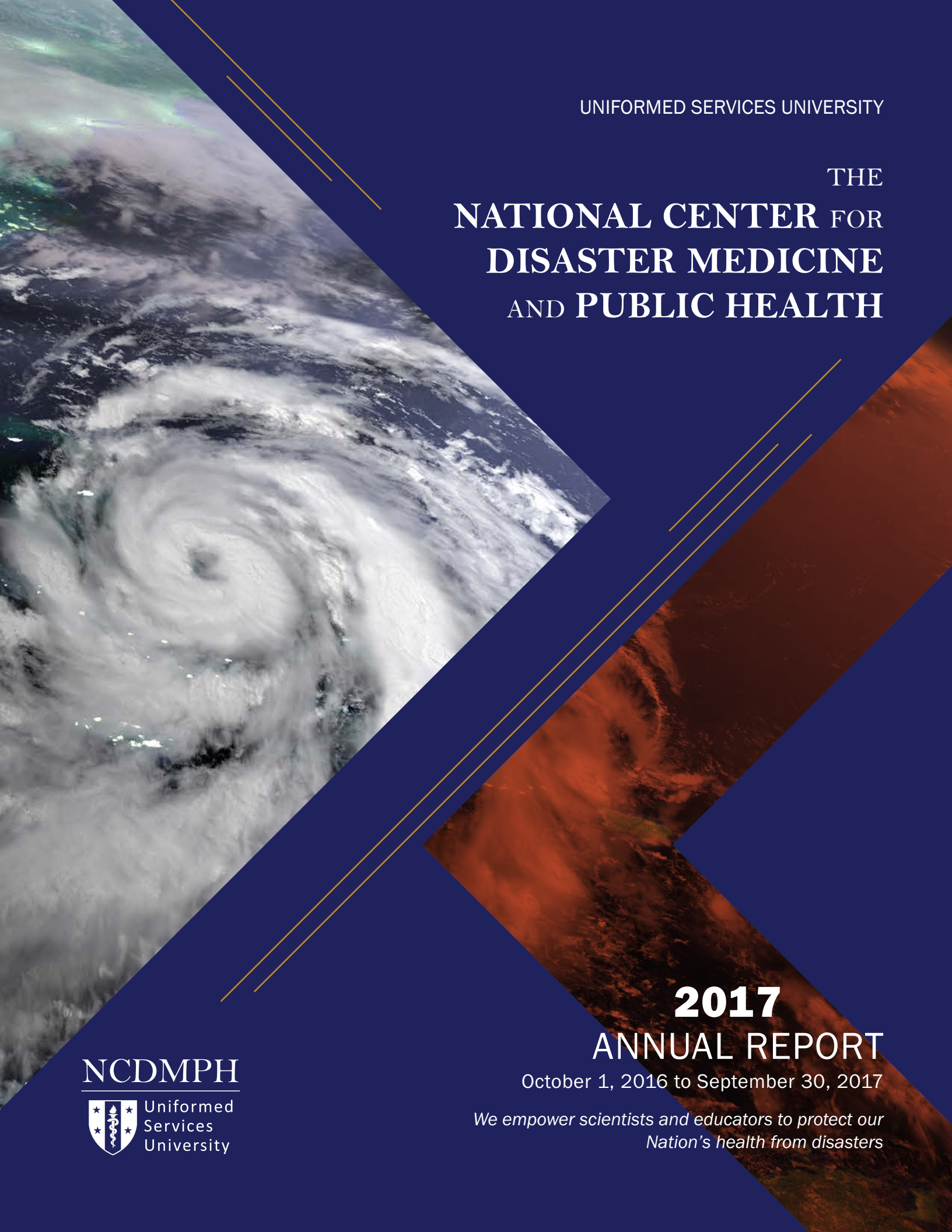




UNIFORMED SERVICES UNIVERSITY

THE
NATIONAL CENTER FOR
DISASTER MEDICINE
AND **PUBLIC HEALTH**

NCDMPH



Uniformed
Services
University

2017
ANNUAL REPORT

October 1, 2016 to September 30, 2017

*We empower scientists and educators to protect our
Nation's health from disasters*

