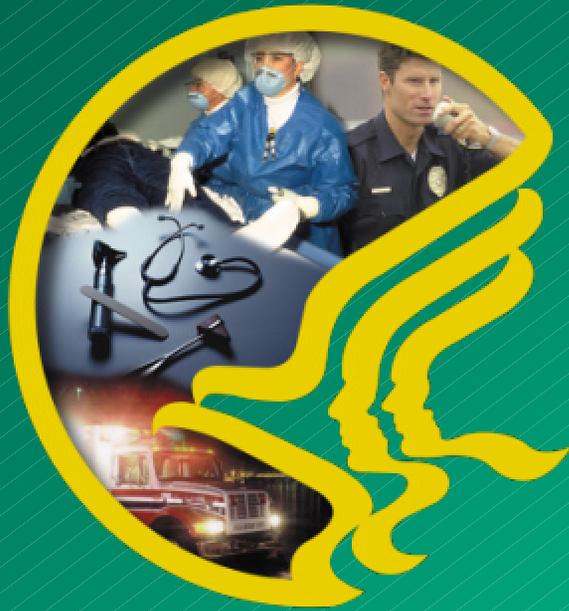


Metropolitan Medical Response System (MMRS) Development



Review of the Terrorism
Threat, Legislative
Response to Terrorism, and
Milestones of MMRS
Development

Grant Peterson
Research Planning Inc.



Review of the Terrorism Threat



5 Years of Headlines

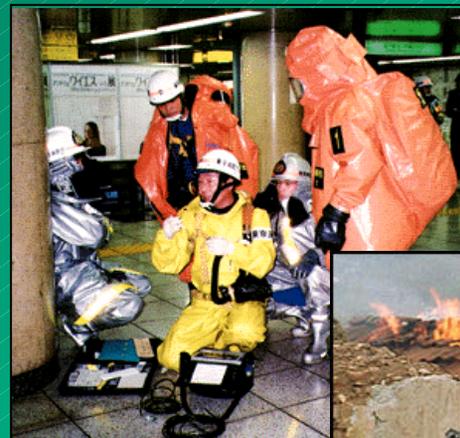
- February 1993 World Trade Center Bombing
- June 1994 Matsumoto, Japan Sarin Attack
- April 1995 Murrah Federal Building Bombing
- March 1995 Tokyo Subway Sarin attack
- June 1996 Kobar Towers bombed in Saudi Arabia
- June 1996 Olympic Park Bombing in Atlanta, GA
- June 1998 U.S. Embassy Bombings in Africa





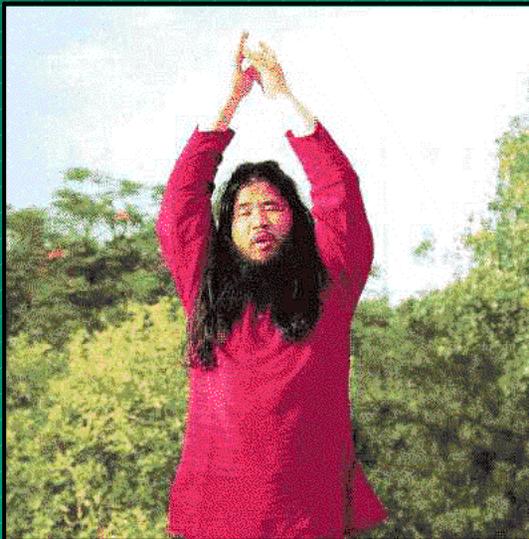
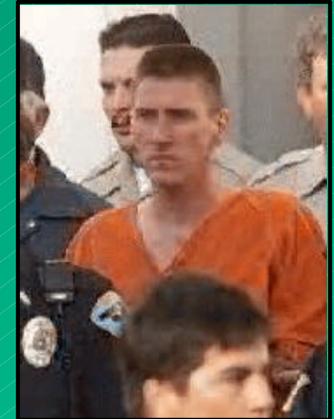
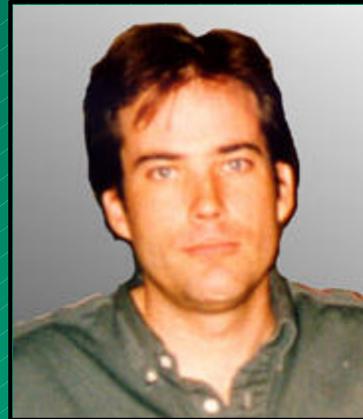
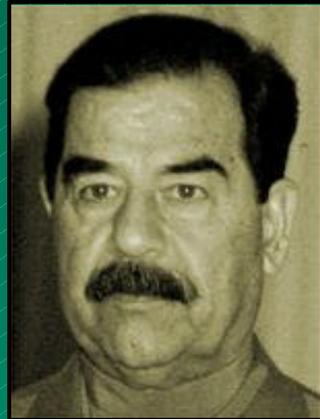
WMD Terrorism

- Terrorist Events Demonstrate Increasing Lethality
- The NBC Threshold has been crossed
- Emergence of “Religious and Fundamentalist” Terror
- International Geo-Political Instability





The Faces of Terrorism



“It is not a question of **IF** it will happen. It is a question of **WHEN** it will happen.”



Terrorist Organizations



Skinheads



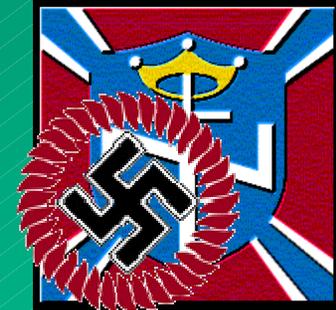
Aum
Shinrikyo



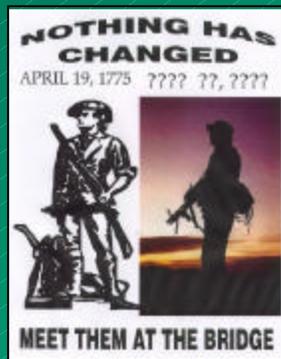
Anarchists



Hamas



Aryan
Movement



Militia
Movement



State Sponsored



Environmental



Nationalist



The Philosophy of Terrorism

"If an oppressed people does not have the means to confront the United States with the weapons in which they are superior, then they possess unfamiliar weapons...oppression makes the oppressed discover new strength and new weapons every day."

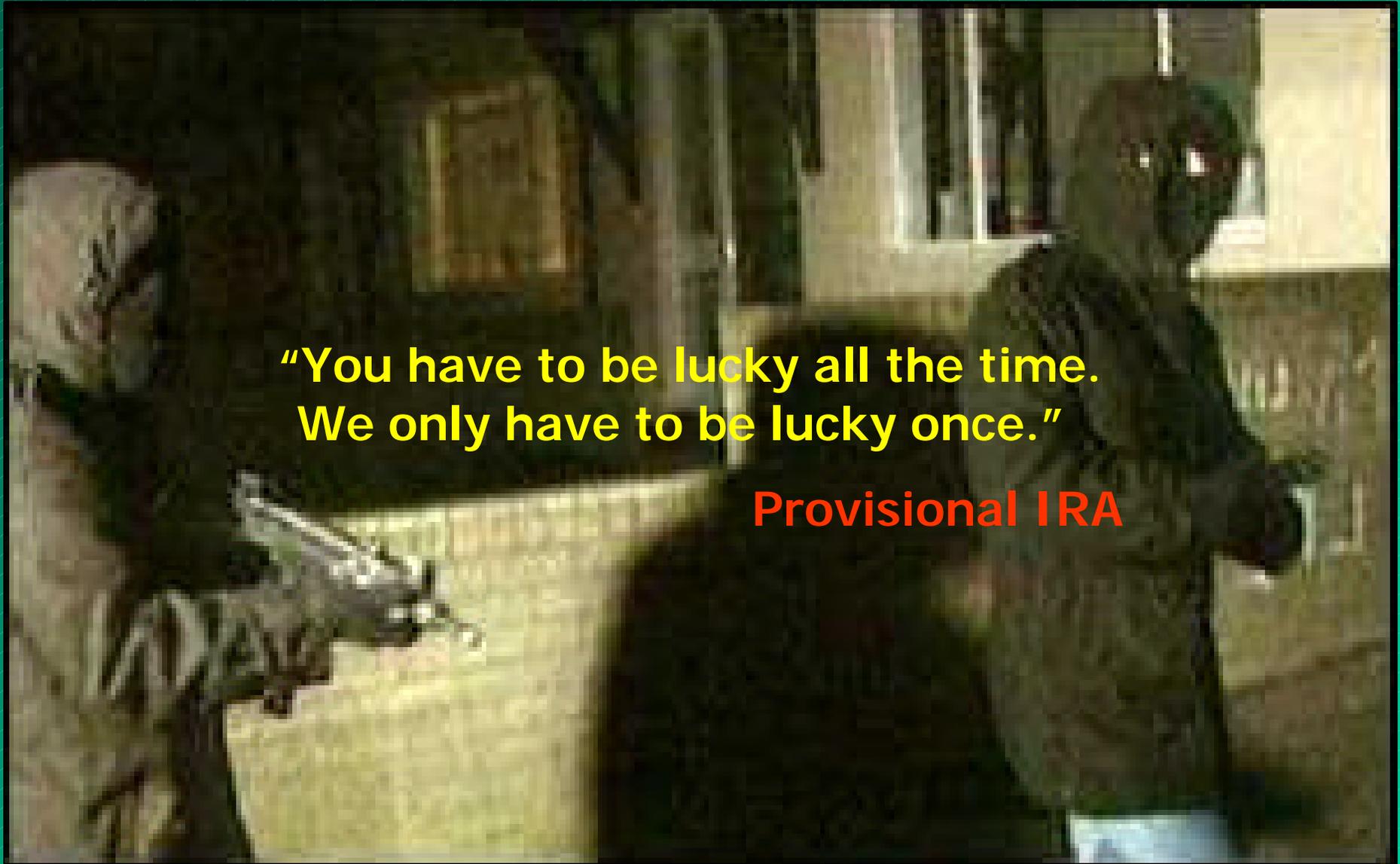
Ayatollah Sayyid Muhammed Husayn Fadlallah



The Philosophy of Terrorism

**"You have to be lucky all the time.
We only have to be lucky once."**

Provisional IRA





The Philosophy of Terrorism



"Kill one, frighten ten thousand."

