Denver At-a-Glance
Denver’s diversified economy includes major industry sectors such as aerospace, healthcare, energy, bioscience, and telecommunications.

**OVERVIEW**

Denver is the capital and largest city in Colorado, the Mile High City is located on plains east of the front range of the Rocky Mountains. Denver’s population grew over 20% from 2010 to 2019, and projections show a continued surge in the metro population from 3.2 M to 4.3 M in 2040 with most of the growth in the areas surrounding Denver.

Healthcare is the fastest growing economic sector in Denver with over 200K people directly employed in the industry, and 35K healthcare companies. Colorado is home to the nation’s second largest aerospace economy, which grew 7.2% in 2019 with many companies based in and around Denver. The energy sector, particularly oil and gas, are a strong part of Denver’s economy. In 2013 Denver was ranked #3 city in the world for oil and gas by the energy trade publication Rigzone. Clean energy plays a growing role in the economy, in the 2016 Metro Denver Economic Development Council’s annual Industry Cluster Study the metro Denver and Norther Colorado region was ranked fourth nationally for cleantech employment concentration.

Denver is a liberal city, Denver county has voted for Democrats since 1988. The more rural counties surrounding Denver trend Republican, however the overwhelming majority of voters are located in urban areas of the state.
Denver | Military Landscape

Denver location in the middle of the country makes it a popular spot for military and aerospace work.

**FAST FACTS**

- **6** Air Force Bases in CO
- **1** Army Base in CO
- **400K** Veterans in CO
- **2.9K** Active Duty at Buckley Air Force Base

**KEY PLAYERS**

Colorado Department of Military and Veterans Affairs

Buckley Air Force Base

**OVERVIEW**

The Buckley Air Force Base is located in a suburb just outside of Denver and is home to the 460th Space Wing. The 460th Space Wing is tasked with building the newest base in the Air Force in addition to supporting various space missions. Buckley Garrison is responsible for supporting the operational mission of the Space Delta 4 (DEL 4) Missile Warning Delta, and Combatant Commands across the US. The “Big Six” mission partners at Buckley are Space DEL 4 Missile Warning Delta, 140th Wing, CO Air National Guard, Navy Operational Support Center, Aerospace Data Facility-CO, Army Aviation Support Facility and the Air Reserve Personnel Center.

The VA Eastern Colorado Healthcare System is affiliated with 20 academic institutions, including the University of Colorado School of Medicine based in Denver. The VA Eastern CO Healthcare System 2019 operating budget was over $600 K, with over 3,400 full-time employees including 300 physicians and 776 registered nurses. The Rocky Mountain Regional VAMC sits within the Eastern CO system, and includes a 300-bed hospital including a fully staffed ICU and specialty care.

In 2018 a $1.7 billion-dollar VA hospital opened on the Anschutz Medical Campus of the University of Colorado Denver to consolidate the campuses and better serve all patients.

The VA hospital on the Anschutz Medical Campus has an open ICU policy, which allows teams to follow patients through from presentation to discharge. The VA includes a variety of electives including geriatrics, ambulatory care, and subspecialty services.
Denver's robust emergency management landscape began coordinating more closely during the COVID-19 pandemic.

FAST FACTS

200+ EMS agencies in CO
5 Level 1 Trauma Centers in CO
95.8% Of U.S. counties have a lower risk index (FEMA) than Denver County

KEY PLAYERS

CO Department of Public Health and Environment (CDPHE)
Denver Department of Public Health and Environment (DDPHE)
Mountain Plains Regional Disaster Health Response System (MPRDHRS)

OVERVIEW

The Denver Department of Public Health & Environment (DDPHE) is Denver’s nationally accredited public health agency which works collaboratively with city, state, and community partners.

DDPHE’s Emergency Preparedness and Response builds plans, trainings, and exercises with city, state, federal and other stakeholders to prepare for environmental and public health emergencies that could impact Denver.

Denver’s Office of Emergency Management (DOEM) runs a program called DenverREADY that supports community organizations, neighbors, and local officials in understanding the emergency management needs of their communities. The program invites community partners to assess their emergency management resources through trainings and workshops.

The Mountain Plains Regional Disaster Health Response System (MPRDHRS) is the third site in the Regional Disaster Health Response demonstration, led by the Denver Health and Hospital Authority. RDHRS is tasked with using $3 million to demonstrate ways to improve medical surge and clinical specialty capabilities, including trauma, burn, and specialty care during a national emergency.

The FEMA Region 8 office is located in Denver and oversees the federal emergency management for 6 state and 29 Tribal Nations. The states included in FEMA Region 8 are (Colorado), Montana, North Dakota, South Dakota, Utah, and Wyoming.

PUBLIC HEALTH REGIONS

Denver
- FEMA/HHS: Region 8
- Healthcare Coalition: North Central Region
The North Central Region Health Care Coalition plays a critical role connecting healthcare stakeholders in the pilot area.

STRENGTHS AND OPPORTUNITIES

Strengths
- Coordination and communication among partners has improved significantly during COVID-19 pandemic
- Many partners are actively engaged on a regular basis
- Partners include healthcare stakeholders across many areas of expertise including: Long Term Care, Rehab, Skilled Nursing, Dialysis, EMS, Emergency Management, Acute and Community Hospitals, etc.

Opportunities
- Members may come from competing organizations, which can create barriers to coordination and collaboration – “Home Rule” is common phrase heard
- Resources are constrained during the COVID-19 pandemic and regional surges, which can restrict bandwidth for collaboration

KEY PLAYERS

North Central Region Healthcare Coalition

OVERVIEW

Denver is part of the North Central Region Healthcare Coalition (NCR HCC), a collaboration of health and medical partners that collaborate to prepare for, respond to, mitigate against, and recover from emergencies. The North Central Region includes the following counties: Adams, Arapahoe, Boulder, Clear Creek, Denver, Douglas, Elbert, Gilpin, and Jefferson. There are three chapters of the NCR HCC, Boulder HAMR, Metro Foothills, and Tri-County.

The NCR HCC provides opportunities for their partners to plan, train, and communicate across organizations. The group has been active in coordinating COVID-19 surge capacity response. The coalition led the creation of a North Central Region Hospital Coordination Plan (NCR-RHCP) which outlines how hospitals will interact with the coalition and local emergency management during responses.