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“ We empower scientists and educators to protect our Nation’s health from disasters ”

EXECUTIVE SUMMARY/ LETTER FROM THE DIRECTOR



Welcome to ‘Center 2.0’! We have had a productive year and so it is with great enthusiasm that the National Center for Disaster Medicine and Public Health (NCDMPH or “National Center”) presents its annual report for 2017.

This past year, our focus was to identify the disaster science and education needs as well as to reintroduce the capabilities of the National Center. We started by reaching out to our interagency and academic partners and undertaking a broad assessment of the current state of disaster health science and education for our nation. The activities outlined in this report are the foundation upon which we will develop future collaboration, research and education.

MISSION: The mission of the National Center for Disaster Medicine and Public Health is to improve our Nation’s disaster health readiness through education and science.

VISION: NCDMPH will be the Nation’s academic center of excellence leading domestic and international disaster health education and research efforts. In collaboration with partners, we create and translate science and education to improve readiness.

The National Center for Disaster Medicine and Public Health was established under the Homeland Security Presidential Directive 21 (HSPD 21) to be “...an academic center of excellence in disaster medicine and public health...”, and “...shall lead Federal efforts to develop and propagate core curricula, training, and research related to medicine and public health in disasters.”

The National Center is listed as an implementing organization in the **National Health Security Strategy 2015-18**, and has an important role to play in implementing Strategic Objective 4- *Enhance the integration and effectiveness of the public health, healthcare, and emergency management systems.*

NCDMPH is **uniquely positioned** to be a bridge between federal agencies and academia.

- The National Center was founded under five federal agency partners: Department of Health and Human Services (HHS), Department of Defense (DoD), Department of Homeland Security (DHS), Department of Transportation (DOT), and Department of Veterans Affairs (VA).
- The National Center is both a federal organization and an academic center, located in an academic health institution, the Uniformed Services University of the Health Sciences (USU).

NCDMPH utilizes a **collaborative, coordinating and convening approach**; working with subject matter experts, developing position papers, conducting primary research on key questions, publishing evidence-based reviews, and developing and validating evidence-based educational tools.

NCDMPH:

- **Leads and collaborates** with government and nongovernment partners to advance disaster medicine and public health education and research agendas.
- **Acts** as a neutral coordinator across federal, state, tribal and local governments; academia and non-government association; and organizations.
- **Convenes** experts from diverse professional backgrounds to define disaster health issues and recommend policy solutions.
- **Provides** consultations to partners within and external to the federal government regarding disaster health education, training, and science.

As we reflect on the past year, we also enthusiastically look forward to the coming year as we strive to fulfil our mission and realize our vision. Thank you for your support of the National Center and please visit our website to learn more about our current and ongoing work: ncdmph.usuhs.edu. Also, follow and like us on social media on Facebook at NCDMPH1 and LinkedIn as well as Twitter at NCDMPH.

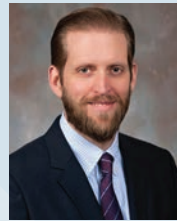
Sincerely,

Thomas Kirsch, MD, MPH, FACEP
Director, NCDMPH

STAFF



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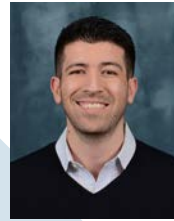
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EDUCATION ACTIVITIES

NCDMPH's strategic education mission: Identify educational needs in disaster medicine and public health preparedness and create content to better prepare the nation.

- Drive the national disaster health and public health education agenda by creating evidence-based curricula objectives and content with academic partners and validating training activities.
- Create collaborative and coordinated activities with academic partners, professional organizations and the private sector.
- Integrate NCDMPH educational activities into the greater national healthcare preparedness and response framework.