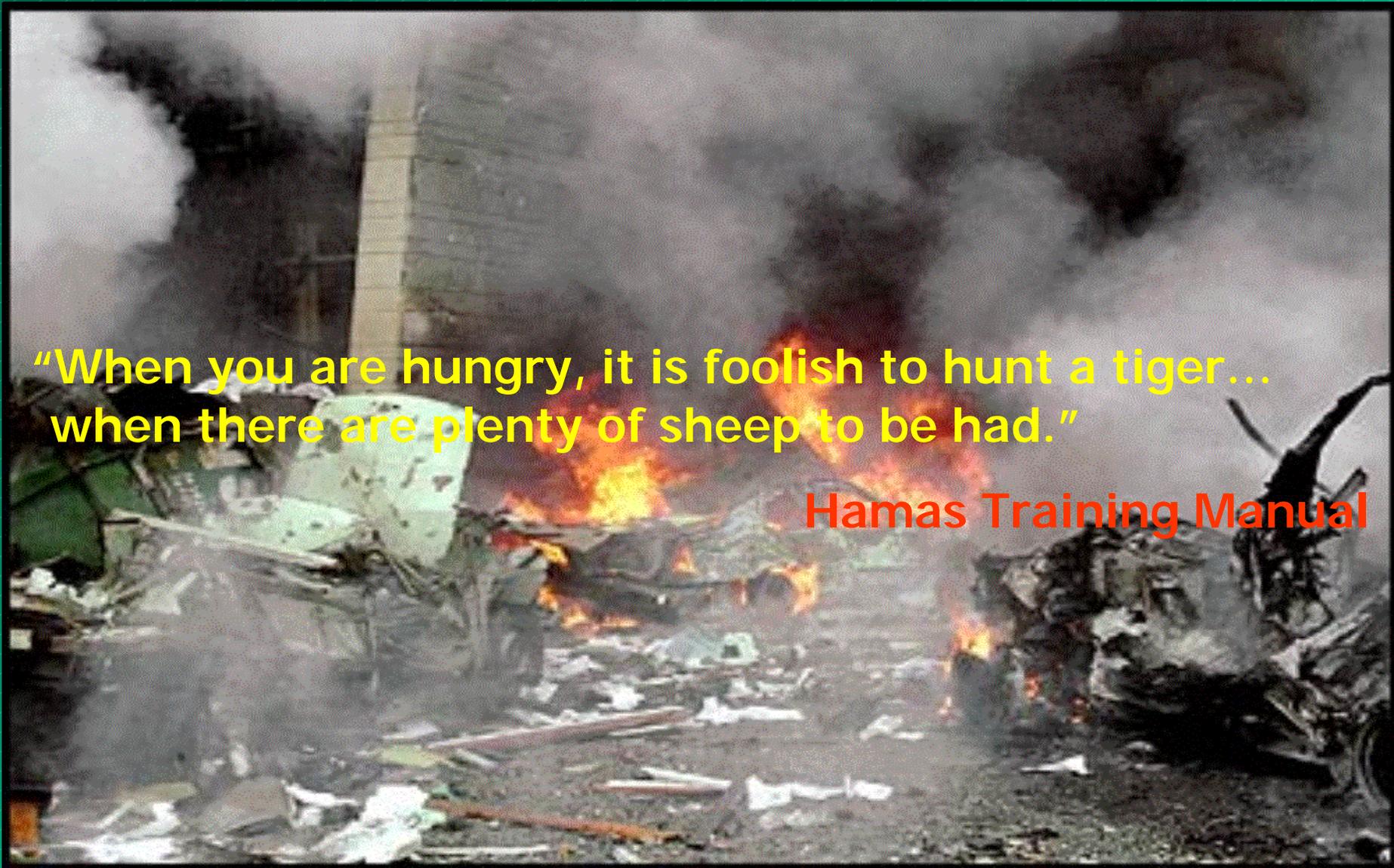
Sun Tzu



The Philosophy of Terrorism

**"When you are hungry, it is foolish to hunt a tiger...
when there are plenty of sheep to be had."**

Hamas Training Manual

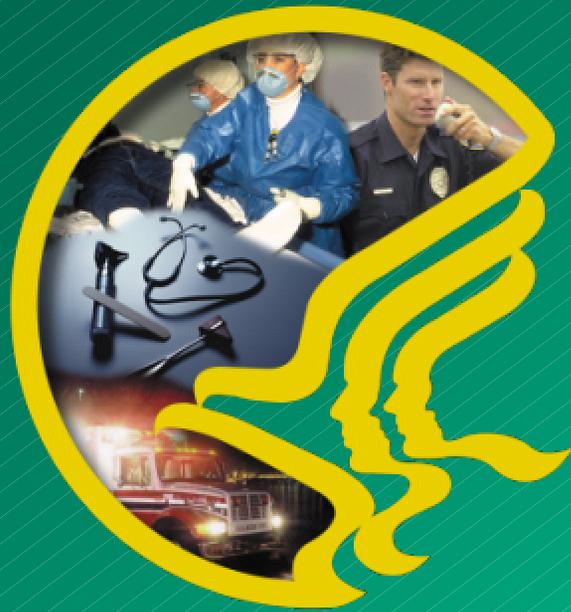




The Philosophy of Terrorism

"When we have a free path, we go forward. If we meet an obstacle, we go around it. If the object cannot be overcome, we retreat. When the enemy is unprepared, we surprise him. If he is alert, we leave him alone."

Baader-Meinhof Gang



Executive Response to Terrorism



PDD-39

- Presidential Decision Directive 39, “United States Policy on Counterterrorism,” issued 06-21-95.
- Policy, not law.
- Classified. Unclassified synopsis
- Directs FEMA to lead the interagency Federal community to assess capabilities under the FRP
- Established lead Agency responsibility (DOJ)
- FEMA is designated as lead agency for consequence management.



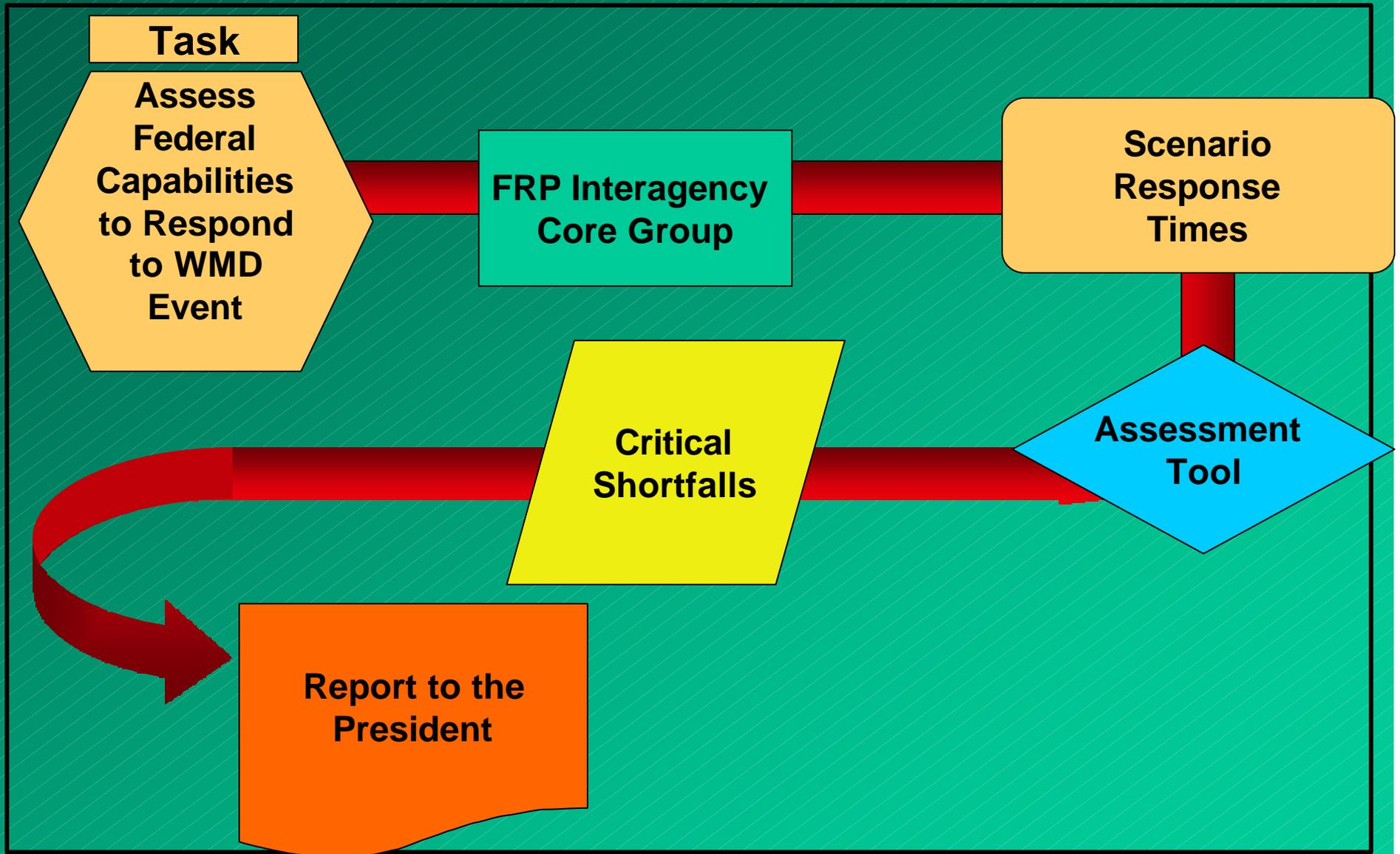
Assessment utilized five scenarios

- **Radiological dispersion device**
 - 600 Grams U238 on propane tank
- **1.5 kiloton improvised nuclear device**
 - Top (4th) story of a parking garage
- **Bacillus Anthrax: 100 grams weapons grade**
 - Aerosol release in air vents at national airport
- **Sarin: Ten gallons released in 5 subways**
 - Two gallons aerosolized in each subway
- **VX Nerve Agent: Four M23 line mines**
 - detonated in the vicinity of four baggage claim carousels at international airport



Strategic Assessment

PDD-39 Report To the President





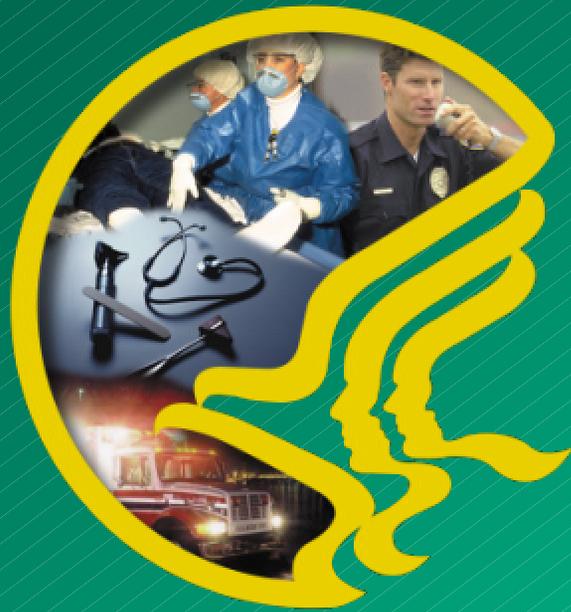
Significant Considerations

- An NBC terrorist event will occur as a **LOCAL EVENT** with potentially profound national implications.
- **LOCAL RESPONDERS** must be able to provide critical resources within minutes to mitigate the effects of an NBC terrorist event
- Enhancing or building, and maintaining the **LOCAL CAPABILITY** with trained and adequately equipped responders is a key component of a viable national terrorism response.