The NCR-RHCP allows member hospitals to share information and support during a disaster response. The document outlines how hospitals in the coalition will interact with each other, the NCR HCC, EMS, the Colorado Department of Public Health and Environment, and other partners to provide a coordinated response.

There are multiple trigger points for NCR-RHCP activation, including No Notice and With Notice categories, both of which include stress on hospital resources. Hospital partners may request activation of the NCR-RHCP by contacting the NCR-RHCP Assessment Group. Should the plan be activated, hospitals are notified by EMResource and other mass notification systems.

Phase 2 of the NCR-RHCP includes response and operations, which are based on the Incident Command System (ICS) that is scalable and flexible to the size of response needed.
Denver has several large hospital groups which coordinate through the Colorado Hospital Association.

### FAST FACTS

- **Hospitals in the Denver area**: 32
- **Level I Trauma Centers in CO**: 5
- **Medical Reserve Corps in CO**: 27

### KEY PLAYERS

**Denver Large Hospital Systems**
- Centura
- Denver Health
- HealthONE
- SCL Health
- UCHealth

**Colorado Hospital Association**
- EMS Chiefs

### OVERVIEW

There are six major hospital systems in Denver in addition to many smaller hospitals. During the COVID-19 pandemic the major hospitals in Denver partnered with smaller hospitals in the state to support patient transfer during surges. **There has been significant and impactful coordination across hospital systems during the pandemic from emergency management and executive leadership.**

The Colorado Hospital Association (CHA) represents over 100 hospitals and health systems across the state and has played a key role in facilitating coordination across hospitals during the COVID-19 pandemic. **CHA has an Emergency Preparedness Program which coordinates trainings, workshops, and exercises to enhance hospitals and health systems emergency response capabilities.** During COVID-19 pandemic surges CHA supports daily coordination meetings for the hospitals in Denver and the surrounding area to identify available beds and connect patients to care across hospitals when needed.

---

**Key:**
- NonD
- III
- I
- IV
- II
- V

Trauma Designated Hospitals in Denver area
NCR At-a-Glance
With unique jurisdictional challenges, DC must work closely across the NCR to coordinate emergency, public health, and health care operations.

FAST FACTS

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>5.5 M</td>
<td>Residents in the NCR</td>
</tr>
<tr>
<td>689,545</td>
<td>Residents in Washington, DC</td>
</tr>
<tr>
<td>1-2 M</td>
<td>Daily population fluctuation in DC, largely due to in-bound commuters and significant tourism</td>
</tr>
</tbody>
</table>

KEY PLAYERS

DC
- Mayor
- Director, Homeland Security and Emergency Management Agency

Maryland
- Governor
- Secretary, Emergency Management

Virginia
- Governor
- Secretary, Public Safety

OVERVIEW

The National Capital Region (NCR) is a collection of sovereign jurisdictions. It encompasses the District of Columbia as well as the geographic areas of Loudoun, Fairfax, Prince William, Manassas, and Arlington Counties in Virginia (VA) and Montgomery and Prince George’s Counties in Maryland (MD). Due to the region’s unique jurisdictional makeup, emergency response functions require strong collaboration between the region’s partners. One collaboration mechanism is the Metropolitan Washington Council of Governments (MWCOG), which convenes area leaders on a monthly basis and includes elected officials from local governments, MD and VA state legislatures, and the U.S. Congress. Washington, DC is the geographical, political, and metropolitan center of the NCR. As such, it serves as a hub for NCR emergency operations and as a middleman between MD and VA.

As the nation’s capital and home of the Federal government, DC has unique geographical, cultural, and jurisdictional considerations impacting its political and economic environment. Designated as a Federal district, DC does not have the same governing structure as other U.S. states. Representation in Congress is limited to a non-voting delegate in the House of Representatives and a shadow senator, and it was not until 1973 that the city was able to elect its own mayor. With no governor, DC’s budget must be approved by the Federal government each fiscal year.

Many young professionals flock to DC and the surrounding NCR, making it one of the youngest, highest educated, and most affluent metro areas in the U.S. Yet an estimated 7,000 residents experience homelessness on any given day in DC alone, highlighting the significant disparity that exists within the District and across the NCR. During the winter months, hospital bed availability is strained as hypothermia becomes a concern for the significant number of people experiencing homelessness.

KEY CHALLENGES

- There are jurisdictional and political complexities due to the NCR’s geography, which includes multiple counties across two states and a federal district.
- The significant number of people experiencing homelessness in DC poses challenges for hospital capacity in winter months.
With one of the strongest Air Force presences in the U.S., “America’s Airfield” is uniquely positioned to support an NDMS activation.

**KEY PLAYERS**

**U.S. Army**
- Commanding General, WRNMMC
- Joint Base Andrews
  - Commanding General, JBA
  - Commanding General, 11th Wing JBA
  - Commander, 316th Wing

**NCR**
- Director, DHA NCR Medical Directorate
- Commander, Joint Task Force NCR Medical

**FAST FACTS**

- 12,000 Active-duty, Guard, and Reserve Military Members at JBA
- 16 Military Bases in the NCR
- 150,000 Patients served at WRNMMC
- 30,000 Veterans in DC as of the 2020 Census

**OVERVIEW**

The NCR has a strong Title 10 military presence, with a high concentration of Active Duty and Reserve servicemembers that can be stood up for Federal responsibilities at a moments notice. Since 2005, the Air Force District of Washington (AFDW) has served as the sole Air Force voice for planning and implementing joint solutions within the NCR. Known as “America’s Airfield”, the Joint Base Andrews (JBA) is hosted by the 316th Air Force wing and is designated as the primary patient reception site (PRS) for the NCR’s Federal Coordinating Center (FCC) at Walter Reed National Military Medical Center (WRNMMC). A Patient Movement Item (PMI) Center and no stranger to resource sharing, JBA may be a model PRS for the hub and spoke operational structure.

JBA has two active runways and is used for high-priority personnel transport through the base’s 316th Wing. The 316th Wing’s responsibilities include maintaining emergency reaction rotary-wing airlift and other NCR contingency response capabilities critical to national security. The 316th Medical Group provides oversight for Air Force medics at military treatment facilities (MTF) across the NCR. In addition to its presence at JBA, the group has medics at Joint Base Anacostia-Bolling, Walter Reed, Fort Belvoir, Fort George Meade, and the Pentagon.