Review of Federal Disaster-related Training

The National Center conducted a comprehensive scientific review of federal disaster-related training courses to identify current content, gaps and needs. A thorough analysis of the current state of disaster training (skill-based learning) and education (knowledge-based learning) was necessary in order to address the growing need for evidence-based education. A report of these findings is forthcoming and will drive future work.

Stop the Bleed

The National Center continued their work on the Stop the Bleed initiative, a national campaign to train, equip and empower laypersons to help in a bleeding emergency before professional help arrives. The National Center leads the Stop the Bleed Education Consortium, a group of subject matter experts collaborating to develop minimum education standards for hemorrhage control training. NCDMPH is also collaborating with the American Red Cross to create and propagate Stop the Bleed training programs to reach 2,000,000 people a year.



The Center also developed, tested and released several educational tools (a website, mobile application, video, audio instructions and printable instruction card) to teach lay-people how to stop life threatening bleeding through pressure and tourniquet application. View this website at <https://stopthebleed.usuhs.edu/>.

Webinars

The National Center hosted two well-attended webinars on specific disaster health topics for its stakeholders this year. These presentations are archived on the National Center website:

- Disaster Behavioral Health Education: Education Fact Sheets to Enhance Preparedness Response, presented by Joshua Morganstein, MD, Commander, USPHS, from the Center for the Study of Traumatic Stress; Assistant Professor and Assistant Chair, Department of Psychiatry, School of Medicine, Uniformed Services University. <http://tinyurl.com/ybcy6lkw>
- From Reaction to Prevention: A Call to Action, presented by Mark Keim, MD, MBA, Senior Science Advisor, NCDMPH. <http://tinyurl.com/y8bcuyx9>

Disaster Health Education Symposium: Advancing the State of the Art

The Center hosted a full-day disaster medicine and public health education and training symposium on Thursday, Sept. 7, 2017 at USU with over 150 attendees from federal, state, local and tribal governments as well as academicians and disaster responders from around the country. The event featured keynote speaker Lynn Goldman, MD, MS, MPH, Dean, Milken Institute of Public Health at George Washington University.



Other speakers included Charlotte Porter, MPH, Acting Director, Individual and Community Preparedness Division, FEMA, and Gerrit Bakker, Senior Director, Public Health Preparedness, Association of State and Territorial Health Officials.

Emergency Legal Preparedness Summit

The Center co-hosted a half-day, in-person and live-streamed summit on Friday, April 21, 2017 with the Arizona State University College of Law, Georgetown

Law Center, and The Network for Public Health Law. The summit brought together public health preparedness leaders, officials and experts to examine critical challenges in emergency legal preparedness and policy. Esteemed speakers included: Thomas D. Kirsch, MD, MPH, FACEP; Lawrence O. Gostin, JD; James G. Hodge, Jr., JD, LL.M.; Umair A. Shah, MD; MPH; Brooke Courtney, JD, MPH; and James S. Blumenstock, MA.

Disaster Health Core Competency Curriculum.

The National Center is finalizing and will host an eight-hour, web-based, online training resource covering the Core Competencies for Disaster Medicine and Public Health. The course was co-authored and presented by nationally recognized disaster and education subject matter experts including Daniel Barnett, Ed Hsu and Lainie Rutkow from Johns Hopkins University and Matthew Wynia from the University of Colorado.

Pediatric Disaster Health Training Meeting

To further pediatric disaster health education and training, the Center co-hosted a meeting in collaboration with HHS' Office of the Assistant Secretary for Preparedness and Response (ASPR), the American Academy of Pediatrics (AAP), and the National Institutes of Health (NIH) regarding the need for a pediatric disaster health training program. The group identified key topics and recommended a strategy for course development.