PDD 62 *(unclassified)*

- **Presidential Decision Directive 62**
- **HHS (PHS) will:**
 - Be the lead agency to plan and to prepare for a national response to **medical emergencies** arising from the terrorist use of weapons of mass destruction.
 - **With the support of other Federal agencies, will provide enhanced local response capabilities through the development of Metropolitan Medical Strike Team systems;**



Legislative Response to Terrorism



Domestic Preparedness Program

- **June 1996: Nunn-Lugar-Domenici Legislation (NLD).**
 - NLD assigned responsibility to the Department of Defense (DoD) in coordination with the FEMA, DOE, HHS, EPA and other agencies to assist State and local agencies to train and prepare for the consequences of a terrorist WMD incident.
- **1998: NLD II Legislation**
 - DOJ establishes the Office of State and Local Domestic Preparedness Support to provide equipment grants for first responders.



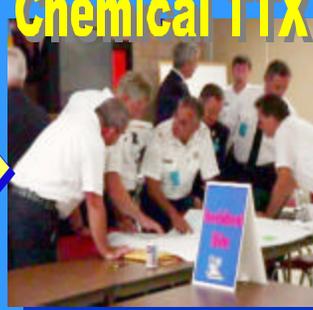
Exercise Program Progression

Train-the-Trainer



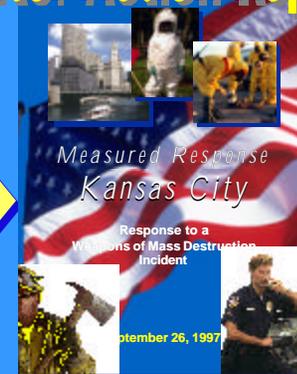
NEXT
DAY

Chemical TTX



2 WEEKS

After-Action Report



Train City Responders



ASAP

6 MONTHS
AFTER TTX

Chemical FX



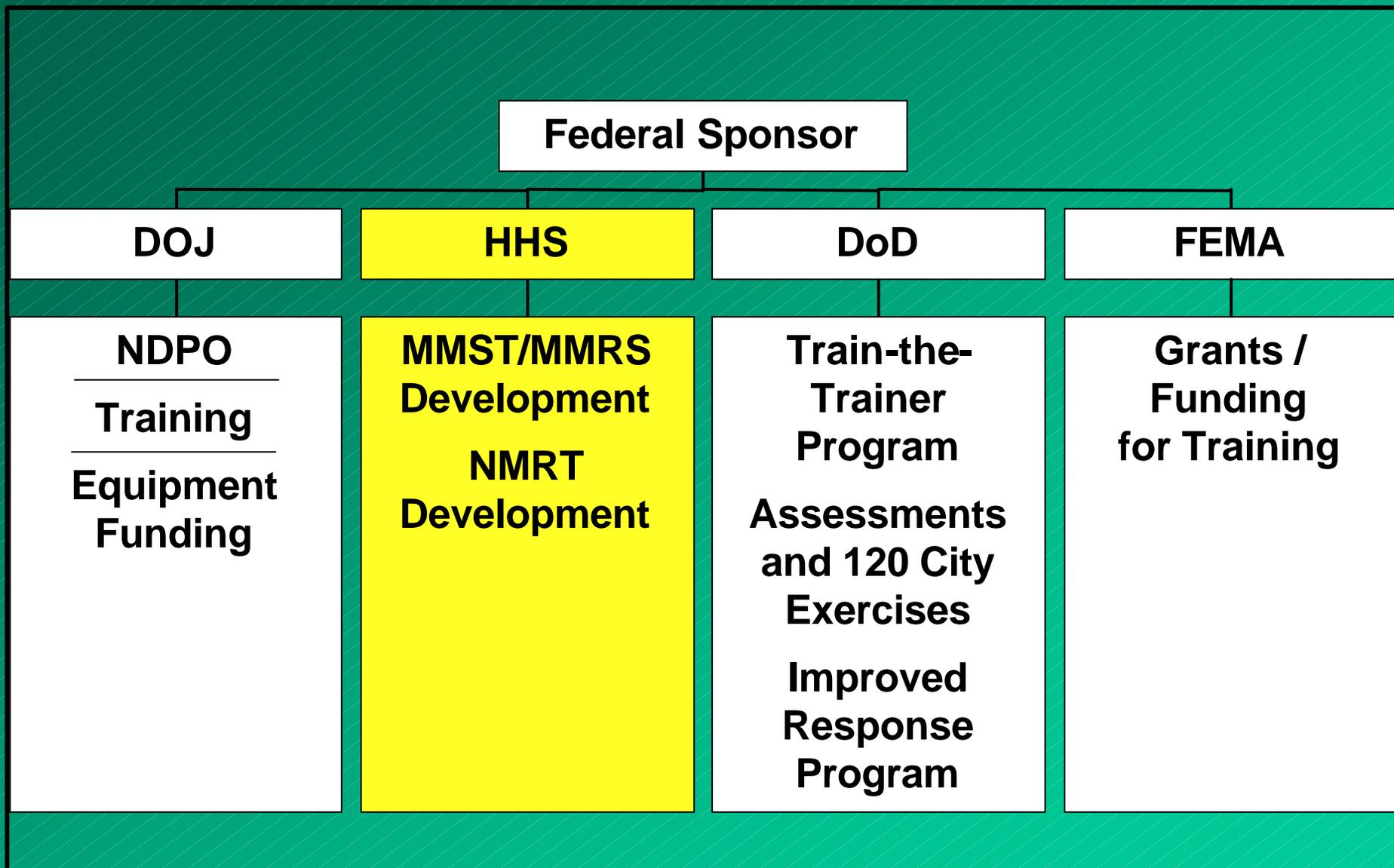
1 DAY
AFTER FX

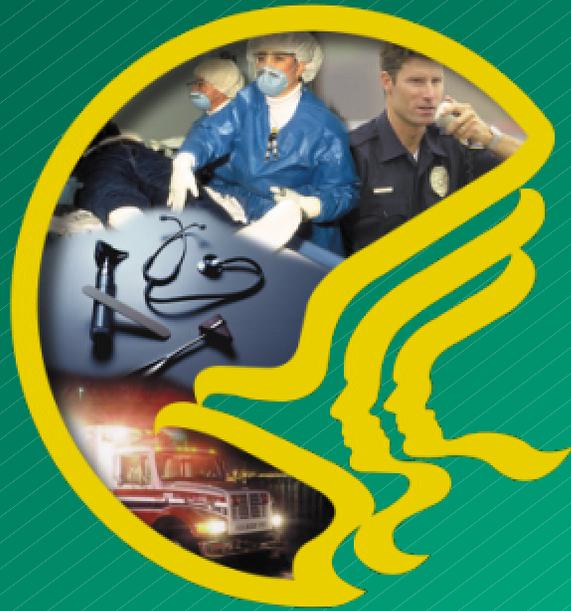
Biological TTX





Domestic Preparedness





Milestones of MMRS Development



Origins of MMRS Development



24 May 1995
Washington
Metropolitan
Council of
Governments
Requests Assistance

- **May 1995: Terrorist incidents prompt Washington Metropolitan Area Council of Governments (WMA COG) to request Federal assistance to enhance local response capabilities.**



Origins of MMRS Development



**President Clinton
Directs HHS to Assist
WMA COG Efforts**

- **August 1995: Under presidential mandate, HHS enters into an agreement with WMA COG to develop the Metropolitan Medical Strike Team (MMST) concept.**



Origins of MMRS Development



22 August 1995
HHS Responds with
“Shared Approach”

- **November 1995: WMA MMST** lays groundwork for future development efforts. Arlington County, VA Fire Chief Ed Plaughter, accepts role as lead agent in coordinating the efforts of 17 WMA jurisdictions in developing their MMST.



WMA MMST Development

- November 1995 to November 1996: WMA MMST Steering Committee and Subcommittees identified the following **essential planning considerations** for future planners:
 - Statement of Mission
 - Concept of Operations
 - Team Organization and Staffing
 - Equipment Identification and Acquisition
 - Operational System Description (OSD)
 - Field Operations Guide (FOG)



WMA MMST Development

- **November 1995 to November 1996: WMA MMST Steering Committee and Subcommittees identified the following **Operational Areas** for future planners:**
 - **Metropolitan Medical Strike Team or Equivalent**
 - **Patient Transportation**
 - **Hospital Operations**
 - **Mental Health Support**
 - **Mass Fatality Management**



WMA MMST Development

- **November 1996 to December 1997: WMA MMST:**
 - Identified and acquired specialized equipment and pharmaceuticals.
 - Received required training .
 - Completed team exercises.
 - Coordinated with local jurisdictions for deployment.





WMA MMST Development

- **December 1997: The first Metropolitan Medical Strike Team, the Washington Metropolitan Area MMST, was declared operationally ready.**



AMA MMST Development

- **June 1996: U.S. PHS established partnership with the Atlanta-Fulton County Emergency Management Agency (A-FCEMA) to develop the Atlanta Metropolitan Area MMST (AMA-MMST) as a second pilot program.**
- **July 1996: Operational AMA-MMST element activated in support of the Summer Olympic Games**
 - Included in initial response to the Centennial Park Bombing.
 - At the conclusion of the Summer Olympic Games, MMST-element stands down.
 - A-FCEMA continues AMA-MMST development.



MMRS Development Program

- **September 1997: The U.S. PHS establishes partnerships with 25 civil jurisdictions to develop a local “MMST System” now called Metropolitan Medical Response System (MMRS).**
- **This concept was developed as the key element in a WMD response at the local level.**

