with as many as 110 staff working at one time.

Mississippi Department of Health staff were pre-positioned throughout south Mississippi, including: emergency response coordinators assigned to coastal emergency operations centers, public health nurses assigned to special needs shelters, and emergency medical service personnel to coordinate ambulance service.

Working with representatives from the Federal Emergency Management Agency's National Disaster Medical System (NDMS) and the United States Department of Health and Human Services (HHS) that arrived on August 28, the Mississippi Department of Health requested that Disaster Medical Assistance Teams (DMAT), Strike teams, and Rapid Intervention Teams (RIT) be placed on standby to provide medical support, rescue/recovery support, and damage/medical assessment.

The Mississippi Department of Health's primary responsibility under the state's emergency plan is medical support. The primary focus of the agency immediately after passage of the storm was assessment and support of medical facilities, with a particular emphasis on acute care hospitals. The agency's State Epidemiologist led a public health assessment team to the coastal area immediately after the storm to begin damage assessment of hospitals.

The most immediate issue faced by the Department of Health during the initial response phase of the disaster was fuel. The fuel supply was severely limited by the widespread power outages and the limited transportation infrastructure in affected areas.

Most healthcare facilities in the affected areas remained in operation utilizing generators for power. However, the fuel shortage led to a new crisis as the facilities began to face potential loss of power because generators were running out of fuel. Department of Health staff were forced into the fuel procurement and delivery business traveling the southern half of the state with a portable diesel tank filling generators for hospitals and nursing homes twenty-four hours per day.

Security also proved to be a significant challenge for public health response teams and the medical community. Local and state law enforcement agencies were overwhelmed with rescue, recovery and traffic management issues. Because most healthcare facilities had generators and a limited power supply, they quickly gained attention of displaced citizens drawn to the lights and shelter. In many cases, this overflow of people quickly evolved into a security issue for facilities.

Mississippi Department of Health Preparedness

Many questions have arisen regarding government's preparedness for a disaster in the wake of Katrina. Without a doubt, it is a fair question for every government agency to answer, but more importantly each and every component of government should use the lessons from this disaster to improve the capability to respond next time.

Was the Mississippi Department of Health prepared? Absolutely. Did the Mississippi Department of Health have the capacity to respond to a disaster of the magnitude of Katrina? Unfortunately, the answer is no. However, the

Mississippi Department of Health's capacity has risen dramatically in the last four years thanks to the commitment made by Congress in 2001.

Since 2001, the Mississippi Department of Health has received annual grants through the Centers for Disease Control for public health emergency preparedness and through the Hospital Resource Services Administration for hospital preparedness. The federal preparedness funding has been utilized to develop infrastructure capacity (personnel, technology, training/education, and outreach) to respond to disasters. While the funding was originally focused on Bioterrorism, the message has always been the same: "utilize the funding to develop and/or improve infrastructure to respond to disaster."

I can tell you unequivocally, the federal preparedness funding provided by Congress saved hundreds if not thousands of lives in the wake of Hurricane Katrina. Please allow me to share some specific information about preparedness and planning activities that have taken place over the last few years utilizing federal preparedness funding.

Training

The Mississippi Department of Health has invested heavily in emergency preparedness training for thousands of Mississippians including first responders, local government officials, hospital staff across the state and the Department of Health workforce. Examples of training curricula have included: National Incident Management System, Emergency Planning, Hospital Preparedness, Disaster Communications, Strategic National Stockpile, Disaster Life Support, Epidemiology/Surveillance and Mass

Casualty Management. The training proved to be invaluable during the State of Mississippi's response to Katrina.

An excellent and timely example of the use of federal preparedness funding for training occurred this past summer when 390 Mississippi Department of Health nurses received specialized training in caring for special needs populations. Within a month of the training, Hurricane Katrina forced hundreds of special needs patients into shelters requiring the deployment of 166 Department of Health nurses to care for them in sometimes extremely challenging conditions (no electricity, water, sewer and limited food supply). I wish that I had the time to share the many stories of heroism that evolved from these challenging situations. The training provided our public health nurses, who normally spend their days doing immunizations, maternal and child health screenings, and public health consultation, with the skills to care for extremely sick/handicapped patients in extreme circumstances.