Podcast

The Center released the inaugural episode of NCDMPH's Disaster Dialogues: Perspectives from the Field hosted by Dr. Kirsch and starring Edward Gabriel, Principal Deputy Assistant Secretary at ASPR. The first episode can be found at <http://tinyurl.com/ycwqojm8>.

USU Educational Contributions

In addition to the activities listed above, Center staff engage with students through other means including directing the USU School of Medicine domestic disaster management course and assisting with teaching medical student courses such as Operation Bushmaster and Gunpowder.

CRISIS LEADERSHIP IN DISASTERS SYMPOSIUM

Crisis Leadership in Disasters Symposium

The Center hosted a half-day symposium on September 6, 2017 with over 125 attendees to explore the unique aspects of crisis leadership in health emergencies and disaster responses. The event was co-hosted with the USU LEAD Program and the Harvard National Preparedness Leadership Initiative. Keynote speakers included Lieutenant General (ret.) Ken Keen, Associate Dean for Leadership Development Emory University Goizueta Business School, and Leonard Marcus, PhD, Co-Director of the National Preparedness Leadership Initiative, Harvard University.



RESEARCH AND SCIENCE



Research strategic mission: Conduct, translate, and propagate research that changes readiness practice and policy.

- **Build** the science and education evidence base to improve the Nation's preparedness.
- **Translate** disaster-related research into practice and policy solutions for U.S. federal, state, tribal, and local partners.
- Collaboratively develop and drive a coordinated national disaster science and research agenda.

National Disaster and Hazard Center Director's Meeting

To drive, create and integrate research initiatives across disaster health and related fields, the National Center co-hosted the first meeting of academic disaster and hazard center directors in June 2017 with University of Colorado Natural Hazards Center. The meeting included representatives from 3 academic disaster centers and eight federal agencies.

Stop the Bleed

The National Center conducted educational research to test the efficacy of various Stop the Bleed educational tools (website, mobile application, audio instructions and printed instructional cards). Findings from this research were given at a national-level presentation at the Preparedness Summit in April 2017 and are being published in a peer-reviewed journal in FY2018. Learn more at <https://stopthebleed.usuhs.edu/>.



Validated "You are the Help Until Help Arrives"

In partnership with FEMA and ASPR, the National Center evaluated the HHS ASPR, NCDMPH and DHS FEMA "You are the Help Until Help Arrives" educational material and reported on the findings which demonstrated relatively high numbers of citizens accessing the information.

Disaster Medicine and Public Health Preparedness Journal

The National Center continued to provide financial and administrative support to ensure the publication of high-quality science for the Disaster Medicine and Public Health Preparedness journal.

Professional Association/ Meeting Participation

The National Center staff continues to participate in professional associations and meetings such as the National Security Council Sub-Committee on Disaster Reduction and the NASEM Catastrophic Preparedness Forum.

State of Disaster Science Assessment

The National Center conducted an assessment of the 'state of disaster science' in our nation. The study identified current funding, gaps, and needs for national preparedness science. An initial assessment of the current state of disaster science is necessary in order to meet the growing need for cost-effective and efficient acquisition of disaster-related information and knowledge. It is hoped that with a better understanding of the current internal strengths and weaknesses, decision makers may be empowered to address the threats and opportunities currently presented to the field. A report of these findings will be released in FY 2018 and will help steer future disaster science work at the Center and across the field.

COLLABORATION AND LEADERSHIP

“It has been a pleasure collaborating with and learning from the talented team at the NCDMPH. They are conducting cutting edge research while also advancing education and training opportunities for current and future disaster medicine and public health professionals.”

Lori Peek, Ph.D.
Professor, Department of Sociology
Director, Natural Hazards Center
University of Colorado-Boulder
<https://hazards.colorado.edu/>

Collaboration and leadership strategic mission:
Engage and re-engage key internal and external partners to coordinate disaster research and education activities across the federal government.

The National Center was created as a collaborative entity; therefore, collaborating and coordinating across the federal government and with academic institutions is a primary goal.