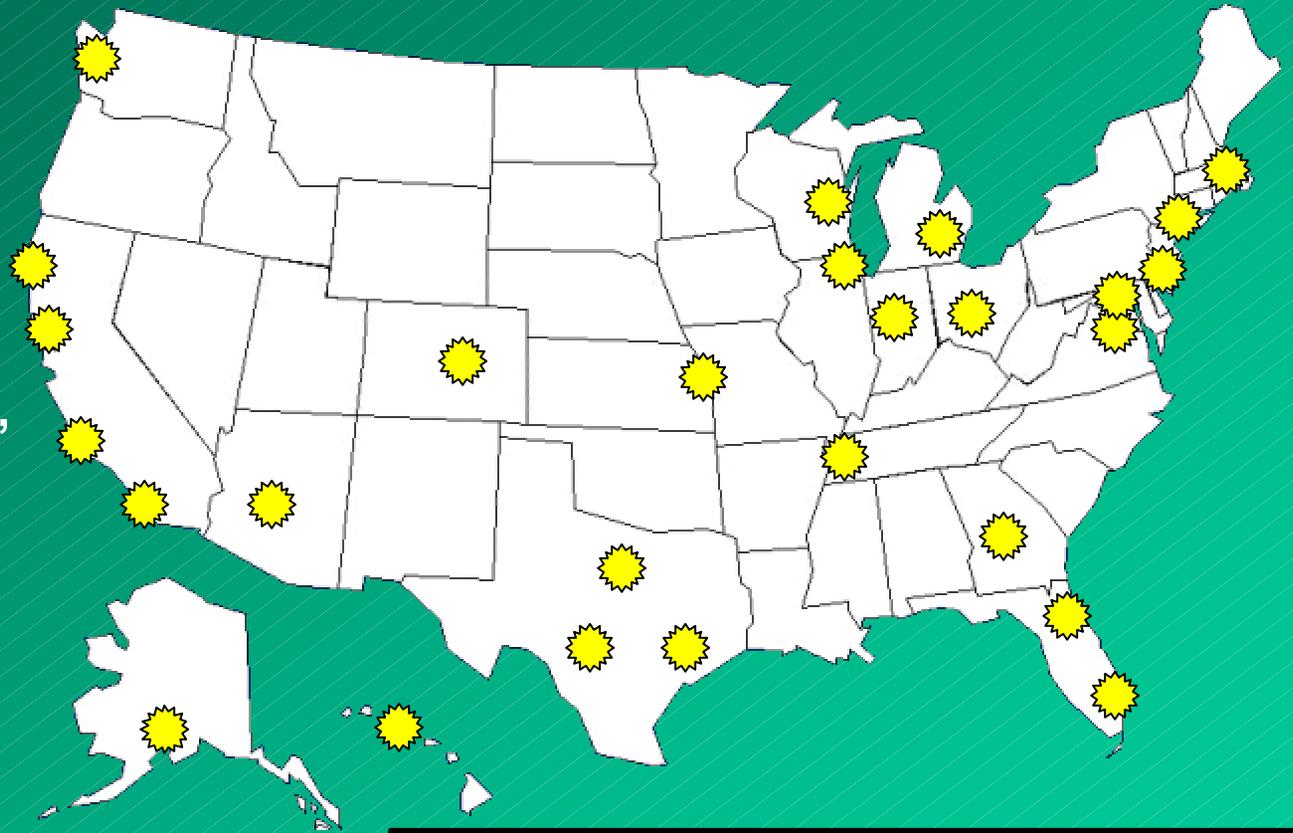




MMRS Development Program

Original 1997 MMRS

Anchorage, Atlanta,
Baltimore, Boston,
Chicago, Columbus,
Dallas, Denver, Detroit,
Honolulu, Houston,
Indianapolis,
Jacksonville, Kansas
City, Los Angeles,
Memphis, Miami,
Milwaukee, New York,
Philadelphia, Phoenix,
San Antonio, San Diego,
San Francisco, San Jose,
Seattle, Washington
Metropolitan Area,



★ Original 1997 MMRS 27



MMRS Development Program

- June 1999: The U.S. PHS establishes partnerships with 20 additional civil jurisdictions to develop a local MMRS
- The MMST system approach evolved into a MMRS, emphasizing cooperation between all parts of the local response system.
- The MMRS is the focal point of a WMD incident response for the first 24 hours.

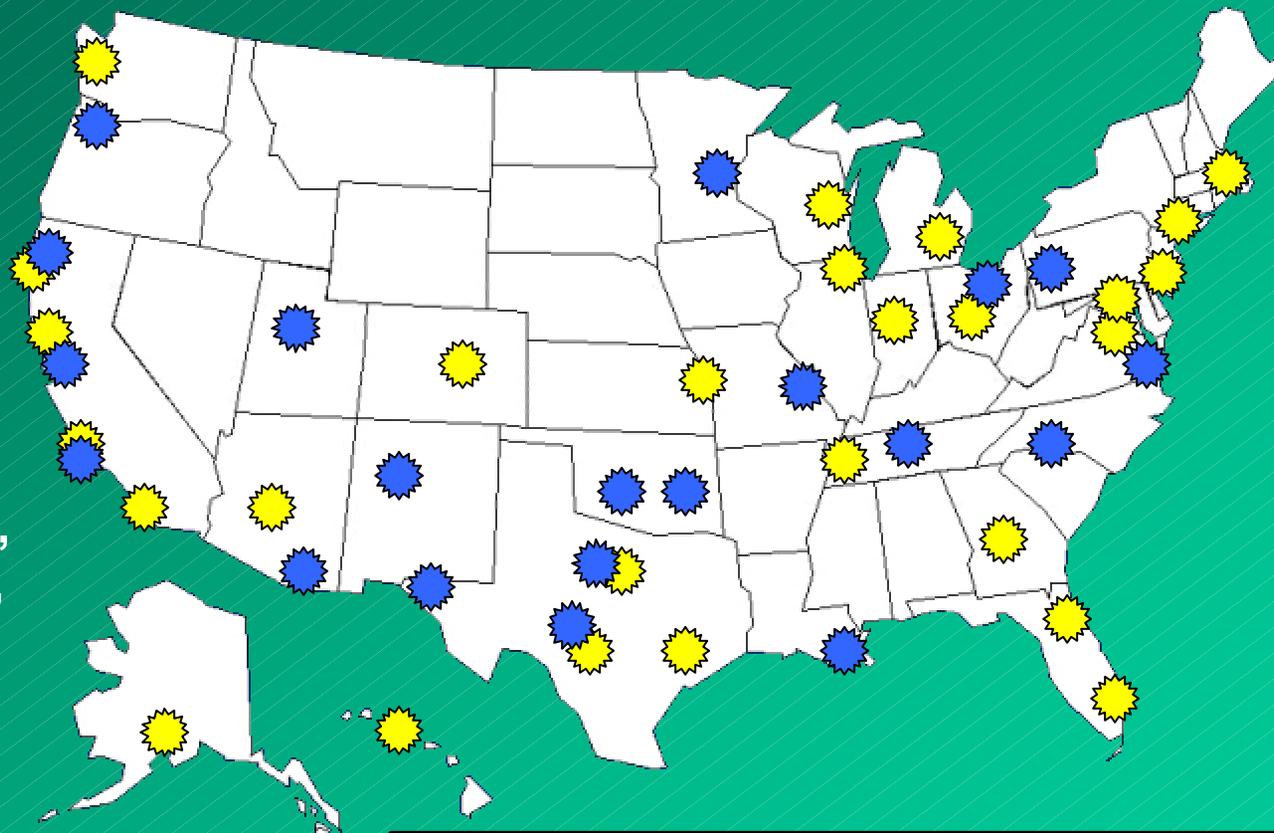




MMRS Development Program

1999 MMRS Expansion

Albuquerque, Austin, Charlotte, Cleveland, El Paso, Fort Worth, Hampton Roads (Virginia Beach) Area, Long Beach, Nashville, New Orleans, Oakland, Oklahoma City, Pittsburgh, Portland (OR), Sacramento, Salt Lake City, St. Louis, Tucson, Tulsa, Twin Cities (Minneapolis)



	Original 1997 MMRS	27
	1999 MMRS Expansion	20



MMRS Development Program

- **Summer 2000: The U.S. PHS will establish partnerships with 25 additional civil jurisdictions to develop a local MMRS**

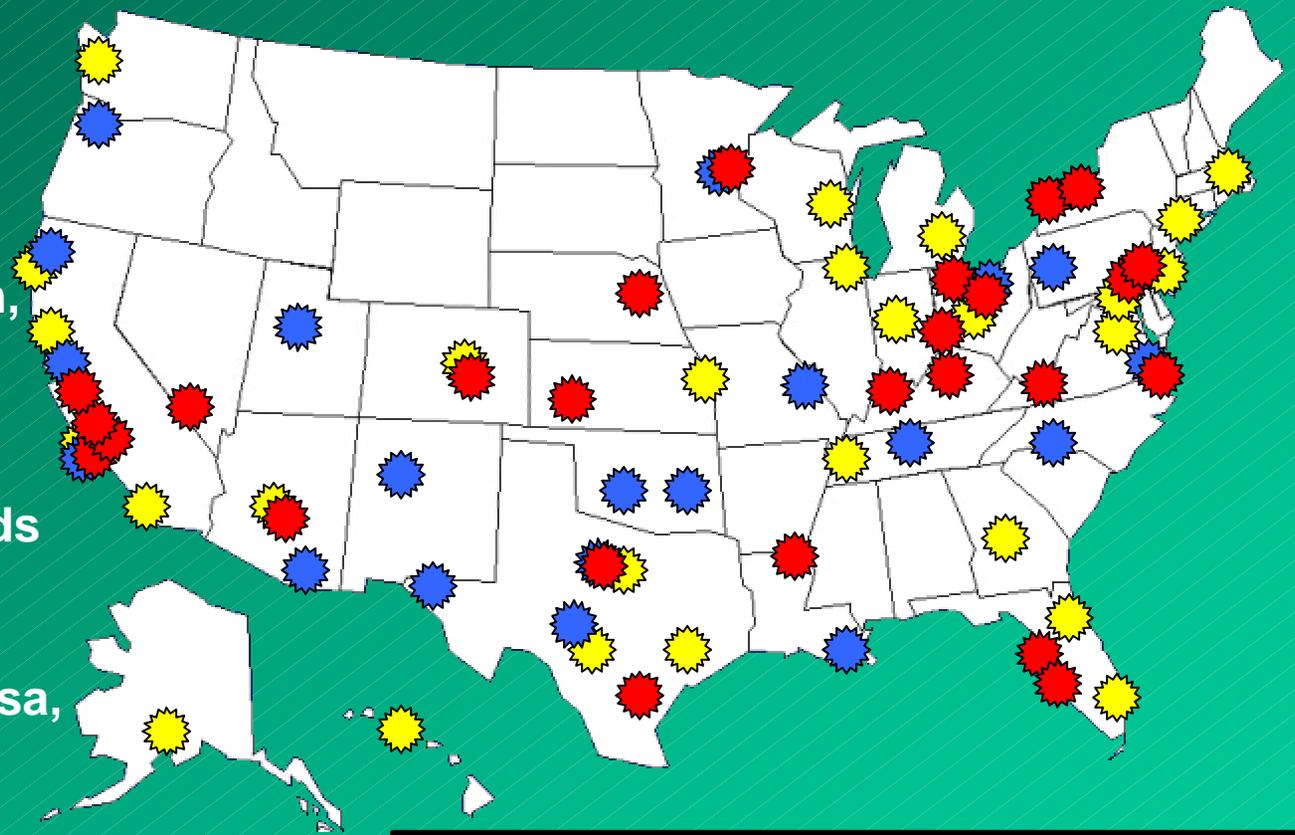




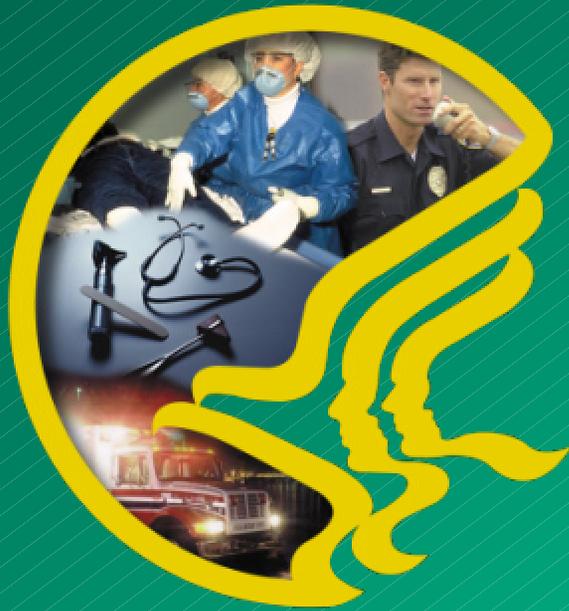
MMRS Development Program

2000 MMRIS Expansion

Akron, Anaheim,
Arlington, Birmingham,
Buffalo, Cincinnati,
Colorado Springs,
Corpus Christi,
Fresno, Hampton Roads
(Norfolk), Jersey City,
Las Vegas, Lexington-
Fayette, Louisville, Mesa,
Newark, Omaha,
Riverside, Rochester,
Santa Anna,
St. Petersburg,
Tampa, Toledo, Twin
Cities (St. Paul), Wichita,