Headquartered in Northern VA (NoVA), the Defense Health Agency (DHA) is the single agency overseeing MTWs. The mission of the DHA is to create a more integrated, efficient, and effective system of medical readiness and health care delivery. In 2020, the NCR was the first military medical market to be stood up and aligned by geographical region.

The DHA also established the DHA NCR Medical Directorate in 2013. The Director exercises enhanced Multi-Service Market authorities over the Service and Joint MTFs, which comprise the NCR Market.

Figure 2. Military installations in the NCR

**KEY CHALLENGES**

- JBA’s competing air traffic from high-priority personnel complicates patient reception.
- Security restrictions at JBA create added barriers for EMS personnel trying to enter the base and transport patients to other facilities off base.
DC, VA, and MD emergency management agencies work together to bolster preparedness and disaster relief.

**OVERVIEW**

The unique jurisdictional nature of the NCR requires emergency management collaboration between DC, NoVA, and MD. Disasters are not bound by geographic borders; as such, emergency efforts must be coordinated across local jurisdictions. Organizations like the DC Health and Medical Coalition (HMC), which was created in 2015 by the DC Department of Health (DOH), exist to support this cross-jurisdictional collaboration between hospital systems and emergency management agencies. Since the start of the COVID-19 pandemic, the HMC has met on a weekly basis for status tracking and information sharing between the DC Hospital Association (DCHA), NoVA Hospital Alliance (NVHA), and the MD Region V Coalition.

With unique considerations for each jurisdiction, the MWCOG works together with regional partners to determine homeland security and emergency management priorities and develop key regional capabilities. Specifically, the DC Emergency Response System (DCERS) works with the NoVA Emergency Response System (NVERS) and MD Emergency Response System (MDERS), to optimize funding opportunities and promote regional preparedness in alignment with the goals and priorities of the region.

The NCR has an integrated health care response that relies on the partnership of health care coalitions (HCC) across DC, MD, and NoVA. In 2013, the DC DOH assumed control of the existing local HCC and has since worked closely with the NVHA for coordination of care.

The DC Homeland Security Emergency Management Agency (HSEMA), responsible for planning and coordinating DC’s homeland security and emergency management efforts, works with Federal and regional partners via the Joint All Hazards Operations Center (JAHOC) and Emergency Operations Center (EOC).

The NCR is designated to FEMA Region 3.

**KEY CHALLENGES**

- Before the COVID-19 pandemic, cross-jurisdictional meetings only took place in advance of large, pre-planned events.
- MD has a tightly integrated, state-first response system which is not interoperable with the DC DOH or NVHA systems.
- DC’s DOH takeover of the HCC has complicated existing area relationships.

**Figure 3. Total funding each HCC received from all sources**

<table>
<thead>
<tr>
<th>Health and Medical Coalition</th>
<th>Region V Emergency Preparedness Coalition (EPC)</th>
<th>Northern Virginia Healthcare Coalition</th>
</tr>
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<tbody>
<tr>
<td>$1,148,960</td>
<td>$292,076</td>
<td>$1,665,469</td>
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DC has a coordinated fire and EMS response that leverages public and private resources to provide transport. MD and VA each have their own unique EMS structures.

**FAST FACTS**

<p>| | |</p>
<table>
<thead>
<tr>
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<tr>
<td>14</td>
<td>EMS providers in DC</td>
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<tr>
<td>3</td>
<td>Bethesda FCC owned Patient Evacuation Vehicles</td>
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<tr>
<td>1,150+</td>
<td>Licensed EMS units in the DC area</td>
</tr>
<tr>
<td>5</td>
<td>Regions in MD’s EMS system</td>
</tr>
<tr>
<td>14</td>
<td>Member departments in the NoVA Fire and EMS Council</td>
</tr>
</tbody>
</table>

**KEY CHALLENGES**

- Some emergency service providers are not licensed across state/District lines, which can delay cross-jurisdictional care.
- Patient tracking through handoff at the PRS is not well defined for EMS.

**OVERVIEW**

The NCR’s EMS landscape is uniquely challenged by the DC, MD, and VA borders. For example, some agencies are not licensed in multiple jurisdictions. To mitigate this issue, the MWCOG has a mutual aid agreement for cross-jurisdictional patient transport. For organizations that have not signed onto the agreement, additional steps must be taken in order to support a large-scale disaster in the NCR. In addition, the EMS organizational structure looks very different between jurisdictions. MDERS in MD is a federally funded, statewide integrated emergency management program, VA EMS is locally run, and DC EMS works within the DC DOH.

The DC Fire and EMS (FEMS) Department works to provide high quality pre-hospital medical care for the District’s approximately 700,000 residents. For regional transport coordination, FEMS works with two university-based Basic Life Support (BLS) providers, the Emergency Medical Response Group (EMeRG) at George Washington University and Georgetown Emergency Response Medical Service (GERMS) along with multiple private services.

Since February 2016, DC FEMS has been collaborating with American Medical Response (AMR), a private transport service, to perform supplemental pre-hospital medical care and transportation for basic life support calls. AMR operates and maintains 29 private ambulances in the District.

FCC-directed patient movement does not rely on public fire and EMS, instead it opts to use private contracted services. The Bethesda FCC maintains three Patient Evacuation Vehicles (PEVs), each of which can accommodate up to 12 ambulatory and 16 litter-borne patients.
The NCR has a large network of health care providers and community partners who are important assets to the Bethesda FCC.

**FAST FACTS**

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<thead>
<tr>
<th>Count</th>
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<tr>
<td>3</td>
<td>Level I Trauma Centers in DC</td>
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<tr>
<td>17</td>
<td>Level I-IV Trauma Centers within 75 miles of the FCC</td>
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<tr>
<td>3</td>
<td>Special Pathogen Treatment Centers in DC</td>
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<td>28</td>
<td>Civilian hospitals that have signed a Memorandum of Agreement (MOA) with NDMS</td>
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<tr>
<td>30+</td>
<td>Teaching hospitals in the NCR</td>
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**KEY PLAYERS & POINTS OF CONTACT**

**NCR Health Care Coalitions**
- DC Department of Health
- DC Health and Medical Coalition
- DC Hospital Association
- NoVA Hospital Association
- MD Institute for Emergency Medical Services System
- MD Hospital Association

**NCR Operations Centers**
- DC Emergency Operations Center
- Regional Hospital Coordinating Center (VA)

**KEY CHALLENGES**

- Hospitals across the NCR regularly operate at or near capacity, which presents a challenge in the event of a surge scenario.
- MRC volunteers cannot be relied on for surge support as many will have competing priorities during an NDMS activation.