Identification of Personnel

The most obvious example of how the Mississippi Department of Health has evolved in capacity to respond to a disaster relates to the public health employees that work for the agency. A simple comparison of the response capacity of the Mississippi Department of Health before federal preparedness funding paints a clear picture of the benefits received. In 1998, Hurricane Georges struck the Mississippi gulf coast causing extensive flooding and wind damage. The Mississippi Department of Health response team consisted of 15 employees. In contrast, some 1,400 Mississippi Department of Health employees were actively involved in the response to Hurricane Katrina. As you can see, we were prepared and we responded in

force given the level of capacity that has been provided through the federal funding.

While the Mississippi Department of Health has placed a significant focus on improving the capacity of agency personnel to respond to a disaster, we have also realized that a large scale disaster would easily overwhelm the staff resources of the Department of Health. As such, our preparedness planning has focused very significantly on our partners in the emergency response community and the healthcare sector. Federal preparedness funding has been utilized to provide training, equipment, and supplies to support response capability of these sectors and their personnel.

The most important lesson with regard to public health response personnel to be learned from a large scale disaster like Katrina, is the need for such personnel to have certain capabilities. In the early days after Katrina, virtually no support infrastructure (housing, food, water, supplies, etc.) existed in the coastal counties to accommodate personnel responding to the storm. Anyone responding to the disaster had to be prepared to operate in a self sufficient mode while providing assistance to the citizens in the affected areas.

Under these circumstances, the most appropriate personnel are those that are trained and equipped to respond quickly to such a situation. That is exactly the reason that DMAT units and Strike teams were able to quickly deploy and provide support. These units are well organized, specially trained, specially equipped and completely self sufficient to provided immediate

assistance. DMAT units and Strike teams were operational on the ground in front of gulf coast hospitals within 24 hours of the passage of the storm.

Another very beneficial form of personnel support was evidenced by teams called in from other states under the Emergency Management Assistance Compact (EMAC). Again, such teams are well organized, specially trained and equipped to deploy to an area with virtually no support other than directions on where to go.

We owe a special debt of gratitude to our friends from other state public health agencies, particularly Florida, Kentucky, Indiana, Illinois, and North Carolina. The Florida Department of Health activated its emergency operations center in support of Mississippi prior to landfall of Katrina and dispatched staff to Mississippi. Overall, more than 300 public health professionals from Florida participated in response and recovery activities. Our friends in Kentucky sent more than 100 public health environmentalists to assist with environmental assessment and recovery activities. Again, these staff were specially trained and equipped to provide immediate assistance.

We were deeply appreciative of the outpouring of support from medical professionals from around the country volunteering to assist with medical support. In cooperation with our state boards of medical licensure and nursing, the Department of Health worked to ensure that these individuals were properly credentialed. We also recommended that medical professionals volunteer through Health and Human Services to become "federalized" due to a frequently expressed concern about liability. Please

allow me to publicly express thanks to Secretary Leavitt for quickly responding to our request to expedite the processing of such requests.

There has been quite a bit of discussion regarding the role of volunteers in the response to Katrina. Without a doubt, they have been extremely helpful in providing primary care through free clinics while the resident primary healthcare providers have worked to reinstate services. However, during the initial emergency response phase of this large disaster, specially trained and equipped response teams proved to be the most effective tool for medical support.

Medical Supplies

The Mississippi Department of Health had been preparing for more than a year for a graded exercise to be held in the fall of 2005 on deployment of medical supplies from the Strategic National Stockpile. The extensive planning and practice for this exercise has been a significant burden on Department of Health staff and the staff of other participating agencies.