	Original 1997 MMRIS	27
	1999 MMRIS Expansion	20
	2000 MMRIS Expansion	25
Total MMRIS Cities		72



Synopsis & Conclusions



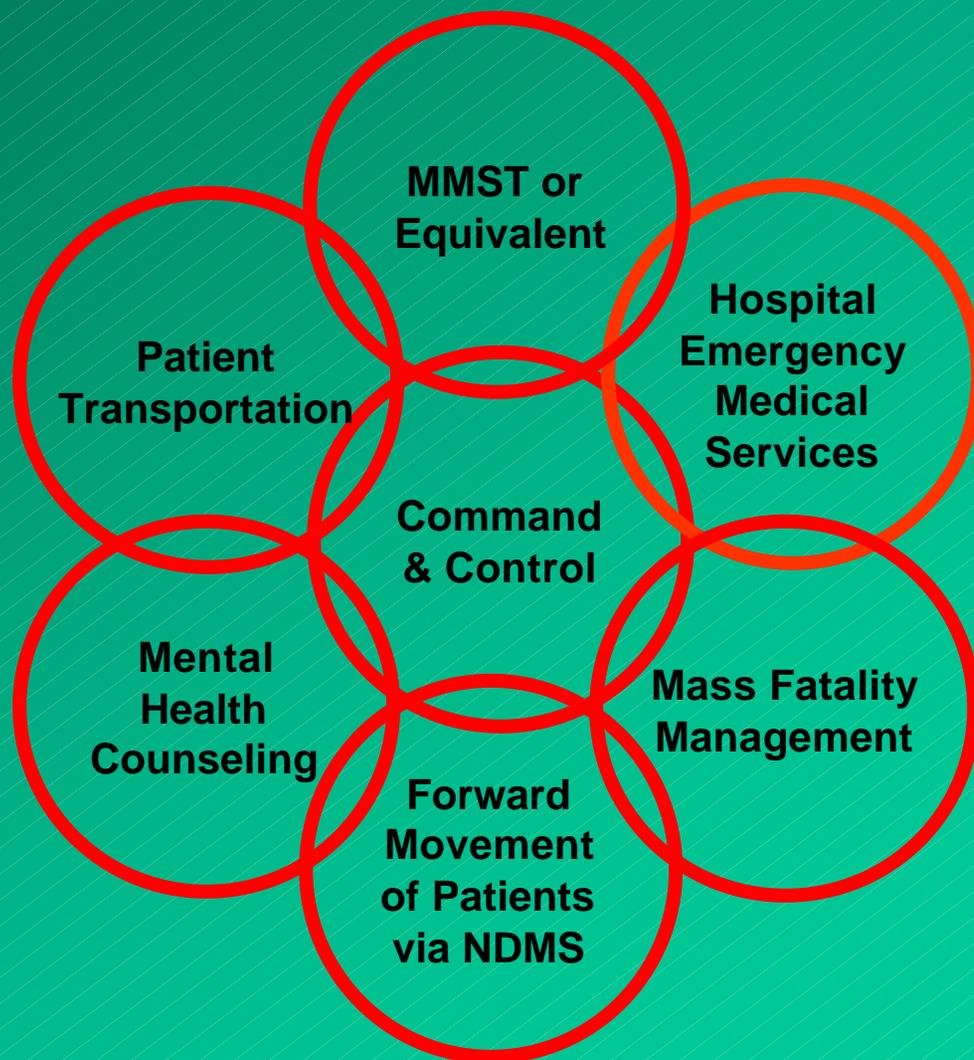
Synopsis of MMRS Development

- **Plans and organization for each MMRS Development City are tailored to local needs.**
- **The MMRS development process is recognized as a means of unifying Federal WMD response programs at the local level.**
- **MMRS Development Cities have achieved increased cooperation from local response elements due to MMRS development process.**
- **Bio-terrorism response planning has emerged as a critical planning element for all cities.**



Synopsis of MMRS Development

- **Command & Control**
- **MMST / Equivalent**
- **Patient Transportation**
- **Hospital Emergency Medical Services**
- **Mass Fatality Management**
- **Mental Health Counseling**
- **Forward Movement of Patients via NDMS**





MMRS Development Conclusions

- **MMRS Development has proven to be a dynamic process.**
- **MMRS Development is a cooperative effort between the Federal Government (HHS), local governments, and the local first responder community.**
- **HHS started in 1995 with one city. By the end of 2000, 72 cities will be active in developing a Metropolitan Medical Response System.**

A success story we can all be proud of!

Metropolitan Medical Response System (MMRS) Development



**Terrorism Threat Review,
Legislative Response to
Terrorism, and MMRS
Development Milestones**

Grant Peterson

Research Planning Inc.



Department of Health and Human Services

Office of Emergency Preparedness

Metropolitan Medical Response System



Emergency Response Capability Assessment

- **Your community has access to local or regional HAZMAT/EMS response capabilities?**
- **You have appropriate direction and control for an emergency operations center to coordinate public safety activities?**
- **Your community has coordinated with appropriate mutual agencies including Federal and State response agencies to establish incident support procedures?**
- **Your local response unit(s) are properly equipped to operate safely and efficiently in a WMD environment?**
- **Your response personnel are adequately trained and prepared to provide appropriate health and medical services response actions to a WMD incident?**

Emergency Response Capability Assessment

Continued

- **Your units have the capability to provide immediate medical treatment for mass casualties?**
- **Your response units coordinate with local law enforcement agencies to determine requirements for evidence preservation when working at an NBC terrorist incident crime scene?**
- **Specialized pharmaceuticals are immediately available in sufficient quantities to treat mass casualties from a WMD incident?**
- **Response personnel have individual chemical agent antidote immediately available?**
- **Treatment pharmaceuticals are positioned at hospitals and medical treatment facilities in sufficient quantities?**

Emergency Response Capability Assessment

Continued

- **Your system can quickly transport stocked treatment pharmaceuticals to local hospitals and medical treatment centers?**
- **Your response units have adequate detection capability and equipment to detect and identify NBC materials and agents?**
- **Your local response units have access to appropriate technical assistance for agent identification and medical treatment?**
- **Local personnel (including hospitals) have the capability and equipment to perform speedy mass decontamination?**
- **Your response plan provides for an organized, trained, and specially equipped health and medical augmentation unit(s) to enhance the local response?**

Emergency Response Capability Assessment

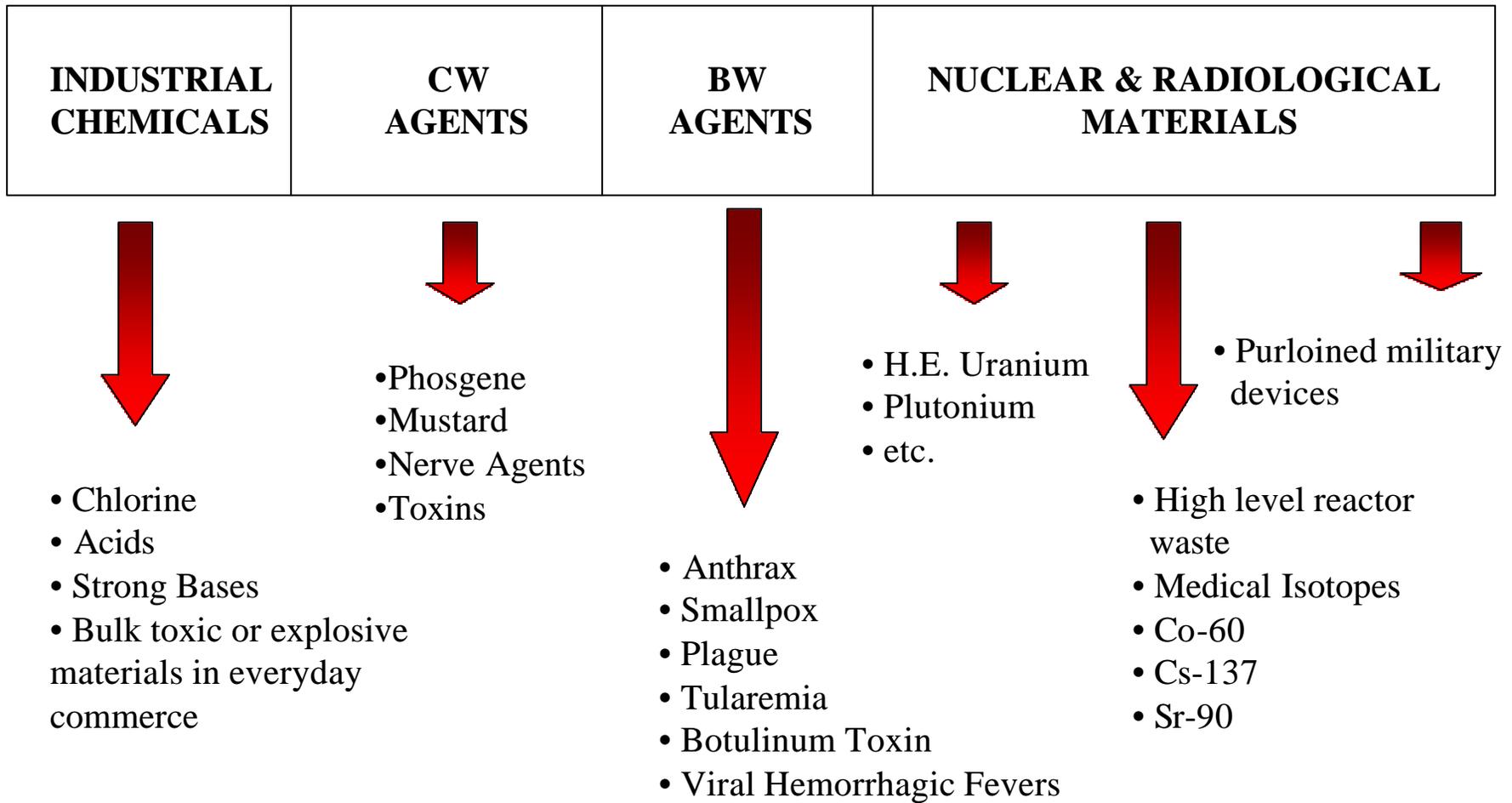
Continued

- **Appropriate pre-coordination has been accomplished with hospitals and medical treatment facilities to establish medical treatment protocols, stock appropriate pharmaceuticals, and determine medical treatment procedures, and equipment requirements?**