- Lead and collaborate with government and nongovernment partners to advance disaster medicine and public health education and research agendas.
- Act as a neutral coordinator across federal, state, tribal, and local governments, academia and nongovernment associations, and organizations.
- Convene experts from diverse professional backgrounds to define disaster health issues and recommend policy solutions.
- Provide consultations to partners within and external to the federal government regarding disaster health education, training, and science.

Memorandums of Understanding (MOU) With Academic Partners

In an effort to formalize collaboration with academic partners, the National Center is working toward forming science and education MOU’s with Columbia University Center for Disaster Preparedness, and University of Colorado Natural Hazards Center. An MOU with the University of Hawaii Center for Excellence in Disaster is complete.

American Red Cross

The National Center formed a special relationship with the American Red Cross this past year to further its work on the Stop the Bleed campaign aimed at teaching individuals how to effectively control life-threatening hemorrhage. The National Center formed and leads the Stop the Bleed Education Consortium that comprises several academic and federal partners to help set the minimum training requirements for hemorrhage control. In addition, NCDMPH is co-developing a national ‘Stop the Bleed’ citizen training program with the American Red Cross. Dr. Goolsby, Deputy Director, NCDMPH presented in Denver, Colorado on Stop the Bleed initiatives for an American Red Cross chapter.

Educational Opportunities and Collaboration

The National Center continues to provide an academic home for disaster health science within the federal family through internships, practicum opportunities and visiting scholars and also through teaching a domestic disaster course at USU. The first visiting scholar – Tim Davis from HHS ASPR rotated through NCDMPH this past year to work on a project for education for mass casualty bombing events. In addition, NCDMPH hosted three summer interns all of whom plan to continue their education in medicine or nursing.

Overview of NCDMPH Stakeholders

Interagency collaboration is structured into the founding of the NCDMPH. Therefore, a knowledge of key internal and external stakeholders, both existing and expected, is essential to the success of the National Center. The following depicts a snapshot of the National Center’s collaborators, with an understanding that partnerships will continue to evolve and expand over time.

Internal - Uniformed Services University

- AFFRI
- Department of Military and Emergency Medicine (MEM)
- Department of Preventive Medicine and Biostatistics (PMB)
- Center for Global Health Engagement (CGHE)
- Center for the Study of Traumatic Stress
- Leadership Education and Development Program (LEAD)

External

- Federal government (original partners)
- Department of Defense (DoD)
 - Office of the Assistant Secretary of Defense for Health Affairs
 - Office of the Assistant Secretary of Defense for Homeland Defense and Global Security
 - Combatant Commands (NORTHCOM)
 - Defense Health Agency (DHA)
 - Services: Army, Navy and Air Force Office of the Surgeons General
 - National Guard Bureau

- Department of Health and Human Services (HHS)
 - Office of the Assistant Secretary for Preparedness and Response (ASPR)
 - Centers for Disease Control and Prevention (CDC)
 - National Institutes of Health (NIH)

- National Library of Medicine (NLM)
- Department of Veterans Affairs (VA)
 - Veterans Emergency Management Evaluation Center (VEMEC)
 - Veterans Health Administration (VHA)
 - Office of Employee Education
- Department of Homeland Security (DHS)
 - Federal Emergency Management Agency (FEMA)
 - Office of Health Affairs (OHA)

- Department of Transportation (DOT)
 - National Highway Traffic Safety Administration (NHTSA)

Federal government (other potential partners)

- National Oceanographic and Atmospheric Administration (NOAA)
- U.S. Geological Survey (USGS)
- National Institute of Standards and Technology (NIST)

State and local governments

Academic institutions

- Arizona State University (ASU) Public Health Law and Policy Program
- Columbia University, National Center for Disaster Preparedness
- George Washington University, Department of Emergency Medicine