In response to Hurricane Katrina, the State of Mississippi became the first state to receive, stage, store and distribute the Strategic National Stockpile Twelve Hour Push Package. Within twelve hours of a call and my official request, eight tractor-trailers rolled into Mississippi loaded with medical supplies for affected Mississippi hospitals. Mississippi Department of Health staff along with state and federal partners received the shipments at a warehouse, broke down the shipments, and distributed the shipments to hospitals throughout Mississippi. This process continued for two weeks

until the healthcare facilities were able to reestablish their regular supply channels.

The planning and training for this process proved invaluable to our ability to support healthcare facilities in south Mississippi after the storm. I might add that, the Centers for Disease Control “waived” the graded exercise that had been scheduled for the fall and declared Mississippi as “green” acknowledging the state’s preparedness to receive and distribute supplies from the Strategic National Stockpile.

Equipment

The Mississippi Department of Health has worked diligently to enhance agency equipment for response capability and capacity. We have placed a particular emphasis on technology that enhances the agency’s ability to communicate within the agency, with other emergency responders and with hospitals. It has been repeatedly proven that one of the most significant challenges of any disaster is communication. We have focused on improving capability and variability of communication methods.

Hurricane Katrina provided a tremendous challenge to the communications infrastructure of the agency. However, by utilizing satellite telephone technology Department of Health staff were able to provide status reports from medical facilities within hours of the passage of the storm. The timeliness of the communications allowed the agency to quickly deploy resources, such as DMAT teams, in support of healthcare facilities.

The Department of Health has worked very closely with Mississippi hospitals utilizing federal preparedness funding to enhance their capacity to respond to disaster. A sampling of equipment enhancements includes: portable HEPA air filtration units, personal protective equipment, bio-hazard suits, mobile mass decontamination units, satellite radio telephone units, surge capacity cots, computer communication upgrades, training equipment, and hospital laboratory equipment.

Public Outreach

Recognizing the importance of public information in times of emergency, the Mississippi Department of Health has utilized federal preparedness funding to develop and implement a number of initiatives to increase and improve public awareness to prepare for emergencies and how to respond to emergencies. These efforts proved invaluable in our public health response to Katrina.

Public outreach efforts began with assessment and research of public perception and knowledge regarding public health emergencies. Assessments focused not only on the general public but also on health professionals and special needs populations. Utilizing data from the research, the Department of Health developed a comprehensive risk communications plan.

The Department of Health has made a significant investment in crisis and risk communications training. The Department of Health has trained not only its own staff but emergency response staff from other state agencies, partners in the private sector (i.e. Mississippi Hospital Association,

American Red Cross, etc.), and local government officials. In addition, the Department of Health held seminars to better educate members of the media about 21st century crises.

In early 2005, the Department of Health launched a statewide public awareness campaign utilizing television, radio, newspaper, billboards, and brochures to educate the public regarding public health preparedness. A follow up survey reflected that fifty-three percent of Mississippians polled found the information to be useful.

Other public outreach efforts include development and promotion of a single 24/7 toll free phone line for all public health information in three languages, an enhanced agency website, and development of a broadcast editing bay to facilitate rapid deployment of video announcements to media outlets. The Department of Health has also formed a partnership with the state's public broadcasting agency that guarantees access to a statewide television and radio network in a public health crisis.

Assessment of the Federal Assistance to Mississippi

As stated earlier, the magnitude of Hurricane Katrina overwhelmed state and local resources in Mississippi. Thanks to supplemental resources provided by the National Disaster Medical System and HHS (United States Public Health Service, Centers for Disease Control, etc.), Mississippi's public health response reached throughout affected areas of the state.

NDMS and HHS emergency response coordinators arrived at the Mississippi Department of Health on August 28, 2005, to assist with evacuation efforts,

establishment of special needs shelters and pre-positioning of response teams (i.e. DMAT, Strike, RIT). We were able to develop a strategy to quickly deploy DMAT and Public Health Service Commissioned Corps officers immediately following landfall of the hurricane. NDMS and HHS personnel were well versed in the National Incident Management System protocol and integrated seamlessly with the Department of Health in its medical/health support role.