WMD RELEASE OR DETONATION

The demand placed on the Healthcare System (public hospitals, for profit hospitals, community health centers, emergency medical services, etc.) following a WMD incident will be unprecedented

THE THREAT SPECTRUM



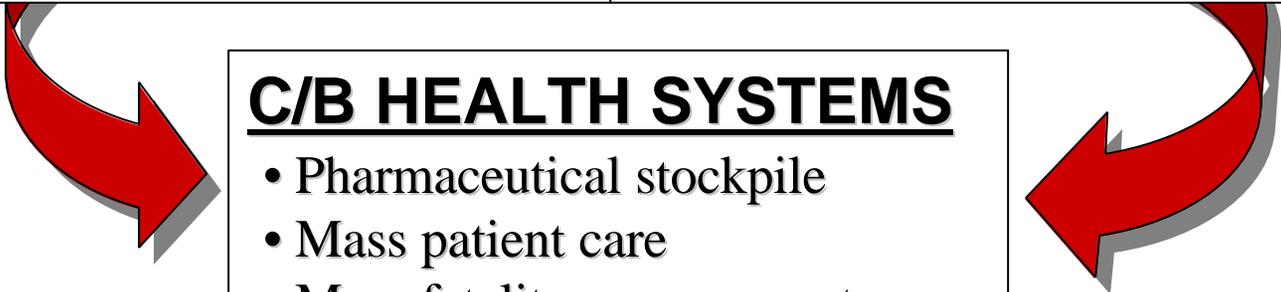
Requirements Specific to Chemical & Biological Responses

CHEMICAL

- Agent detection and identification
- Extraction of victims
- Administration of antidote
- Decontamination of victims
- Triage
- Provision of primary care
- Transportation to definitive care facilities

BIOLOGICAL

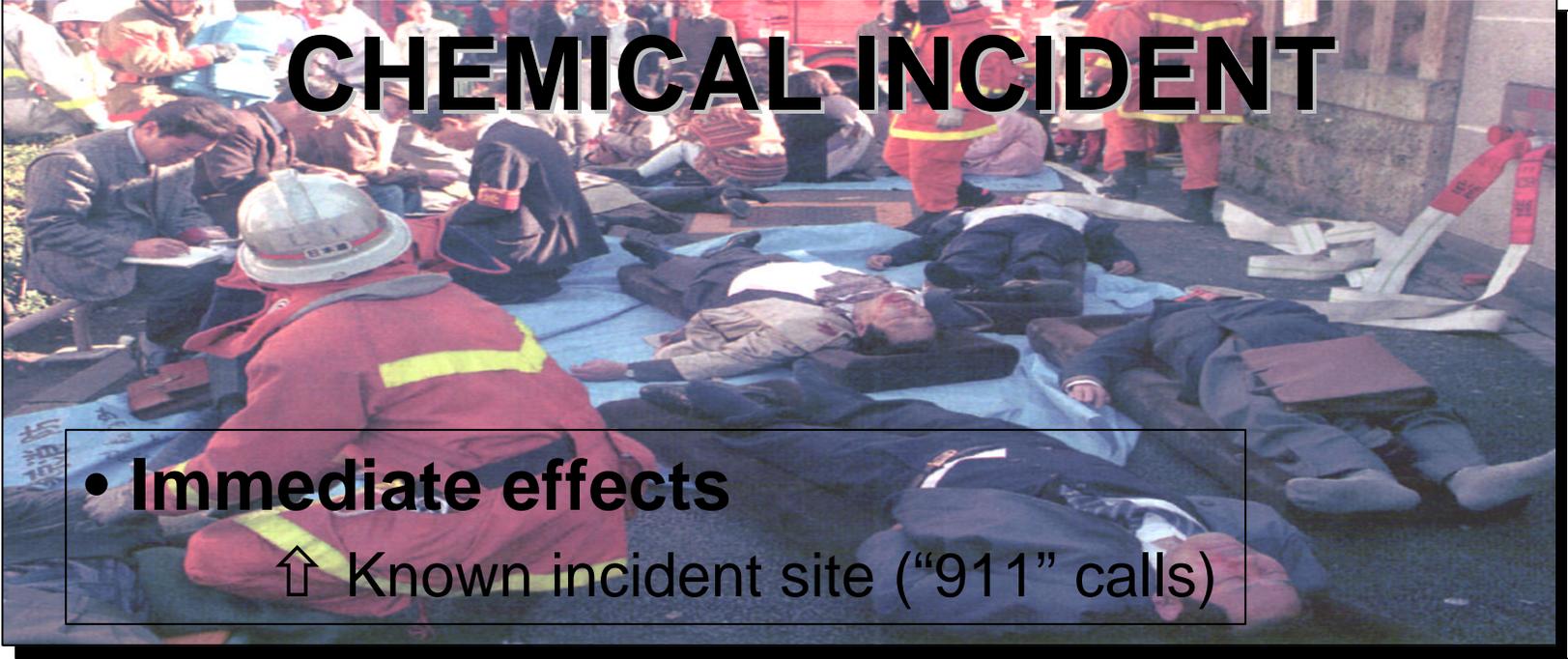
- Detection
- Surveillance
- Laboratory identification
- Mass immunization / prophylaxis



C/B HEALTH SYSTEMS

- Pharmaceutical stockpile
- Mass patient care
- Mass fatality management
- Environmental health cleanup

CHEMICAL INCIDENT



- **Immediate effects**

- ↑ Known incident site (“911” calls)

- **Short term goals**

- ↑ Keep people alive
- ↑ Provide immediate care
- ↑ Access definitive care

- **Long term challenges**

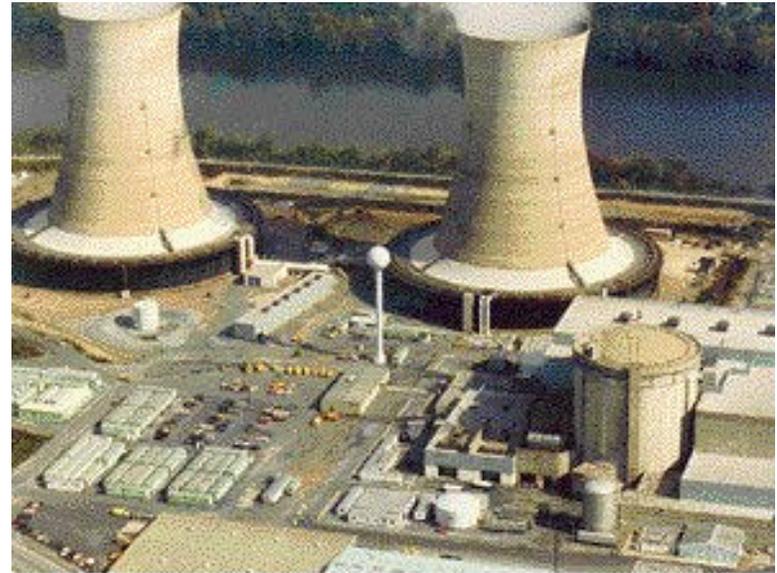
- ↑ Maximize patient recovery
- ↑ Could take days to months.

BIOLOGICAL INCIDENT

DELAYED EFFECTS
UNKNOWN EXPOSURE (When, Where, What)

- **Public health “911”**
 - ↑ Surveillance system detection
 - ↑ Laboratory identification of agent
- **Health response**
 - ↑ Mass prophylaxis
 - ↑ Mass patient care
 - ↑ Mass fatality management
- **Environmental cleanup**

RADIOLOGICAL NUCLEAR INCIDENT



Nuclear Regulatory Commission

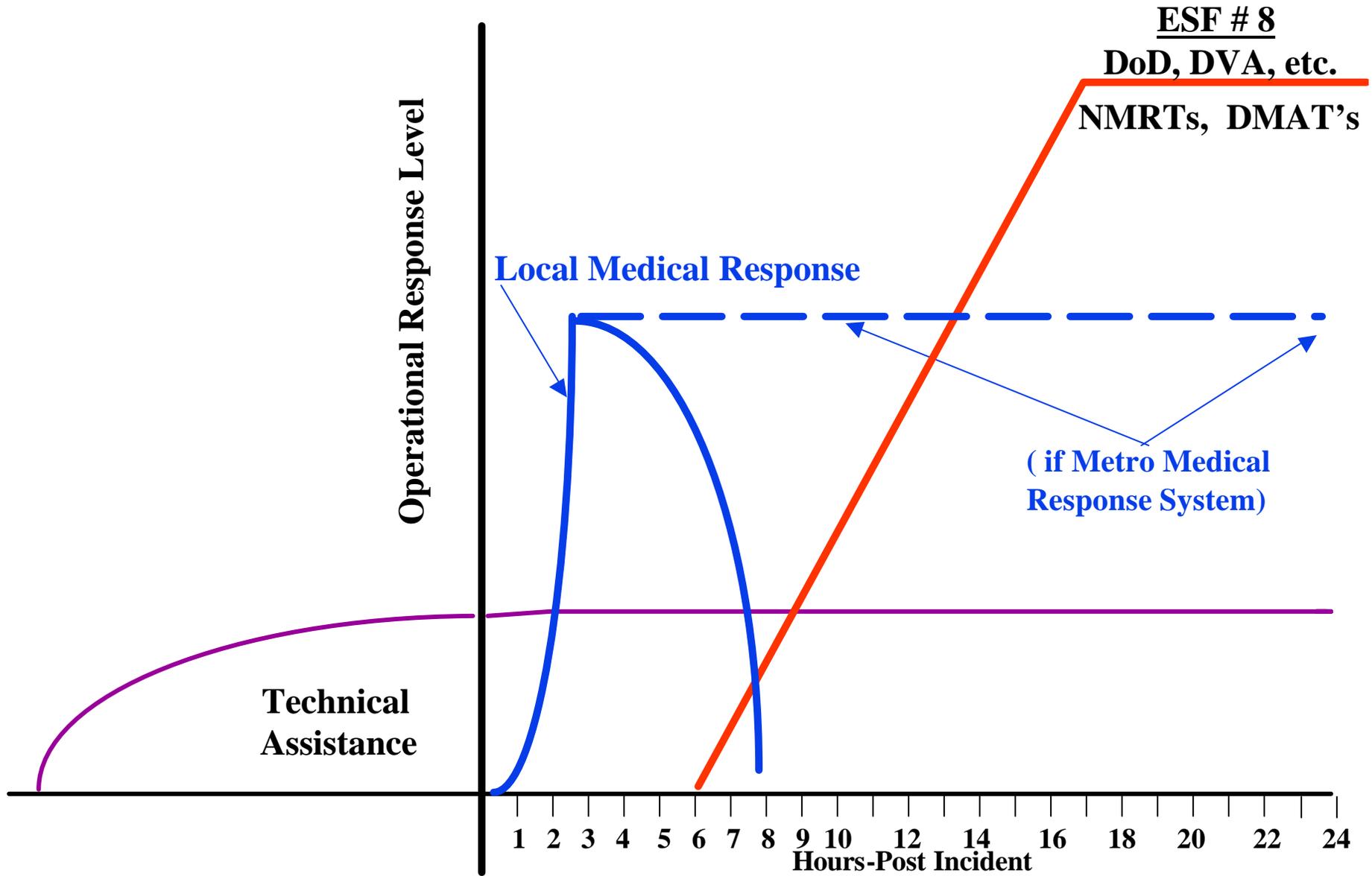
- **Few Treatment Options**

- ↑ Limited prophylaxis available for potential victims in risk area.

