

**OPENING STATEMENT OF REP. CHRIS CARNEY**

***COMMITTEE ON HOMELAND SECURITY  
SUBCOMMITTEE ON MANAGEMENT INVESTIGATIONS & OVERSIGHT***

**“Is the Medical Community Ready if Disaster or Terrorism Strikes: Closing the Gap in Medical Surge Capacity”**

Monday, January 25, 2010

Today, we will examine how the Department of Homeland Security coordinates with the Department of Health and Human Services, local hospital facilities, and public health officials in establishing and coordinating a national medical response strategy during an act of terrorism or public health threat, including biological, chemical or radiological events.

It is my hope that this hearing will yield a clear vision of how hospital systems, located in rural communities throughout the country, receive vital information from federal and state government partners leading up to and during natural or man-made disasters and whether the plan that is currently in place sufficiently meets their needs.

The need to surge medically is widely recognized as being necessary and goals for increasing medical surge capacity have been established. But the ability for any hospital or other health care delivery establishment in the US to do so is difficult. This is because health care delivery programs are required to create the greatest amount of efficiency with the least amount of waste – while medical preparedness activities demand that resources be stored in advance of an event, thereby decreasing efficiency and intentionally leaving resources unused.

Hospitals often wind up sacrificing the future for the present, especially given the current state of the economy. Further, when grant programs provide little funding to cover preparedness activities, preparedness, quite literally, does not pay in the health care delivery setting. We must, however, ensure that every effort is made to prevent as much illness and save as many lives as possible when large-scale disasters and acts of terrorism occur.

We need to only look at the situation in Haiti to see how important medical surge capacity and preparedness is. It is imperative that we identify areas that are still in need of additional resources and more focused Congressional oversight. In addition to the Commonwealth of Pennsylvania, efforts in other States and Territories should be characterized and compared in order to better understand how to increase medical surge capacity without negatively affecting profit margins.

Different sectors must partner with each other. When trusted relationships are established, information and resources are shared to a much greater extent. Efforts need to be both coordinated and integrated. Public health and health care resources are limited, so the efforts of these sectors need to be as efficient as possible. Finally, standard of care decisions need to be made now on what to do when the number of patients needing treatment far exceeds the number of resources available to treat them.