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Dr. Nicole Lurie  
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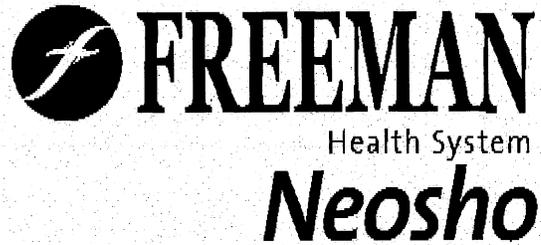
Dr. Lurie,

On Sunday, May 22, the community of Joplin, Missouri was the bulls-eye target of a multi-vortex F5 tornado. The tornado traveled directly through a large section of our medical community devastating one of two acute care hospitals and causing loss of all power, water and traditional communication in the other. The heavily damaged hospital required immediate and total evacuation of 183 patients. Freeman Health, located approximately one-half mile from the destroyed hospital, received the majority of the evacuated patients along with those injured by the tornado.

Freeman Neosho Hospital is a Critical Access Hospital that is part of the Freeman Health System and the campus is located about 20 miles south of Joplin. Freeman Neosho Hospital activated the emergency preparedness plan in response to the Tornado and treated approximately 40 patients during the first 12 hours after the Tornado.

The response from Freeman Neosho Hospital was effective primarily because of the results and successes of Missouri's implementation of the ASPR Hospital Preparedness Program. The hospital-specific and regional equipment provided redundant forms of communication and supplies for evacuation, medical surge and sheltering victims. More importantly, the extensive planning, training and exercises enabled our medical community to respond to the disaster with a coordinated and practiced plan. As in the case of any disaster, not all response systems worked perfectly; however, because of our extensive planning we were able to reach out to our regional and state partners. We knew our health care coalition partners and activated a statewide hospital mutual aid agreement expediting the deployment of mass casualty and communication trailers, miscellaneous supplies and staff.

I realize there are a variety of strategies used to implement the Hospital Preparedness Program. In Missouri, the Missouri Hospital Association leads all planning, education and purchases. This enables each Missouri hospital to have standardized purchases and hospital and regional plans. The MHA manages many of the administrative components of the grant allowing hospitals to focus on incorporating the National Incident Management System, planning and training. This structure has been both an efficient and effective implementation model.



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In addition, MHA serves as a liaison for all hospitals to the state emergency operations center and the state health agency emergency coordination center. MHA proved to be a lifeline to our hospital during the initial 16 hours following impact.

This particular grant program was integral to the successful response of our local and regional medical community. As federal expenditures are under extreme scrutiny, I understand the difficulty in prioritizing funding. However, I would like to advocate the Hospital Preparedness Program be continued and remain focused on hospitals as the center of emergency response in a community. Strong communities need strong hospitals.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Daxton D. Holcomb'.

Daxton D. Holcomb  
Chief Executive Officer  
Freeman Neosho Hospital

Cc:

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