- **Types of Injuries:**

- ↑ Traumatic
 - ↑ Thermal
 - ↑ Radiation

- **Significant Long Term Consequences**



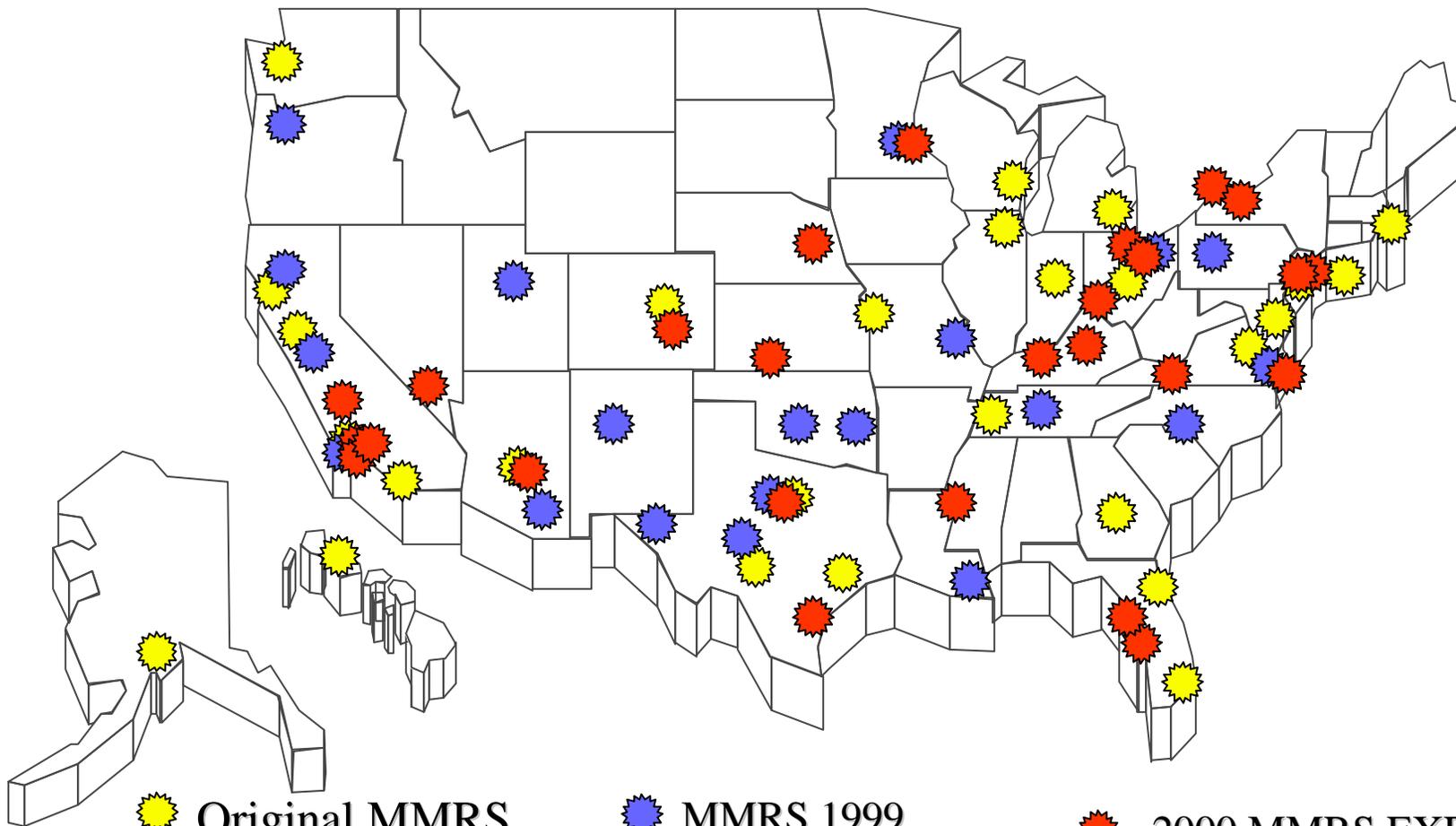
Metropolitan Medical Response System

To enhance local planning for terrorist incidents involving weapons of mass destruction combining the needs/capabilities of public safety, public health and the health system. Planning efforts should engage State officials/agencies and anticipate Federal health and medical support.

- **CHARACTERISTICS**

- ↑ **Concept of Operations Plan**
- ↑ **Specially trained responders and equipment**
- ↑ **Special pharmaceuticals**
- ↑ **Plans for prophylaxis of affected population**
- ↑ **Enhanced emergency medical transport & emergency room capabilities**
- ↑ **Expandable hospital-based care**
- ↑ **Integration with NDMS capabilities**
- ↑ **Mass fatality management**
- ↑ **Mental health strategy**

Metropolitan Medical Response Systems



Original MMRS

Boston, New York, Baltimore, Philadelphia, Washington DC, Atlanta, Miami, Memphis, Jacksonville, Detroit, Chicago, Milwaukee, Indianapolis, Columbus, San Antonio, Houston, Dallas, Kansas City, Denver, Phoenix, San Jose, Honolulu, Los Angeles, San Diego, San Francisco, Anchorage, Seattle



MMRS 1999

Hampton Roads (Virginia Beach)Area, Pittsburgh, Nashville, Charlotte, Cleveland, El Paso, New Orleans, Austin, Fort Worth, Oklahoma City, Albuquerque, St. Louis, Salt Lake City, Long Beach, Tucson, Oakland, Portland (OR), Twin Cities (Minneapolis), Tulsa, Sacramento



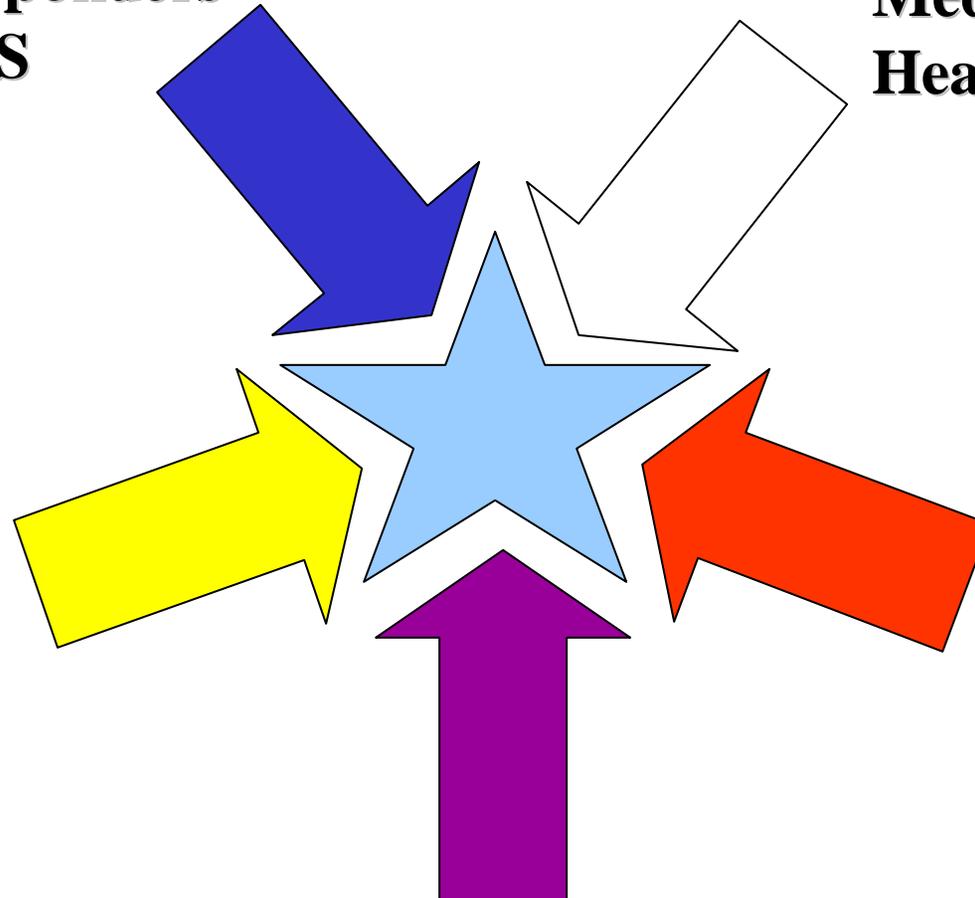
2000 MMRS EXPANSION

Twin Cities (St. Paul), Hampton Roads (Norfolk), Cincinnati, Fresno, Omaha, Toledo, Buffalo, Wichita, Santa Ana, Mesa, Colorado Springs, Tampa, Newark, Louisville, Anaheim, Birmingham, Arlington, Las Vegas, Corpus Christi, St. Petersburg, Rochester, Jersey City, Riverside, Lexington-Fayette, Akron

LINKING RESPONSE SYSTEMS

**First Responders
Fire/EMS**

**Medical & Mental
Health Services**



**Public
Health**

**Law
Enforcement**

**Emergency
Management**

SUGGESTED DEVELOPMENT PROCESS

I. Preliminary Coordination

II. Mission Concept of Operation and Organization

III. MMRS Operations & Field Operations Guide (FOG)

IV. Staffing and Equipment Requirements

V. Training

SUGGESTED DEVELOPMENT PROCESS

- Designate responsible officer and office and identify the proposed membership of the development team.
- Form MMRS Development Steering Committee and subcommittees.
- Identify all contract requirements.
- Identify the plan philosophy and geographic area of operations the plan will cover.
- Coordinate with U.S. PHS Emergency Coordinator / Project Officer.

Preliminary Coordination

SUGGESTED DEVELOPMENT PROCESS

(Steering Committee)

Comprised of a Chairman with representation from Fire, Hazardous Materials (HAZMAT), EMS; Public Health, Universities, Law Enforcement, Coroner, Local Hospitals, American Red Cross (local chapter), LEPC, Mental Health, Emergency Management Agency (EMA), Appropriate Professional Organizations, Regional Federal Partners, etc.

