CoxHealth

August 10, 2011

Dr. Nicole Lurie
Hubert H. Humphrey Building
200 Independence Ave, SW Suite 639D
Washington, DC 20201

Dr. Lurie,

Hello. My name is Jason Henry and I am the Emergency Management and Hazardous Materials Officer for CoxHealth in Springfield, MO. I am writing to request a few minutes from your busy schedule to explain how the Missouri Hospital Association (MHA) and the Hospital Preparedness Program (HPP) have directly impacted overall all-hazard preparedness, response, and recovery in the state of Missouri.

It has recently been brought to my attention that the Pandemic All-Hazards and Preparedness Act (PAHPA) and subsequently the HPP are set to expire on September 30, 2011. My foundational principle for writing this letter is to demonstrate the importance in sustaining the HPP with a focus on hospital mitigation, preparedness, response and recovery in the state of Missouri. The current all-hazard preparedness structure for Missouri has allowed for MHA to assume the role of state-wide facilitation, planning, and grant administration. This facilitation is a fundamental building block for the current standardization among health care entities which provides clarity, collaboration, and cohesiveness throughout the entire state. Without MHA as a centerpiece for this complicated, yet collaborative, network—the state of preparedness amongst hospitals in Missouri would be set back nearly a decade or more. MHA, in partnership with the Department of Health and Senior Services (DHSS), assist Missouri hospitals by creating a working and bonded environment that is unparallel to any alternative structure that may rely on individual entity support and cooperation. Equally, the Hospital Preparedness Program aids sustainment and goal achievement far beyond individual entity parameters. With assistance from MHA and the HPP, Missouri hospitals are allowed to succeed in emergency management while continuing to raise the bar for future excellence.

The relevance of this collaborative effort became strikingly apparent on Sunday, May 22, 2011 when the community of Joplin was devastated by the nation's deadliest F5 tornado. Just weeks prior to May 22, I attended a planning workshop hosted by MHA through the use of HPP funding. This particular workshop consisted of key stakeholders from individual healthcare entities who were able to come together to discuss and prioritize planning objectives for the next three years; without HPP funding, I do not believe this discussion would have been made possible. Subsequently, the workshop assisted these stakeholders in establishing three main priorities: communication, critical infrastructure, and mass fatality. It was determined that these priorities would be the center of focus over the following three years as the hospitals, MHA, and DHSS jointly prepare, mitigate, plan, respond, and recover. Unbeknownst to anyone, May 22, 2011 would validate this workshop's priorities simultaneously.

As the community of Joplin sheltered in place and endured the traumatic events that were unfolding, the hospital communities in Missouri and neighboring states were activated in a precise and eloquent manner, like the gears in a Rolex watch. Incident Commands were

formed. Conference calls between facilities both close and far away were immediately established. Communication trailers, provided through HPP funding, were deployed. Other disaster trailers of various types, also funded through HPP, were placed on standby; ready for mobilization.

The Joplin tornado caused monumental devastation immediately. One hospital was destroyed, while the other attempted to absorb such an overwhelming need from the community. All power was lost, cars appeared to be crumbled-up paper, and the center of Joplin was completely leveled. If there was ever a moment of doubt for what the HPP program offered and whether or not it is needed, the tragedy in Joplin should justify its existence. HPP funding and MHA facilitation provided the following during the first 24 hours of response:

- Planning and mitigation between Missouri hospitals prior to the event which allowed for immediate communication, collaboration, and response
- Evacuation devices within the hospital to effectively, efficiently, and safely remove patients to a safer environment
- EMSystem alerts that immediately notified the entire state of Missouri as to the events which occurred and the current status of the situation; including immediate capabilities, needs, and resources available
- Establishment of secondary communication via a mobile trailer, including communication to the state EOC and the community partners
- Memorandums of Understanding between healthcare entities to provide seamless assistance of resources
- Collaboration between the private sector and the governmental sector
- Establishment of triage centers, shelters, and relief structures
- Practiced and well-trained plans activated in a concise and controlled manner

Just as the workshop prior to May 22 alluded, Joplin's priorities were: communication, critical infrastructure, and mass fatality. Through facilitation from MHA and funding by the HPP, Missouri hospitals were and ARE on the right path to mitigation, preparedness, response, and recovery to all-hazard related events. As federal expenditures face extreme scrutiny, I can only imagine the challenges endured during prioritization of funding. However, the Hospital Preparedness Program, with a centered focus on hospital emergency response, is crucial to a viable, successful, and sustainable preparedness initiative within our communities.

Respectfully submitted,

Jason E. Henry, Emergency Management and Hazardous Materials Officer: CoxHealth

Robert Bezanson, CEO: CoxHealth