- Harvard University, National Preparedness Leadership Initiative
- Johns Hopkins School of Public Health, Center for Humanitarian Health
- University of Colorado, Natural Hazards Center
- University of Hawaii, Pacific Disaster Center
- University of Delaware, Disaster Research Center

Professional associations

- American Academy of Pediatrics (AAP)
- American College of Emergency Physicians (ACEP)
- American College of Surgeons (ACS)
- American Nurses Association (ANA)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- World Association for Disaster and Emergency Medicine (WADEM)
- Society for Disaster Medicine and Public Health (SDMPH)

Other partners

- National Academies of Sciences, Engineering, and Medicine (NASEM)
- American Red Cross (ARC)
- Trust for America’s Health

PUBLICATIONS AND PRESENTATIONS

Journal Articles

Gulley K, Strauss-Riggs K, Kirsch TD, Goolsby C. Innovations for Tomorrow: Summary of the 2016 Disaster Health Education Symposium. *Disaster Medicine and Public Health Preparedness*. 2017;11(02):160-162. doi:10.1017/dmp.2016.208.

Abstract: This article summarizes key themes presented during the National Center's Disaster Health Symposium including innovations in the following areas: training and education that saves lives, practice, teaching, sharing knowledge, and our communities.

Gulley K, Strauss-Riggs K, Goolsby C. Caring for Older Adults in Disasters: A Special Collection of Papers for a Special Population. *Disaster Medicine and Public Health Preparedness*. 2017;11(01):26-27. doi:10.1017/dmp.2017.4.

Strauss-Riggs K, Yeskey K, Miller A, Arnesen S, Goolsby C. Translating Battlefield Practices to Disaster Health. *Disaster Medicine and Public Health Preparedness*. 2017;11(04):510-511. doi:10.1017/dmp.2016.196.

Abstract: This article reviews the recently released National Academies of Sciences, Engineering, and Medicine report A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury most relevant to disaster health, particularly the concepts of focused empiricism and building a learning health system. The article references battlefield success utilizing these concepts and the emerging Disaster Research Response Program.

Kirsch TD, Schlegelmilch J, Strauss-Riggs K, Chandler T, Redlener I. Regions Respond to Catastrophes. *Disaster Medicine and Public Health Preparedness*. 2017;11(04):399-401. doi:10.1017/dmp.2017.103.

Liu AG, Altman BA, Schor K, et al. Proposing a Framework for Mobile Applications in Disaster Health Learning. *Disaster Medicine and Public Health Preparedness*. 2017;11(04):487-495. doi:10.1017/dmp.2016.167.

Abstract: This article provides an overview of the current state of disaster health apps being used for learning, to situate the use of apps in a health learning context, and to adapt a learning framework for the use of mobile apps in the disaster health field. A systematic literature review was conducted by using the PRISMA checklist, and peer-reviewed articles found through the PubMed and CINAHL databases were examined. While several learning models were identified, none were sufficient as an app learning framework for the field. Therefore, we propose a learning framework to inform the use of mobile apps in disaster health learning.

Kirsch TD, Moseson H, Massaquoi M, Nyenswah TG, Goodermote R, Rodriguez-Barraquer I, Lessler J, Cummings DA, Peters DH. Impact of interventions and the incidence of ebola virus disease in Liberia-

implications for future epidemics. *Health Policy Plan*. 2017 Mar 1;32(2):205-214. doi: 10.1093/heapol/czw113. Erratum in: *Health Policy Plan*. 2017 May 1;32(4):602. PubMed PMID: 28207062.

Levin S, Toerper M, Hamrock E, Hinson JS, Barnes S, Gardner H, Dugas A, Linton B, Kirsch TD, Kelen G. Machine-Learning-Based Electronic Triage More Accurately Differentiates Patients With Respect to Clinical Outcomes Compared With the Emergency Severity Index. *Ann Emerg Med*. 2017 Sep 6. pii: S0196-0644(17)31442-7. doi: 10.1016/j.annemergmed.2017.08.005. [Epub ahead of print] PubMed PMID: 288883 2.