Subcommittee Areas



- MMST or Capability**
- Emergency Patient Transportation**
- Hospital Emergency Services**
- Mental Health Services**
- Mass Fatality Management**
- Forward Movement via NDMS**

SUGGESTED DEVELOPMENT PROCESS

Committee / Subcommittee Considerations

- **Plan Philosophy**
- **Command and Control**
- **Operations and Operational Area**
- **Staffing Requirements**
- **Training Requirements (initial and sustainment)**
- **Equipment Requirements**
- **Pharmaceutical Requirements**

SUGGESTED DEVELOPMENT PROCESS

Develop MMRS Development Plan

Mission Statement

Concept of Operations

Organization Requirements

Command and Control Procedures

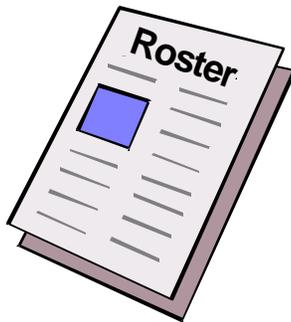
**Mission, Concept of Operation,
and Organization**

SUGGESTED DEVELOPMENT PROCESS

Develop Plans for Operations, Training, Equipment, and Pharmaceuticals.

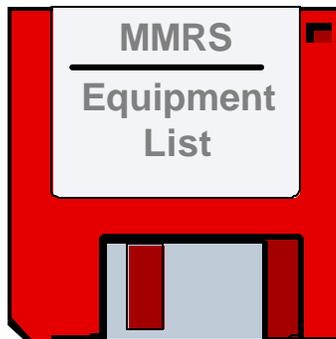
- **NDMS Plan for forward movement of patients.**
- **MMRS Response Plan for Chemical, Radiological, Nuclear, and Explosive WMD.**
- **MMST Operations Plan (if stand-alone component).**
- **Bio-WMD Management Plan.**
- **Local Hospital / Healthcare System Plan.**
- **Pharmaceuticals and Equipment Acquisition / Maintenance Plan.**

SUGGESTED DEVELOPMENT PROCESS



- **Staffing**

- Coordinate MMRS Personnel requirements



- **Equipment / Pharmaceuticals**

- Define preliminary list
- Prepare equipment acquisition list
- Prepare pharmaceutical acquisition list

Staffing, Equipment, and Pharmaceutical Requirements

SUGGESTED DEVELOPMENT PROCESS



- **Accomplish MMRS Personnel Training**
- **Complete MMRS Exercises**
- **Develop MMRS Operational Effectiveness Review Process**

Training / Exercises

MMRS Development

Reporting Requirements / Deliverables

Requirement #1: DHHS Project Officer/MMRS- Development City Meeting.

- **Meet with Project Officer to discuss the purpose of the contract.**

MMRS Development

Reporting Requirements / Deliverables

Requirement #2: Plan for MMRS Development.

- **Outline the approach for creation of an enhanced ability to deal with WMD terrorism.**

DEVELOPMENT PLAN SHOULD INCLUDE:

- 1) The proposed leadership and membership of the development team.**
- 2) The philosophy underlying the proposed approach.**
- 3) A description of the geographic areas and jurisdictions that the plan will cover.**

MMRS Development

Reporting Requirements / Deliverables

Requirement #3: MMRS System Development Plan.

- **Plan and develop a MMRS for managing the human health consequences of a terrorist incident involving the use of a WMD.**
- **The MMRS is considered to be an enhanced local capability for an existing system.**
- **The MMRS should develop plans for command and control, notification and alert, and management of emergency response resources, facilities, equipment, and procedures.**
- **The Plan must include a roster of the Steering Committee membership representing the components of the system.**

MMRS Development

Reporting Requirements / Deliverables

Requirement #4: Plan for forward movement of patients utilizing the National Disaster Medical System (NDMS).

- **Development of a plan for forward movement of patients via the NDMS, if local resources are insufficient to provide definitive health care required by attack victims.**

MMRS Development

Reporting Requirements / Deliverables

Requirement #5: MMRS Response Plan for Chemical, Radiological, Nuclear, Explosive WMD *(See additional requirements for biological WMD under #7)*

- **Develop an effective plan to manage the health consequences resulting from a chemical, radiological, nuclear, or explosive WMD incident.**
- **MMRS response requirements include: detection and identification of agent, decontamination of victims, triage and emergency care, administration of appropriate antidote, patient transportation, and emergency services in hospitals.**
- **Hospital reception procedures including: screening, decontamination, and triage should be included.**

MMRS Development

Reporting Requirements / Deliverables

Requirement #6: MMST Operational Plan

(if MMST is stand-alone component of MMRS plan)

- **MMST Operational Plan should include: Mission Statement, Organization Membership, Concept of Operations.**
- **Operational Plan should include: provisions for Activation, Deployment, Agent identification, Decontamination, Triage and Emergency Care, Antidote Administration, and Coordination for Patient Transportation to medical facilities.**

MMRS Development

Reporting Requirements / Deliverables

Requirement #7: Plan for MMRS Management of the Health Consequences of a Biological WMD.

- **Develop an effective plan to manage the health consequences of a biological WMD.**
- **Plan should be integrated with existing local and State health surveillance plans for bio-terrorism, and influenza pandemic planning.**

The Plan should address:

- 1) Early Recognition**
- 2) Mass-Immunization/Prophylaxis**
- 3) Mass-Patient Care**
- 4) Mass Fatality Management**
- 5) Environmental Surety**

MMRS Development

Reporting Requirements / Deliverables

Requirement #8: Plan for Local Hospital and Health Care System for a WMD incident.

- **Local Hospital and Health Care System plans for a WMD-incident should include: Notification Procedures, Access Control Procedures, Mass-Decontamination Capability, Triage Capability, Provisions for Security, Adequate Personnel Protective Equipment (PPE), Adequate Pharmaceuticals and Equipment, Medical Staff capability to recognize and treat WMD-casualties, and Medical Treatment Protocols.**

MMRS Development

Reporting Requirements / Deliverables

Requirement #9: Identify MMRS Personnel Training Requirements, and Develop Training Plan.

- **Identify Training Requirements for MMRS Personnel, including all First Responders, Emergency Medical Service and Ambulance Personnel, Emergency Room/Hospital Personnel and other Health Care providers.**
- **DOD Domestic Preparedness Training and FEMA / DOJ Training will be integrated into meeting training requirements and incorporated into the MMRS Training Plan**

MMRS Development

Reporting Requirements / Deliverables

Requirement #10: Plans for Pharmaceuticals and Equipment Acquisition with a Procurement Timetable and Maintenance Plan.

- **Develop a list of pharmaceuticals to provide care for up to 1000 victims for a chemical incident, and for the first 24 hours of response to a Biological incident.**
- **Identify Equipment to support MMRS Requirements.**
- **A Timetable for procurement and plan for equipment maintenance and pharmaceutical storage should be included.**
- **Equipment purchases must be harmonized with DOD, DOJ, and FEMA Program equipment.**

MMRS Development

Reporting Requirements / Deliverables

Requirement #11: Progress Report

- **Provide Monthly Progress Reports, to be received by the 15th of the month that describe activities undertaken the previous month.**
- **Describe successful endeavors and barriers encountered. Include a plan to resolve any barrier issues.**
- **Include all meeting minutes that relate to MMRS development.**

MMRS Development

Reporting Requirements / Deliverables

12. Final Report

- **Submit brief monthly progress reports, and final report at the end of the contract period.**
- **Carry out other actions that are required locally to assure that the MMRS is operational within 18 months of the contract award.**
- **The final report must include a statement that the MMRS is operational.**
- **The final report must identify the actual equipment and pharmaceuticals procured and received under the contract.**

LINKING RESPONSE SYSTEMS

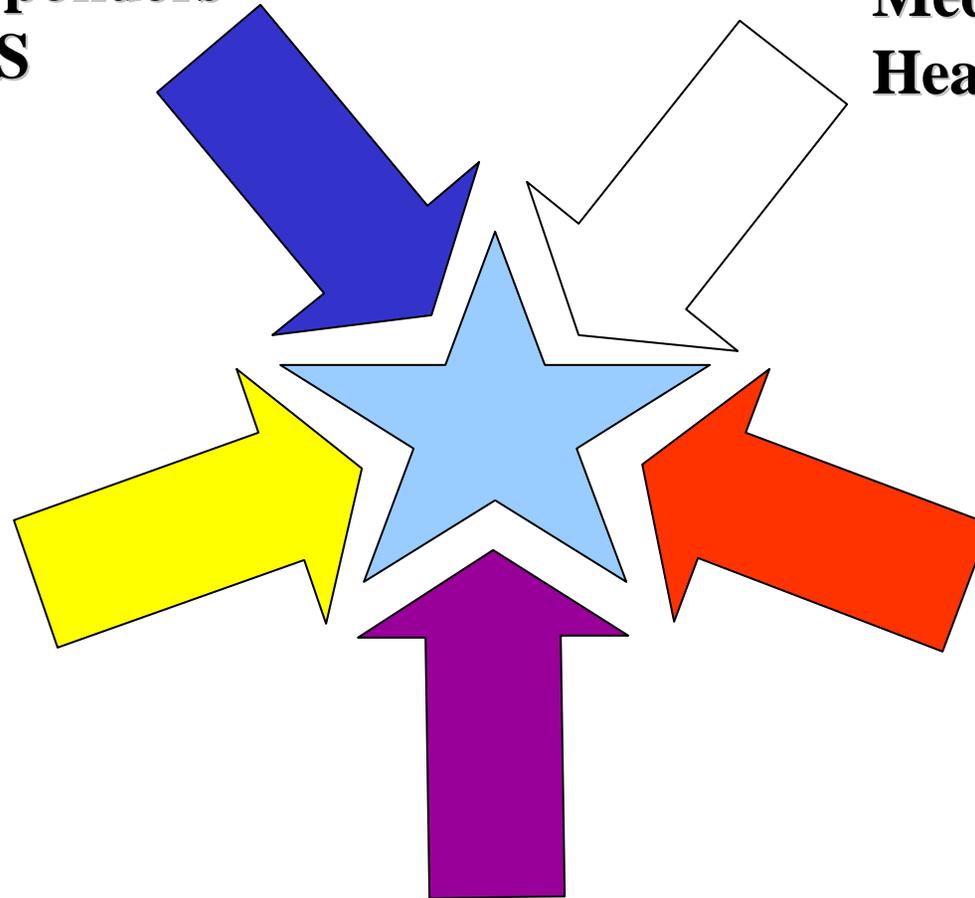
**First Responders
Fire/EMS**

**Medical & Mental
Health Services**

**Public
Health**

**Law
Enforcement**

**Emergency
Management**



Department of Health and Human Services
Office of Emergency Preparedness
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- Ext. 0 - 24 Hour Number**
- Ext. 1 - Office of the Director**
- Ext. 2 - Emergency Operations Center (During Activation)**
- Ext. 3 - Division of Administration Services & Support**
- Ext. 4 - Division of Program Development**
(Metropolitan Medical Response Systems)
- Ext. 5 - Division of Emergency Readiness & Operations**
- Ext. 6 - Commission Corp Readiness Force**

Website: www.oep-ndms.dhhs.gov