**OVERVIEW**

In the NCR, health care systems continue to be robust and effective. The region’s standout capabilities include orthopedic and neuro trauma. Smaller in size but equally comprehensive capabilities exist in burn and pediatric specialties. Johns Hopkins Hospital in Baltimore is nationally ranked in 15 adult and 10 children’s specialties. Montgomery County in Southern MD, the biotechnology epicenter in the Mid-Atlantic region, is home to prestigious institutions including Howard Hughes Medical Institute, FDA, NIH, USU, and Walter Reed Medical Center. The NCR also has a deep network of teaching hospitals and Medical Reserve Corps (MRC) volunteers, both of which can be stood up to support public health and emergency response activities.

DC has a robust health care system, which includes seven acute care hospitals, six specialty hospitals, two burn centers, and four level I trauma centers. The DCHA, a non-DOH funded coalition, includes 13 hospitals in DC. While the DC HMC exists to support area health care systems, the DCHA works specifically to advance hospital systems by promoting policies and initiatives to strengthen the system of care. In summer 2021, the DCHA an initiative to standardize the nomenclature and coding vernacular for participating hospitals, promoting interoperability amongst area hospitals.
Though each jurisdiction in the NCR has its own financial channels, the UASI Grant Program is an example of a Federal program that distributes funds to support regional preparedness.

**OVERVIEW**

DC, MD, and VA have distinct regulatory structures governing local authority. Both MD and VA are constrained by Dillon’s Rule, which limits local government power to what is expressly granted to them by the state. In VA, all localities must routinely go to the General Assembly for permission and funding. In MD, both Dillon’s Rule and Home rule apply. In DC, a limited Home Rule allows certain powers to be carried out by elected officials, but annual budgets must be approved by Congress.

Each NCR jurisdiction has a unique hospital reimbursement system. Unlike other territories, DC coverage is available only through the DC-run health insurance marketplace: DC Health Link. Both DC and VA utilize a fee-for-service (FFS) reimbursement model. In MD, a state-sponsored Total Cost of Care hospital program replaces FFS structure. All payers pay the same amount for a given service at any hospital. Each hospital’s total annual revenue is determined and allotted by the state at the beginning of the fiscal year. With this system, capital infusions can be made at the state’s discretion, allowing for rapid surge expansion.

The NCR is considered a dedicated Urban Area Security Initiative (UASI) high threat area and is awarded yearly funding through the UASI Grant Program to assist in preventing, mitigating, and responding to terrorist acts. DC HSEMA receives the funding from the DHS and distributes it to NCR subrecipients for project-specific tasks. This grant has supported the creation of NVERS, MDERS, and DCERS to enhance regional coordination.

Additional local funding streams exist in DC, MD, and VA. Relevant funding agencies in DC include the HPP-funded HMC and the Federal grant and District-funded HSEMA. VA’s Department of Emergency Management (VDEM) receives an annual budget from the DHS and distributes it to NCR subrecipients for project-specific tasks. This grant has supported the creation of NVERS, MDERS, and DCERS to enhance regional coordination.

Additional local funding streams exist in DC, MD, and VA. Relevant funding agencies in DC include the HPP-funded HMC and the Federal grant and District-funded HSEMA. VA’s Department of Emergency Management (VDEM) receives an annual budget from the DHS and distributes it to NCR subrecipients for project-specific tasks. This grant has supported the creation of NVERS, MDERS, and DCERS to enhance regional coordination.

**KEY CHALLENGES**

- There are differing hospital reimbursement systems across the NCR.
- The 110% Medicare reimbursement rate does little to incentivize NDMS partner participation.
Omaha At-a-Glance
FAST FACTS

Largest city in the U.S.

41st People reside in Omaha NE; its largest city

479,000 Omaha Metropolitan Statistical Area population and contains the larger cities of (Bellevue, Papillion, Gretna, LaVista, Fremont, and Council Bluffs, IA)

843,000

KEY PLAYERS

Governor of Nebraska
Mayor of Omaha
Douglas County Judge

OVERVIEW

Omaha has a large, diverse economy and serves as an epicenter for military, health care, technology, finance and insurance.

Omaha is the largest city in Nebraska and is the anchor of the eight-county, bi-state Omaha-Council Bluffs Metropolitan Statistical Area. Omaha has a strong Mayoral government with its current Omaha Mayor, Republican and former health care professional Jean Stothert, since 2013. While the State of Nebraska is moderately conservative, Douglas County Nebraska leans liberal and voted Democratic in the 2016 and 2020 Presidential elections.

Omaha has experienced steady economic growth over the past 10 years in finance, insurance, health care, and information technology. As of 2021, Offutt Air Force Base, Nebraska Medicine, University of Nebraska Medical Center, Catholic Health Initiatives (Common Spirit), and the Nebraska Methodist Health System are four of the top 10 largest regional employers, employing over 5,000 employees each. While health care is a dominant industry in Omaha and the workforce continues to grow, coverage still lags in more rural areas of Nebraska with a high demand for more qualified health care workers. Omaha is home to two large universities, besides UNMC, the University of Nebraska at Omaha and Creighton University.

The University of Nebraska Medical Center (UNMC) houses is the major medical research institute in the area. The National Emerging Special Pathogens Training and Education Center (NETEC) is a collaboration between three state hospitals, including UNMC, working towards a vision of sustainable infrastructure and a culture of readiness for managing suspected and confirmed special pathogen incidents across the U.S. public health and health care delivery systems. The Davis Global Center is an advanced clinical simulation facility home to the federally funded Health Security program focused on bio preparedness. And, also, the Boystown National Research Hospital is nationally known for its continuous work in pediatrics.
Offutt Air Force base is the designated NDMS Patient Reception Site (PRS). Civilian airport Eppley Airfield is the alternative PRS.