Abstract: This article looks at the impact of national and global efforts to contain the Ebola virus disease epidemic of 2014–15 in Liberia. We reviewed situation reports from the Liberian government, UN, CDC, WHO, UNICEF, IFRC, USAID, and local and international news reports to create a detailed timeline of interventions and relate them to the epidemic curve. We extracted data on the timing and nature of activities and compared them to the timeline of the epidemic curve using the reproduction number—the estimate of the average number of new cases caused by a single case. We conclude that no single intervention stopped the epidemic; rather, the interventions likely had reinforcing effects, and some were less likely than others to have made a major impact. We find that the epidemic's turning coincided with a reorganization of the response in August–September 2014, the emergence of community leadership in control efforts, and changing beliefs and practices in the population. These findings have significant policy implications for future epidemics and suggest that much of the decline in the epidemic curve was driven by critical behavior changes within local communities, rather than by international efforts that came after the epidemic had turned. Future global interventions in epidemic response should focus on building community capabilities, strengthening local ownership, and dramatically reducing delays in the response.

Jacquet GA, Kirsch TD, Durrani A, Sauer L, Doocy S. Health Care Access and Utilization after the 2010 Pakistan Floods. *Prehosp Disaster Med*. 2016 Oct;31(5):485-91. doi: 10.1017/S1049023X16000716. Epub 2016 Aug 30. PubMed PMID: 27573278.

Abstract: This article evaluates factors associated with access to health care in the aftermath of the 2010 Pakistan floods.

Methods: A population-proportional, randomized cluster-sampling survey method with 80 clusters of 20 (1,600) households of the flood-affected population was used. Heads of households were surveyed approximately six months after flood onset.

Results: A total of 77.8% of households reported needing health services within the first month after the floods. Households with inadequate access to health care were more likely to have a death or injury in the household. Significantly higher odds of inadequate access to health care were observed in rural populations (adjusted OR 4.26; 95% CI, 1.89-9.61)

Kirsch TD, Circh R, Bissell RA, Goldfeder M. “Just-in-Time” Personal Preparedness: Downloads and Usage Patterns of the American Red Cross Hurricane Application During Hurricane Sandy. *Disaster Med Public Health Prep*. 2016 Oct;10(5):762-767. Epub 2016 Jun 28. PubMed PMID: 27349693.

Abstract: This article looks at the use of the Hurricane App during Hurricane Sandy in 2012.

Methods: Patterns of download of the application were analyzed by using a download tracking tool by the American Red Cross and Google Analytics.

Results: As Hurricane Sandy approached in late October, daily downloads peaked at 152,258 on the day of landfall and by mid-November reached 697,585. Total page views began increasing on October 25 with over 4,000,000 page views during landfall compared to 3.7 million the first 3 weeks of October with a 43,980% increase in views of the “Right Before” page and a 76,275% increase in views of the “During” page.

Givens, M., Muck, A., Goolsby, C. Translating Wartime Innovations to Civilian Emergency Medicine. *American Journal of Emergency Medicine*. November 2017; 35 (11):1746-1749. Epub ahead of print August, 2017. doi: 10.1016/j.ajem.2017.08.24.

Goolsby, C., Branting, A., Ausman, J., Williams, D., Ausman, C., David, J., Allard, R. Systematic Review of Live-Tissue v. Simulation Education for Pre-Hospital Trauma Providers. *Military Medicine*. September/October 2017, vol 182, 9/10:e1824, doi: 10.7205/MILMED-D-17-00026.

Levy, M., Goolsby, C., Eastman, A. Improvised vs. Commercial Tourniquets. *JAMA*. 2017 August 8;318(6):575. doi:10.1001/jama.2017.8589.

