

**National Biodefense Science Board  
Disaster Medicine Working Group-Supplemental Information**

**Background Information: Homeland Security Presidential Directive/HSPD-21  
Subject: Public Health and Medical Preparedness**

Homeland Security Presidential Directive-21 (HSPD-21) establishes a National Strategy for Public Health and Medical Preparedness, which builds upon principles set forth in *Biodefense for the 21st Century* (April 2004) and will transform our national approach to protecting the health of the American people against all disasters.

*Biodefense for the 21st Century* provides a foundation for the transformation of our catastrophic health event response and preparedness efforts. Although the four pillars of that framework – Threat Awareness, Prevention and Protection, Surveillance and Detection, and Response and Recovery – were developed to guide our efforts to defend against a bioterrorist attack, they are applicable to a broad array of natural and manmade public health and medical challenges and are appropriate to serve as the core functions of the Strategy for Public Health and Medical Preparedness.

To accomplish our objectives, we must create a firm foundation for community medical preparedness. We will increase our efforts to inform citizens and empower communities, buttress our public health infrastructure, and explore options to relieve current pressures on our emergency departments and emergency medical systems so that they retain the flexibility to prepare for and respond to events.

Ultimately, the Nation must collectively support and facilitate the establishment of a discipline of disaster health. The specialty of emergency medicine evolved as a result of the recognition of the special considerations in emergency patient care, and similarly the recognition of the unique principles in disaster-related public health and medicine merit the establishment of their own formal discipline. Such a discipline will provide a foundation for doctrine, education, training, and research and will integrate preparedness into the public health and medical communities.

**The Disaster Medicine Working Group of the National Biodefense Science Board (NBSB) will consider issues regarding the following implementation items of HPSD-21:**

(37) Within 1 year after the date of this directive, the Secretary of Health and Human Services, in coordination with the Secretaries of Defense, Transportation, Veterans Affairs, and Homeland Security, and consistent with section 304 of PAHPA, shall develop a mechanism to coordinate public health and medical disaster preparedness and response core curricula and training across executive departments and agencies, to ensure standardization and commonality of knowledge, procedures, and terms of reference within the Federal Government that also can be communicated to State and local government entities, as well as academia and the private sector.

(38) Within 1 year after the date of this directive, the Secretaries of Health and Human Services and Defense, in coordination with the Secretaries of Veterans Affairs and Homeland Security, shall establish an academic Joint Program for Disaster Medicine and Public Health housed at a National Center for Disaster Medicine and Public Health at the Uniformed Services University of the Health Sciences. The Program shall lead Federal efforts to develop and propagate core curricula, training, and research related to medicine and public health in disasters. The Center will be an academic center of excellence in disaster medicine and public health, co-locating education and research in the related specialties of domestic medical preparedness and response, international health, international disaster and humanitarian medical assistance, and military medicine. Department of Health and Human Services and Department of Defense authorities will be used to carry out respective civilian and military missions within this joint program.

(32) The Secretary of Health and Human Services, in coordination with the Secretaries of Defense, Veterans Affairs, and Homeland Security, shall ensure that core public health and medical curricula and training developed pursuant to PAHPA address the needs to improve individual, family, and institutional public health and medical preparedness, enhance private citizen opportunities for contributions to local, regional, and national preparedness and response, and build resilient communities.