**OVERVIEW**

**Offutt Air Force Base**, home of the 55th Wing is in Bellevue, in Sarpy County is 10 miles south of downtown Omaha. Offutt AFB populates over 8,000 military members, over 18,000 dependents, 2,100 DoD civilians, 1,500 regular civilians, and 10,500 retirees. Offutt AFB is the largest employer in the Omaha region.

The **55th Medical Group** at Offutt Air Force Base is the only military health center in the Omaha area and is part of the Military Health System committed to enabling the National Defense Strategy by providing a Medically Ready Force, to improve the health of all those entrusted to its care. The 55th Medical Group provides medical and dental services for 25,000 enrolled patients and more than 50,000 TRICARE beneficiaries in the greater Omaha area with extensive outpatient clinic capabilities and ancillary support.

The **557th Weather Wing** formerly the Air Force Weather Agency, is headquartered at Offutt AFB. It is the lead weather center of the United States Air Force.

Also, Offutt AFB is the headquarters of United States Strategic Command (USSTRATCOM). It is charged with space operations (such as military satellites), information operations (such as informational warfare), missile defense, global command and control, intelligence, surveillance, and reconnaissance (C4ISR), global strike and strategic deterrence (the United States nuclear arsenal) and combating weapons of mass destruction.
Omaha has existing military-civilian partnerships that support emergency preparedness and disaster relief.

**FAST FACTS**

**Region 7** Omaha is in FEMA/HSS Region 7

65 Major disaster declarations in Nebraska since 1953

95.4% Of U.S. counties have a lower risk index (FEMA) than Douglas County

**KEY PLAYERS**

Nebraska Emergency Management Agency (NEMA)

Emergency Management

Local Department Public Health

**OVERVIEW**

Nebraska continues to have a variety of frequent natural and hybrid risks, more than most other states. In the past two years alone, Nebraska had several emergencies, including the February 2021 Winter Storm, COVID-19 pandemic, Wildfires, Riots, Flooding, Wind-Storms, Tornados and Temperature Extremes. As a result, Nebraska continues to enhance its active emergency management programs as it learns from the events.

The Nebraska Emergency Management Agency (NEMA) is tasked to coordinate, support, and serve Nebraska through an effective and relevant emergency management agency. NEMA collaborates with state and local emergency management to augment local capabilities in the event of an emergency.

There are three Health Care Coalitions (HCCs) in the Omaha NDMS Pilot region. The primary coalition is the Omaha Metropolitan Healthcare Coalition, which serves Omaha and surrounding counties. The role of the HCC is to promote coordinated response strategies of individual hospitals and health care organizations by connecting them through effective information sharing and communications.

The COVID-19 Pandemic is the most pressing public health emergency faced by the region in recent years. As of January 2022, the Omaha region is experiencing a surge in cases that is stressing hospitals and stretching the health care system to capacity. Coordination of The Nebraska Department of Health and Human Services, the Douglas County Health Department, and health departments in neighboring counties is essential in managing the ongoing pandemic and ensuring coordination of EMS and health care organizations. The pandemic has highlighted surge capacity and staffing issues in the local health care system.
Omaha's emergency medical services are integration across public, volunteer and private partnerships.

**FAST FACTS**

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<tr>
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<th>Details</th>
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<td>EMS providers in Nebraska</td>
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<tr>
<td>7,000+</td>
<td>First responder organizations across Nebraska</td>
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<tr>
<td>427</td>
<td>Licensed EMS units in Nebraska</td>
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</table>

**KEY PLAYERS**

- Omaha Fire Department
- Sarpy County EMS

**OVERVIEW**

Across Nebraska, the Nebraska Department of Health and Human Services coordinates and assists local EMS with aspects including licensing, training, technical assistance, EMS Assessments, and data collection and reporting. EMS is a mix of public, private, and volunteer.

The State of Nebraska has 7,514 EMS providers, 1,518 of which are in the Omaha metropolitan area of Douglas, Sarpy, Dodge, Saunders, and Washington counties.

Sarpy County is the primary civilian EMS response for Offutt AFB and is backfilled by Omaha and other surrounding area volunteer and private EMS squads.

EMS information from the Nebraska Department of Health and Human Services regarding EMS numbers, vehicles including helicopters, and licensing is limited at this time.

*Image 3: Map of Omaha-Council Bluffs Area Fire Stations*

Locally, Omaha Fire Department has 17 full-time ambulances with an estimated 390+ EMS personnel count.
Omaha | Health Care Landscape

Omaha has a large network of health care providers and community partners who are important assets to the NDMS FCC.

**FAST FACTS**

- 4 Major Health Systems
- 2 Level I Trauma Centers in Omaha
- 21 Civilian hospitals that have signed a Memorandum of Agreement (MOA) with NDMS
- 1 NE has only 1 Burn Center (16 Beds) in Lincoln
- 80+ Medical Reserve Corps Volunteers in the Omaha Metro Area

**KEY PLAYERS**

**NDMS Definitive Care Partners**

- **Omaha Regional Health Systems**
  - CHI Health System
  - University of Nebraska Medical Center (UNMC)
  - Methodist Health System
  - Children’s Hospital and Medical Center

**Specialty Hospitals**

- Boystown National Research Hospital
- Madonna Rehab Hospitals
- Nebraska Spine Hospital
- OrthoNebraska Hospital
- Midwest Medical Surgical Hospital

**OVERVIEW**

Omaha being the largest city is the health care hub for Nebraska has a high concentration of health care providers and medical research centers. It has three major health systems CHI Health, University of Nebraska Medical Center, Methodist Health System. Yet the health care community includes Children’s Hospital and Medical Center – the only dedicated pediatric hospital in the region, Veteran Affairs Medical Center, specialty care facilities, and several academic and health care research institutions and Offutt Air Force Base hosts the only Military Clinic in the region, the 55th Medical Group contributing to a strong health care community.

Organizations like UNMC support and build collaboration across the health care sector by engaging leaders in medicine, military, and academia. Additionally, the Omaha Metropolitan Health Care Coalition (OMHCC) promotes coordinated response strategies engaging hospitals and health care organizations by connecting them through effective information sharing and communications methods.