Presentations

- American Public Health Association (APHA) Annual Meeting**
Oct. 29 through Nov. 2, 2016, Denver, CO
Topic: Modeling Partnerships with Communities of People with Disabilities
- 2017 Annual Healthcare Coalition Preparedness Conference**
Dec. 12-14, 2016, Washington, DC
Topic: Core Curriculum for All Health Professionals Playing a Role in a Disaster
- University of Texas Health Sciences Center**
March 28, 2017, San Antonio, TX
Topic: Stop the Bleed: Battlefield Lessons to a National Campaign
- World Association of Disaster & Emergency Medicine, International Congress**
April 25-26, 2017, Toronto, Canada

- Topic:** National Center for Disaster Medicine & Public Health: Forging the Military-Civilian Interface
Topic: Stop the Bleed: Battlefield Lessons to a National Campaign
- 2017 Preparedness Summit**
April 25-28, 2017, Atlanta, GA
Topic: Promising Partnerships in Caring for Older Adults in Disasters
Topic: Knowledge Is Power: Education and Information for Preparedness and Response in Public Health Emergencies
Topic: Introducing First Care: Teaching the Public to Provide Immediate Life-Sustaining Care
 - Society for Academic Emergency Medicine Annual Meeting**
May 17, 2017, Orlando, FL
Topic: Teaching Combat Casualty Care: Battlefield Medicine Lessons for your Learners
 - Red Cross Scientific Advisory Council Meeting**
June 8, 2017, Toronto, Canada
Topic: Stop the Bleed: Battlefield Lessons to a National Campaign
 - Red Cross Active Shooter Preparedness Academy**
September 14, 2017, Lone Tree, CO
Topic: Bleeding Control at Point of Injury: Skills You Can Use Today
Topic: Stop the Bleed: Battlefield Lessons to a National Campaign

Posters

- NCDMPH Summer Intern Poster Presentations at the 2017 Disaster Health Education Symposium**
Sept. 7, 2017
USU, Bethesda, MD
Topic: Importance of Healthcare System Preparedness: Gaps In Regional Healthcare Systems?



Topic: A Review of Emergency-Related Degree Granting Programs
Topic: Pediatric Disaster Courses: A Review

WAY AHEAD

As we move into 2018, we are excited about the activities that ‘National Center 2.0’ has identified as priorities. We are off to a great start and feel confident as we move to meet the lofty goals first set under a Presidential Directive. Our most important mission is to empower scientists and educators to protect our nation’s health from disasters. Our unique interagency founding and its academic nature positions us to meet this mission. But, our most important asset and what makes our work successful is you: our partners and stakeholders. You make the difference in what we are able to accomplish. We look forward to working closely with all of our partners and stakeholders and to new collaborations to forward disaster health education and science.

We will be providing regular updates, information and resources on our activities throughout the year.

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www.usuhs.edu/ncdmph

We have a full year of activity ahead of us, outlined below are just some of the activities that NCDMPH will carry out in 2018:

- Release a report of the findings based on a comprehensive scientific review of federal disaster-related training courses.
- Co-develop a national “Stop the Bleed” citizen training program with the American Red Cross. The training programs will reach 2,000,000 people a year.
- Release a report on assessment of the ‘state of disaster science’ in our Nation.
- Launch a web-based, online training resource covering the Core Competencies for Disaster Medicine and Public Health.
- Publish journal articles and present on various disaster medicine topics around the country.

“ In the coming year, I am looking forward to the NCDMPH playing a key role in raising awareness about the significant gaps in disaster health education and science. We need to sound the alarm and work with our partners to begin addressing the many challenges the field faces. ”

Kandra Strauss-Riggs, MPH,³
Operations Director,³
National Center for Disaster Medicine³
& Public Health,³
Uniformed Services University³



In coordination with the Uniformed Services University of the Health Sciences (USU), this report fulfills the requirements between USU and the Assistant Secretary of Defense for Health Affairs. The views within this report are solely those of the authors and do not reflect the view of USU, and the U.S. Department of Defense.

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