



FEMA

METROPOLITAN MEDICAL RESPONSE SYSTEM OVERVIEW

(April 15, 2004)

- The Metropolitan Medical Response System (MMRS) program assists highly populated jurisdictions (124 through FY 2003) to develop plans, conduct training and exercises, and acquire pharmaceuticals and personal protective equipment, to achieve the enhanced capability necessary to respond to a mass casualty event caused by a WMD terrorist act, with their own resources, during the first hours crucial to lifesaving and population protection, until significant external assistance can arrive.
- Gaining this capability also increases the preparedness of the jurisdictions for a mass casualty event caused by an incident involving hazardous materials, an epidemic disease outbreak, or a natural disaster.
- This systematic approach requires linkages among first responders, medical treatment resources, public health, emergency management, volunteer organizations, and other local elements, to work together to develop the capability to reduce the mortality and morbidity which would result from horrific terrorist acts. It also requires planning integration with neighboring jurisdictions, State and Federal agencies, and emphasizes enhanced mutual aid.
- MMRS jurisdictions have already implemented many of key components of the Department of Homeland Security National Incident Management System.
- MMRS funding is provided via a contract with the local jurisdiction. Jurisdictions entered the program in various fiscal year groups (refer to MMRS map): 27 in FYs 96-97; 20 in FY 99; 25 each in FYs 00, 01, and 02, and 4 in FY 03 (including Atlanta's upgrade from a MMST to a MMRS).
- The MMRS contracts contain statements of work which require specified deliverables and deliverable time-lines. These initial MMRS contracts have provided \$600,000 to the jurisdiction, with payments based on the approved completion of groups of deliverables. Key deliverables in the contract for enhanced capabilities for system development include the:
 - Establishment of a broad-based Steering Committee, with members from all jurisdictional elements relevant to MMRS development;
 - MMRS Development Plan;
 - Primary MMRS Plan;

- Component plans, including managing the medical and public health consequences of a WMD event (chemical, biological, radiological, explosive device);
 - Component plan for local hospital and healthcare system;
 - Plan component for the forward movement of patients;
 - Mass fatality management;
 - Training Plan;
 - Pharmaceutical and Equipment Plan;
 - List of pharmaceutical and equipment acquisitions; and
 - Final Report (including a statement that the MMRS is operational).
- MMRS capacity requirements include:
 - Pharmaceuticals sufficient to provide care for at least 1,000 victims of a chemical incident and for 10,000 victims for the first 48 hours of response to a biological event;
 - A biological agent response, determined by the specific agent (Anthrax, Botulism, Hemorrhagic Fever, Plague, Smallpox, and Tularemia) for up to 100 victims, from 100 to 10,000 victims, and for more than 10,000 victims; and
 - A local hospital and healthcare system plan that must ensure surge capacity to accommodate 500 critically ill patients.
 - To date 63 MMRS jurisdictions have completed their baseline capability enhancement and an additional 25 are nearly completed.
 - The MMRS program is funded at \$50M for FY04 and received \$50M in FY03.
 - In FY03 the first funding for sustainment was provided via a Program Support contract, which made available \$280,000 for capability maintenance and optional operational area expansion. Jurisdictions are eligible for sustainment funding only upon completion of their baseline enhanced capability development.
 - The five-year strategic plan for MMRS emphasizes:
 - (1) Establishment of an Operational Readiness Assessment component to evaluate the capabilities gained by the jurisdictions and to provide a basis for targeting future funding;
 - (2) Sustainment, which reflects the dynamics of mass casualty preparedness -- taking into account changes in: the terrorist threat; evolving and new epidemic disease threats; pharmaceuticals anticipated through the Project BIOSHIELD; opportunities in applied technology including interoperable communications; medical treatment infrastructure; and demographics in the MMRS service areas; and

- (3) Offering the advantages of the MMRS program to States and territories which do not currently have MMRS jurisdictions.
- The MMRS program was transferred to the Department of Homeland Security, Emergency Preparedness and Response Directorate/Federal Emergency Management Agency, from the Department of Health and Human Services on March 1, 2003.

For additional information, visit <http://mmrs.fema.gov/>

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