There is currently and large supply of providers across all 34 counties in the region, with providers most densely concentrated in Douglas, Sarpy, Lancaster and Pottawattamie County in Iowa. This is being but to a test with the recent Covid surge.

In the Omaha Metro area, there are 21 NDMS Partner Hospitals. This includes multi-disciplinary hospitals, pediatric - Children’s Hospital, and one psychiatric hospital.
Omaha has several key volunteer stakeholder organizations that actively participate in “Actual Events” and exercises.

### FAST FACTS

<table>
<thead>
<tr>
<th>5</th>
<th>Primary Key Stakeholders groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>80+</td>
<td>Medical Reserve Corps Volunteers in the Omaha Metro Area</td>
</tr>
</tbody>
</table>

### KEY PLAYERS

**NDMS Volunteer Organizations**
- American Red Cross – Omaha
- Salvation Army of Omaha
- Medical Reserve Corp
- Nebraska Humane Society
- Heartland Ready

### OVERVIEW

The Omaha region has a very active and robust volunteer base that actively participates in planned exercises and actual events which extends beyond the key organizations noted: American Red Cross, The Salvation Army, Medical Reserve Corps, Heartland Ready and the Nebraska Humane Society. Each of the aforementioned groups have defined roles and responsibilities significant to the mission by, for example, providing resources for patient care, family repatriation, lodging and food, and pet safety and care. These volunteer groups and several others play significant roles in the community and are utilized when NDMS is activated to assist.

It goes without saying that providers, nurses and other volunteer organizations when called upon to assist the community during an actual event are willing and ready to participate.
Sacramento At-a-Glance
Sacramento, the state capital of California, is located 40 miles from the Sacramento FCC at Travis Air Force Base (AFB) and about 90 miles from San Francisco.

**OVERVIEW**

Sacramento is the sixth largest city in California and the fastest growing. The Greater Sacramento Metropolitan Area, officially known as the Sacramento–Roseville, CA Combined Statistical Area (MSA), includes the counties of Sacramento, Yolo, El Dorado, Placer, Sutter, Yuba, and Nevada. Placer and Nevada Counties border the state of Nevada. Sacramento County is bordered by the counties of Solano, Contra Costa, San Joaquin, Amador.

Largely due to its more affordable housing compared to the nearby Bay Area, the Greater Sacramento Area has seen an increase in urban growth and population. Higher costs of living in both the Bay Area and downtown Sacramento contribute to a wide-spread residential commuting culture across the region.

State Government plays a significant role in the City of Sacramento’s economy. Of note, the government sector helped buoy employment rates in the city, with the sector experiencing 3% unemployment during the COVID-19 pandemic compared to the statewide 8% average. Additionally, the health care industry in Sacramento has had the highest job growth rate compared to other industries in the past decade. The region’s four largest health systems (i.e., University of California [UC] Davis Health, Kaiser Permanente, Sutter Health and Dignity Health) have added 10,176 jobs since 2010.

**FAST FACTS**

| Greater Sacramento Metropolitan Area Residents | 2,639,124 |
| Number of counties in Greater Sacramento Area | 7 |
| Square miles encompassed by Greater Sacramento Region | 7,287 |

**KEY PLAYERS**

- Governor
- Mayor
- U.S. Representative 3rd District
Travis AFB, also known as the “Gateway to the Pacific,” is the principal military airlift hub on the West Coast and is the designated NDMS FCC for Sacramento.

**OVERVIEW**

Travis AFB is hosted by the 60th Air Mobility Wing (AMW), the largest wing in the Air Force’s Air Mobility Command. Located in Solano County, the base is almost equidistant to San Francisco and Sacramento. It receives more cargo and passengers than any other military air terminal in the United States and contributes $679 million to the California economy.

Through the 60th AMW’s Medical Group, Travis AFB hosts David Grand Medical Center, a 265-bed teaching hospital. The base also plays a role as the West Coast Terminal for aeromedical evacuation aircraft and therefore works closely with United States Transportation Command (TRANSCOM) and United States Northern Command (USNORTHCOM). Previously, the CA Department of Public Health (CDPH) and CA Emergency Management Services Authority (EMSA) have worked closely with the Joint Regional Medical Plans & Operations Team from USNORTHCOM in developing the California Patient Movement Plan.

During declared State emergencies, CNG capabilities are resourced by the State through activation of the Emergency State Active Duty (ESAD) status. The Governor, through the CA Office of Emergency Services (Cal OES), may request CNG capabilities through a mission resource tasking (MRT) to support civilian patient movement operations during an emergency.
Sacramento Emergency Management Landscape

California has a robust emergency management ecosystem with public health and health care response coordination & planning conducted across jurisdictional levels.

### FAST FACTS

<table>
<thead>
<tr>
<th></th>
<th>CA Mutual Aid Regions with Specialists that Coordinate Resource Requests</th>
<th>EMSA-Affiliated Ambulance Strike Teams</th>
<th>Local EMS Agencies (LEMSAs) that Span Across Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
<td>41</td>
<td>33</td>
</tr>
</tbody>
</table>

### OVERVIEW

EMSA is the lead state agency responsible for coordinating medical response to disasters and providing medical resources to local governments in support of disaster response. Specifically, EMSA is the lead agency for promoting disaster medical preparedness, as well as coordinating and supporting the State’s medical response to major disasters and emergencies.

County-specific Medical Health and Operational Area Coordinators (MHOACs) are responsible for monitoring, ensuring, and procuring medical and health resources during a local emergency or disaster. **MHOACs work with Regional Disaster Medical Health (RDMH) Coordinators & Specialists**, aligned to each CA Mutual Aid Region, to submit and respond to resource requests from local organizations. The Greater Sacramento Region and surrounding counties are part of Regions 2 & 4.

**Cal OES coordinates state-wide emergency preparedness, response, recovery and homeland security activities.** During emergencies, Cal OES may mission-resource task state agencies, including the CNG, to assist local response activities, as well as submit resource requests to federal agencies (e.g., Federal Emergency Management Agency). LEMSAs coordinate immediate emergency response needs at the county/regional level.
Sacramento Public Health Landscape

The State Public Health agency manages numerous state-wide disaster preparedness activities and programs, often in collaboration with the State EMSA.

