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EMERGENCY MANAGEMENT AGENCY

**Testimony for the Senate Veterans Affairs & Emergency Preparedness and
Senate Health and Human Services Committees**

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Pennsylvania Emergency Management Agency

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Chairman Vulakovich, Chairman Costa, Chairman Baker, Chairman Schwank, and members of the Senate Veterans Affairs & Emergency Preparedness and Senate Health and Human Services Committees, thank you for the opportunity to testify regarding the role that the Pennsylvania Emergency Management Agency (PEMA) plays in health preparedness in the Commonwealth.

The Pennsylvania Emergency Management Agency (PEMA) helps communities and citizens mitigate against, prepare for, respond to, and recover from emergencies including natural disasters, acts of terrorism, or other human-made disasters. PEMA supports county Emergency Management agencies by coordinating and engaging the whole community including federal and state partners, volunteer organizations involved in disasters, private sector business community, and citizens.

PEMA's role is to coordinate the state response to a disaster by mission assigning a state agency to provide the agency's resources based upon a request from the county or from PEMA, if it is an emerging event.

I use the phrase no-notice to differentiate between PEMA's response for an emerging event. If a storm is predicted to hit the Commonwealth, PEMA's philosophy is to go big, go fast, and go smart. We will pre-position state assets in anticipation of those assets that may be needed to reduce response times.

Governor Wolf is committed to the health and safety of all citizens and has through Executive Order, adopted the Commonwealth's Emergency Operations Plan. All agencies under his authority are to assist PEMA in developing, training, and implementation of this plan. This Executive Order was the first of its kind in the nation.

PEMA provides training to representatives from each agency and facilitates statewide exercises to test and improve the Commonwealth's Response and Recovery capabilities.

Emergency response and recovery operations in Pennsylvania are organized and managed as 15 Emergency Support Functions (ESF). Each ESF represents a separate domain of operations and resources. The Pennsylvania Department of Health (DOH) is the Coordinating Agency for ESF 8-Public Health and Medical Services, as defined in the Commonwealth's Emergency Operations Plan. The plan delineates specific responsibilities in the Preparedness and Mitigation categories that include response personnel training and qualifications, adopting the National Incident Management System, and developing and maintaining plans and procedures for the implementation of assigned emergency activities. As all agencies do, DOH has identified personnel to serve as agency representatives when the Commonwealth Response Coordination Center is activated.

Logistically, DOH has a significant number of teams and medical assets strategically located throughout the Commonwealth. PEMA recently met with DOH staff and are developing a plan to

assist DOH in reviewing all their capabilities to ensure that assets and teams are functional and deployable when needed.

As described in the Executive Summary of the Public Health Preparedness Capabilities 2011 document, published by the Centers for Disease Control and Prevention (CDC), “Public health threats are always present. Whether caused by natural, accidental, or intentional means, these threats can lead to the onset of public health incidents. Being prepared to prevent, respond to, and rapidly recover from public health threats is critical for protecting and securing the nation’s public health.”

Since my appointment, I have implemented a series of no-notice exercises for PEMA staff, that I have coined “Thunderbolt Exercises”, which was adopted from the Federal Emergency Management Agency (FEMA). The first day back in the office, after the weekend terrorist attack in Manchester England, I implemented a thunderbolt exercise for PEMA’s Operation and Senior Staff to think about what if the Manchester incident occurred in the Commonwealth. What would PEMA’s roles be and what would be the anticipated needs? Although, the local and county emergency response community would handle the initial mass casualty incident, PEMA recognizes that many state agencies would be engaged in the recovery efforts to support the survivors, their families, and the local governments. We took this opportunity to also look at the state agency resources and capabilities and focused on the recovery aspects that could include reunification, crisis counseling, and logistical support to include Incident Management Teams and

supporting the counties in funeral arrangements. Please note that I primarily focused on the recovery aspects, and not the response side.