Secretary Leavitt dispatched Rear Admiral Brenda Holman and the Secretary's Emergency Response Team to assist the Department of Health in providing health and medical support. Rear Admiral Holman along with executive officer Captain Clara Cobb and the HHS team provided immediate feedback and follow up on a number of missions in support of health and medical operations in Mississippi.

At the height of storm response activities, the command structure at our main campus in Jackson, Mississippi, grew from twelve Mississippi public health employees and four federal employees to over 110 Mississippi public health employees and 50 federal employees just to manage the health and medical response.

After landfall, CDC personnel assisted the Mississippi Department of Health team with the initial rapid needs assessment of coast healthcare facilities. Within hours of the assessment, deployment of federal resources for medical support began.

Through coordination with NDMS, we positioned DMAT teams at every affected hospital and Strike teams at overflow hospitals in the affected areas. Of the 17,649 reported injuries, DMAT teams treated 15,500 patients in the initial days after landfall. Coast Guard helicopters, along with additional ground ambulances, were immediately available to begin moving patients to hospitals outside the affected area.

NDMS also dispatched a DMORT (Disaster Mortuary Team) assessment team followed immediately by a full DMORT unit to provide support to local coroners with Mississippi's fatalities. Men and women of this unit are some of the most professional individuals I have ever encountered. They showed great dignity and respect for Mississippians who perished in this terrible disaster.

HHS arranged for Mississippi to receive the Carolinas Med-1, a 100 bed portable facility including laboratory, pharmacy, emergency room, limited surgical capacity and medical staff. This unit was invaluable to Mississippi's most hard hit area in Hancock County. As a footnote, this unit was purchased in North Carolina utilizing Hospital Resource Services Administration preparedness funds.

Other assets deployed to Mississippi through the coordination of HHS included:

- Blue Med, a 100 bed portable hospital
- Veterinary Medical Assistance Teams (VMAT)
- Hospital Damage Assessment Engineers
- Water System Engineers

- CDC Disease Surveillance Teams
- Pharmacist Teams
- Mobile clinic to for destroyed health department in Hancock County
- Security Teams from NIH
- Portable sanitation units for shelters and hospitals
- Mobile dental vans
- Technical Advisory Response Unit (SNS)
- Federal Marshals (SNS)

During a trip by Secretary Leavitt to Mississippi on Wednesday, August 31, to meet with hospitals, state/local officials, the Mississippi Department of Health requested that federalization of medical personnel be streamlined and fast tracked. Within twenty-four hours, Secretary Leavitt issued a waiver under Section 1135 of the Social Security Act to ease the requirements for medical personnel providing service in the emergency.

Another example of our seamless interface with NDMS and HHS was their assistance with other federal agencies. This assistance proved invaluable as the Department of Health worked with these other federal partners: Environmental Protection Agency, United States Army Corps of Engineers, National Institutes of Health, Substance Abuse and Mental Health Services Administration, Federal Bureau of Investigation, United States Marshals, United States Attorneys Office, Federal Occupational Health and numerous Department of Defense units.

The quality and quantity of resources provided for medical support by our federal partners has been excellent given the magnitude of this disaster. The commitment and professionalism of federal officials such as Rear Admiral Holman, Captain Cobb, Captain Chris Jones and Commander Scott Lee proved invaluable to the State of Mississippi. While we have specifically identified these excellent federal partners, please know that there are hundreds of other federal officials that were equally committed and professional in their response work.

Effective coordination of emergency response activities is dependent on the relationships that have been established between the various agencies that are involved. The Mississippi Department of Health has placed a particular emphasis in its preparedness planning on developing solid relationships with hospitals, local governments, other state agencies and our federal partners.

Undoubtedly, there is room for improvement in government at all levels to improve disaster response capabilities. The Mississippi Department of Health views preparedness as an ongoing process and is committed to a focus on continuous improvement. We have already begun the process of using lessons learned in response to Katrina to improve our future response efforts.