FAST FACTS

- **58** CDPH Operational Areas (Aligned to each County in CA)
- **9** HCCs within Greater Sacramento & Surrounding Counties with FCC Partner Facilities
- **$23M** FY21 HPP Funding Allocated throughout CA, excluding Los Angeles

OVERVIEW

CDPH's EPO oversees statewide public health disaster planning, fund allocation to local health departments for disaster planning, the CA Health Alert Network (CAHAN), the Medical & Health Coordination Center (MHCC), a State Medical & Health Exercise, and planning for the strategic national stockpile.

CDPH works closely with EMSA, with whom they jointly operate the Duty Officer Program. Through this program, Duty Officers receive notifications regarding emerging public health, environmental health, and medical events, and notify appropriate state level programs and local partners to increase awareness.

During an emergency, CDPH also collaborates with EMSA in operating MHCCs, which receive medical situation reports and resource requests from affected jurisdictions. MHCCs also serve as a communication hub between the RDMHC Program and CA's Public Health & Medical Emergency Support Function (e.g., CA ESF-8), which is developed and implemented by the CA Health and Human Services Agency, but operationalized by CDPH and EMSA.

Lastly, county Departments of Public Health across CA manage their County's HPP that secures funding from U.S. Department of Health and Human Services (HHS) to develop local HCCs.
Sacramento Health Care Landscape

The Greater Sacramento region has a mix of urban and rural health care facilities with potential to become part of the NDMS Definitive Care network and Sacramento FCC Partner Facilities.

**FAST FACTS**

- Adult Level I Trauma Centers in 75-mile radius of Travis AFB
- Current NDMS Partner Facilities aligned with Sacramento FCC
- Prominent health care systems in the region

**OVERVIEW**

The Greater Sacramento Metropolitan Area is home to 538 health care facilities, including medical centers, hospitals, outpatient clinics, long-term care (LTC) centers, skilled nursing facilities, and home health agencies. The dominant health care systems in the region include Adventist Health, Dignity Health, Kaiser Permanente, Providence, Sutter Health, UC Health, and VA Health Care.

UC Davis Medical Center is the largest health care facility in the Region, with 615 beds. It is also a Level 1 Trauma Center and has been consistently ranked #1 in the Sacramento Region by the U.S. News Best Regional Hospitals Report. Other high-ranking health care facilities include Mercy General Hospital, Kaiser Permanente Roseville Medical Center, Sutter Medical Center, and Kaiser Permanent Sacramento Medical Center.

In the past five years, the Greater Sacramento region health care market has seen increased consolidation between hospitals and medical groups, with hospitals' operating margins increasing substantially. By 2019, 70% of primary care physicians and 80% of specialists belonged to practices controlled by a hospital or health system. Furthermore, health care systems in the region have expanded capacity by adding new facilities and expanded existing ones.
San Antonio At-a-Glance
San Antonio | Political and Economic Landscape

San Antonio has a large, diverse economy and serves as an epicenter for military, healthcare, and biomedicine.

**FAST FACTS**

- **7th** Largest city in the U.S.
- **1.5 M** Residents in the City of San Antonio
- **2.5 M** Residents in Greater San Antonio (San Antonio-New Braunfels Metropolitan Statistical Area)

**KEY PLAYERS**

- Governor of Texas
- Mayor of San Antonio

**OVERVIEW**

San Antonio is the second-largest city in Texas and is known as “Military City USA,” housing one of the nation’s largest active and retired military populations. Before the 1992 Presidential elections, Bexar County was a Republican stronghold, but a steady increase in population and a shift in the county’s demographics have changed the political landscape. As a result, the Democratic candidate received more than 51% of the vote in Bexar County in the last three Presidential elections.

San Antonio has experienced strong economic growth over the past 10 years in aerospace, cybersecurity, and technology. **Bioscience and health care are some of the most significant and growing industries in the area,** employing 157,000 people and producing an annual gross regional product (GRP) of $11.3B. A few of the top research organizations in the area are the Texas Biomedical Research Institute, University of Texas Health Science Center at San Antonio (UT Health San Antonio), the University of Texas at San Antonio (UTSA), and Southwest Research Institute (SwRI). They recently joined together to form the San Antonio Partnership for Precision Therapeutics (SAPPT). SwRI also houses one of the nation’s four Biosafety Level 4 (BSL-4) labs.

San Antonio’s private sector bioscience and health care organizations often partner with the military on research efforts. In 2017, the City formed a Military Life Sciences Working Group to explore how the community could partner with the military to support the military’s medical mission assignments and create commercialization opportunities. It has since established a San Antonio Military Medical Innovation (SAMMI) Office to oversee funding and implementation.

**Unemployment Rate**

San Antonio Unemployment Rate, 2007-2021

(Seasonally adjusted)

SOURCE: Bureau of Labor Statistics
San Antonio | Military Landscape

With one of the largest concentrations of military bases in the U.S., “Military City USA” is well-positioned to support an NDMS activation.

FAST FACTS

<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
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<tbody>
<tr>
<td>80,000</td>
<td>Members of Joint Base San Antonio (JBSA)</td>
</tr>
<tr>
<td>39,000</td>
<td>Graduates of military training annually</td>
</tr>
<tr>
<td>55,000</td>
<td>Retired military members in San Antonio proper</td>
</tr>
<tr>
<td>153,000</td>
<td>Veterans in Bexar County as of the 2016 Census</td>
</tr>
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</table>

KEY PLAYERS

U.S. Army, Brooks Army Medical Center
Joint Base San Antonio
Texas Military Department (TMD / National Guard)
Lackland AFB
Kelly Field

OVERVIEW

San Antonio has a dense population of retired military members and a strong federal (i.e., Title 10) military presence. Joint Base San Antonio (JBSA) is the largest joint base in the Department of Defense (DoD) and has four central military installations — Fort Sam Houston, Camp Bullis, Randolph Air Force Base (AFB), and Lackland AFB. JBSA trains more students and houses more active runways than any other military installation. In addition, Camp Mabry in Austin, TX, and Laughlin AFB in Del Rio, TX, are located near San Antonio.