One critical point that must always be kept in mind, except for law enforcement, state agencies are typically not first responders. All incidents and disasters are local and when an event overwhelms the capabilities at the municipal level, the county will coordinate response assets from within the county and through mutual aid with surrounding counties. Additionally, the nine regional task forces have capabilities that also are called upon when needed.

Current mutual aid systems that exist in the counties and the task forces will provide the lifesaving resources needed after an incident such as the Manchester attacks. I am encouraged that the shift to regional health care coalitions will also provide lifesaving capabilities that are needed in a very rapid period.

The Commonwealth responds to no-notice events when all resources have been exhausted at the local, county, and regional level. If it is an emerging event, PEMA will pre-position teams and assets as needed.

A challenge that seems to have always existed in some parts of the Commonwealth, is the lack of understanding roles, responsibilities, and capabilities of both the public health community and the emergency management community. One of the first times the two communities came together

was during the H1N1 or Pandemic Flu outbreak in 2009. Although there have been strides in bringing the two communities together since then, there is still room for improvement.

PEMA has noticed another area that needs improvement, the coordination between emergency management and hospitals. In some areas of the Commonwealth, there is a tremendous relationship, but as seen with March's Winter Storm Stella, there were hospitals that relied heavily on the National Guard for transport of their personnel. Others were able to secure hotel rooms or make arrangements so that critical medical, nursing, and auxiliary staff were available to provide patient care. The National Guard provided a tremendous service and in some examples lifesaving service, and myself as well as PEMA, are appreciative of that. However, I also believe there needs to be better coordination between the emergency management community and the hospital community before the storm hits. I have already addressed this need to the county emergency managers and have asked them to reach out to their hospitals. PEMA looks forward to working with the Hospital Association of Pennsylvania and DOH on how we can continue to build that relationship.

Currently underway is the recent funding guidance for the preparedness grants for DOH, which require each coalition to have an emergency management representation. Annually in the past, both PEMA and DOH conducted separate statewide training conferences, however for the first time, PEMA, DOH, Department of Human Services, and the Governor's Office of Homeland Security will co-sponsor the very first Governor's Emergency Preparedness Summit, which is scheduled for September 29- October 3, 2017, in Hershey. There will be topics oriented to

educating all participants on their collective roles and how it is critical that they work together before a disaster occurs.

Another area in need of work, is in relation to the training of Emergency Medical Service (EMS) personnel in disaster and mass casualty incident response. Although the basic EMS education provides for triage and basic mass casualty training, a recent national survey conducted by the National EMT Association found significant gaps in EMS preparedness for response to natural and man-made disasters and mass casualty incidents. The study showed that while there were some areas of strength, such as responding to active shooter incidents, there were other areas in which few EMS practitioners had received any training what so ever in chemical, biological or radiological events and pandemics. PEMA will be working with DOH to assist in determining the specific disaster training needs of the EMS practitioners and assist in developing a plan to fill those needs.

Another significant challenge that exists within DOH that also exists with PEMA, is the continued reduction in federal funding. DOH funding for preparedness and PEMA's Homeland Security Grant Program funds have reduced over 30% since Federal Year 2013. The recently published White House Budget cuts preparedness funding by an additional 16% and Homeland Security Grant Funding by 25%. These cuts, if they come to reality, will place both agencies as well as hospitals and the regional task forces in positions to reduce training, exercises, equipment, and maintenance of current response and recovery assets. Additionally, cuts to PEMA's budget as

proposed by the House of Representatives will also impact PEMA's ability to adequately perform its mission.

On behalf of Governor Wolf, I would like to thank you Chairman Vulakovich, Chairman Costa, Chairman Baker, Chairman Schwank and members of the Senate Veterans Affairs & Emergency Preparedness and Senate Health and Human Services Committees for your continued support to PEMA and publicly recognize the thousands of hospital, health care, public health and EMS professionals that are on the front lines in all our communities, saving lives, and taking care of the Commonwealth's citizens and visitors every day. I appreciate the opportunity to appear here today and I will try to answer any questions you might have.