Known as the “Home of Army Medicine,” Fort Sam Houston houses the U.S. Army Medical Center of Excellence (MEDCoE). MEDCoE is the largest medical education and training campus globally, producing nearly 35,000 graduates every year, including U.S. Army combat medics in 68W. Fort Sam Houston is also home to Brooke Army Medical Center (BAMC), which serves as the region’s NDMS Federal Coordinating Center (FCC). BAMC houses the DoD’s only Level I trauma center and Burn Association-verified burn center. BAMC also houses the U.S. Army Institute of Surgical Research (USAISR). Before the Base Realignment and Closure (BRAC) of Wilford Hall Medical Center in 2011, San Antonio boasted two military Level I trauma centers.

Lackland AFB is home to the U.S. Air Force 59th Medical Wing, an installation for Air Education and Training Command (AETC) and the only AF Basic Military Education Site in the U.S. Lackland AFB is also an active Texas Air Guard base with concurrent state-level (i.e., Title 32) evacuation missions.

Texas Military Forces (TMF) provide mission-ready forces for state and national emergencies. All three branches of TMF — Texas Army National Guard, Texas Air National Guard, and Texas State Guard — report to the State Adjutant General and are under the command of the Governor of Texas. TMF Higher Headquarters is located at Camp Mabry in Austin.
San Antonio has existing military-civilian partnerships that support emergency preparedness and disaster relief.

**FAST FACTS**

- **26,000** Square miles in Health Service Region (HSR) 8
- **27** Major disaster declarations in Bexar County since 1953
- **99.2%** Of U.S. counties have a lower risk index (FEMA) than Bexar County

**KEY PLAYERS**

- **Texas Department of Emergency Management (TDEM)**
- **Southwest Texas Regional Advisory Council (STRAC)**
- **San Antonio Office of Emergency Management (SAOEM)**
- **Local and Regional Public Health**

**OVERVIEW**

The variety and frequency of natural and hybrid risks in Texas outpace that of any other state. In the past year alone, Texas has faced several emergencies, including the February 2021 Winter Storm, the COVID-19 pandemic, and the ongoing crisis at the border. As a result, Texas has proactive and robust emergency management programs.

Organized into six Department of Public Safety (DPS) Regions (and the 49-block Capitol region), the Texas Division of Emergency Management (TDEM) oversees preparedness and response activities across the state. TDEM works closely with 22 Regional Advisory Councils (RACs), which are 501c3 organizations designated by the Texas Department of State Health Services (DSHS) to design, implement, and maintain regional trauma and emergency health care systems.

The **Southwest Texas Regional Advisory Council (STRAC)** oversees preparedness and response programs across 22 counties in Health Service Region 8, including San Antonio (Bexar County). **STRAC is considered a leader in the Texas Trauma System.**

**PUBLIC HEALTH & SAFETY REGIONS**

**San Antonio Proper**

- FEMA/HHS: Region 6
- Texas DPS: Region 6
- Texas DSHS: HSR / Public Health Region (PHR) 8
- Emergency Medical Task Force (EMTF): EMTF-8
- Lead RAC: STRAC
- Trauma Service Area (TSA): P
- Disaster District: 18B
San Antonio has a robust integration of public and private partners for emergency medical services.

**FAST FACTS**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>766</td>
<td>EMS providers in Texas</td>
</tr>
<tr>
<td>600+</td>
<td>First responder organizations across Texas</td>
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<tr>
<td>4,800+</td>
<td>Licensed EMS units in the State of Texas</td>
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<tr>
<td>31</td>
<td>Level I-IV designated trauma centers in TSA-P</td>
</tr>
<tr>
<td>130</td>
<td>EMS rotor wing aircrafts</td>
</tr>
<tr>
<td>65</td>
<td>EMS fixed wing aircrafts</td>
</tr>
</tbody>
</table>

**KEY PLAYERS & POINTS OF CONTACT**

- Texas Emergency Medical Task Force (TX EMTF)
- San Antonio Fire Department

**OVERVIEW**

Across Texas, local areas contract with the city or private EMS assets to provide pre-hospital care and transportation. In addition, the Emergency Medical Task Force (EMTF) program through the Regional Advisory Council provides medical assistance during large-scale incidents. For example, San Antonio is in EMTF Region 8 (TSA-P and TSA-S) and partners with over 50 public and private partners for assets and patient care. EMTF-8 is activated at the State Medical Operating Center (SMOC) request and can deploy tactical assets, including mobile medical units, ambuses, ambulance strike teams, nurse strike teams, medical incident support teams, and ambulance staging management teams.

Locally, San Antonio Fire Department has 33 full-time ambulances with an estimated 390+ EMS personnel count. Additionally, San Antonio is equipped with 8 “Peak Period Ambulances” that support high call volumes. San Antonio’s EMS division houses additional programs such as Medical Special Operations Unit, Mobile Integrated Health Care Pilot Program, Paramedics on Bicycles Program, and the Taxi Voucher Program. These programs build local capacity to respond to mass casualty events and build the capacity of the local community to receive timely and life-saving medical treatment.
San Antonio has a large network of healthcare providers and community partners who are important assets to the NDMS FCC.

**FAST FACTS**

- 2 Of the top 10 largest hospitals in the U.S.
- 2 Level I Trauma Centers
- 68 Civilian hospitals that have signed a Memorandum of Agreement (MOA) with NDMS
- 700+ Medical Reserve Corps Volunteers

**KEY PLAYERS & POINTS OF CONTACT**

**NDMS Definitive Care Partners**
San Antonio Health Systems
- Baptist Health System
- Christus Health System
- Methodist Health System
- University Health System
- San Antonio Military Medical System (SAMMC)

Austin Health Systems
- Ascension Healthcare
- Baylor Scott & White Health System
- St. David’s Healthcare

**OVERVIEW**

There is a high concentration of health care providers and medical research centers across the state. Texas Medical Center in Houston, for example, is the largest medical complex in the world and includes MD Anderson, a leader in cancer care. Texas also has a network of Medical Reserve Corps (MRC) volunteers, who support public health and emergency response activities.

As one of the largest cities in the U.S. and home to the only Military Level I Trauma Center in the area, **San Antonio is a health care hub for Southwest Texas**. 1 in 6 people in the greater San Antonio area are employed in bioscience and health care, with Christus Santa Rosa, Methodist Hospitals, and UT Health San Antonio representing the top three posting employers. Organizations like the San Antonio Health Cell and the Military Health Institute support collaboration across the health sector by engaging leaders in biotechnology, medicine, military, and academia.