

University Council Athens, Georgia 30602

March 26, 2007

<u>UNIVERSITY CURRICULUM COMMITTEE - 2006-2007</u>

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Graduate School - Dr. Malcolm R. Adams
Undergraduate Student Representative - Ms. Alison Gibbons
Graduate Student Representative - Ms. Lindsey Scott

Dear Colleagues:

The attached proposal for an interdisciplinary Institute for Health Management in Mass Destruction Defense will be an agenda item for the April 2, 2007, Full University Curriculum Committee meeting.

Sincerely,

William K. Vennik

Dr. William K. Vencill, Chair University Curriculum Committee

cc: Dr. Arnett C. Mace, Jr. Professor Jere W. Morehead

The University Council: Executive Committee, Committee on Facilities, Committee on Intercollegiate Athletics, Committee on Student Affairs, Curriculum Committee, Educational Affairs Committee, Faculty Admissions Committee, Committee on Statutes, Bylaws and Committees, Faculty Affairs Committee, Faculty Grievance Committee, Strategic Planning Committee, University Libraries Committee

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College of Public Health
Dean's Office

March 26, 2007

Dr. Arnett C. Mace, Jr. Senior Vice President for Academic Affairs and Provost 203 Administration Building CAMPUS

RE: Proposal to Establish an Institute for Health Management in

Mass Destruction Defense

Dear Dr. Mace:

The attached proposal is for the establishment of an interdisciplinary Institute for Health Management in Mass Destruction Defense, housed in the College of Public Health. This is the logical extension of an existing federally-funded Center for Mass Destruction Defense (CMDD) that is part of the national network of Public Health Preparedness Centers within the Centers for Disease Control and Prevention (CDC). The funding for the Public Health Preparedness Centers is being moved from CDC to the Association of Schools of Public Health (ASPH). With this change, only programs in schools of public health will receive continued funding. For this reason, it is logical for the proposed Institute to answer through our College.

We believe that the new Institute will provide a platform to expand our opportunities in emergency preparedness. Being housed within our College has many advantages beyond the immediate continual funding needs, such as the opportunity to better integrate with our College's emerging strengths in health policy and management and for competing for future funding opportunities.

Sincerely,

Phillip L. Williams

Dean

Attachment

Proposal to Establish the Institute for Health Management in Mass Destruction Defense at the University of Georgia

1. Mission

The proposed mission of the Institute for Health Management in Mass Destruction Defense (IHMD) is to reduce the casualties and social disruption from weapons of mass destruction (WMD) events and natural disasters by preparing the professions that will encounter the unique circumstances in large scale mass casualty events. This proposed Institute is a logical extension of an existing federally-funded Center (since 2002), the Center for Mass Destruction Defense (CMDD), that is part of the national network of Public Health Preparedness Centers with the Centers for Disease Control and Prevention (CDC), but not an official UGA Center. The CMDD is working with the other CDC Centers, state and federal organizations, and private partners to develop a coordinated research and training program for standardizing mass casualty healthcare nationwide, as well as a Southeastern U.S. emergency response resource. The IHMD would establish the successful mission of CMDD as a UGA Institute, with a focus on medical training, mass casualty planning and response, and information technology applications.

2. Objectives of the Institute for Health Management in Mass Destruction Defense

- In collaboration with national public and private partners, model training programs (toward the establishment of national standards) will continue to be developed for handson health care training and coordination for existing practitioners and current students that will have to deal with the consequences of WMD and other large scale casualty events.
- 2) Information technology applications will be adapted to enable treatment of mass casualties in medical response systems. Among its educational and research functions, this would entail the maintenance of an Emergency Operations Center (EOC) on behalf of the State of Georgia, which would be used for receiving real time data on mass casualties from the 150 Georgia hospitals in a crisis.
- 3) Inter-Institutional collaboration in the unique area of mass casualty response research will be fostered between: UGA institutions, UGA and the Medical College of Georgia (MCG), UGA and the State of Georgia, public and private entities in health jurisdictions, and critical international elements and venues.
- 4) Cutting-edge simulation modeling will be employed to calculate mass casualties from WMD terrorist and large-scale natural incidents, for use in management of emergency response, command and control, and training of medical, public health, law enforcement and administrative personnel.

3. Background

The increasing likelihood of the use of weapons of mass destruction (WMD) on large civilian populations has been described in international government alerts, U.S. Congressional hearings and research studies, and numerous scientific publications. There is continued concern over the security of the enormous arsenal of nuclear, chemical, and biological agents left over in Russia as a result of the cold war. It is known that many nations throughout the world have been actively recruiting the scientists that constructed this massive stockpile, and it is not certain where many of these experts are now. In the case of biological weapons, at least 17 countries are believed to be in possession of or actively developing these agents. While the terrorist use of nuclear weapons has a certainty of mass casualties, empirical analysis of the historical trends of terrorist events have shown that chemical and biological agents were employed far in excess of nuclear or radiological materials. Mass casualties are also feasible with chemical and especially biological weapons as well as with the continual occurrence of natural disasters (as illustrated recently with Hurricane Katrina). As the threat of the use of WMD on civilian populations increases there are data that suggests a significant lack of hospital preparedness to meet this threat, as well as the impact of natural disasters. A recent survey suggests that 100% of hospitals surveyed were inadequately prepared for a biologic incident and 73% were inadequately prepared for a chemical or nuclear incident.

One of the most critical steps in preparing for large-scale WMD attacks is the education and training of the many professionals to be involved in responding to the mass casualties that would be expected. The large variety of specialists needed and the considerable training effort that will be needed for each area of expertise will make the training preparation for WMD a demanding but critical task. In addition to the training specific to each professional group, it will be necessary to foster strong working relationships among the disparate specialties, so that they will not have to be forged in the middle of a crisis. After each specialty group receives their training, the most effective training approach would then be to have all of the relevant groups work together in large-scale field exercises, where the different specialties would train together as they would work together in a real WMD crisis.

In addition to the traditionally recognized first responders, there are a host of other professions that will be of critical importance in responding to the unfolding stages of a large-scale WMD mass casualty cascade. This would include pharmacists, who would be needed to dispense the very large quantities of antidotes, antibiotics, and a myriad of other medicines needed for mass distribution, especially from the Strategic National Stockpile. Veterinarians would be employed in the event of agroterrorism against livestock, wildlife, and other animals. Environmental health experts will be needed for assessing source terms for long-term environmental contamination with WMD products, remediation plans and their implementation, and environmental impact assessments. Toxicologists would assess the mechanisms of toxicity of both traditional and novel WMD threat agents, antidote efficacy, and perform risk assessments for likely toxicity outcomes of WMD attacks. Applications in information systems will be very valuable in determining the specific distribution of not only the WMD toxicity outcomes, but also the most appropriate dispersal of the response. Hospital administrators, who until now have

dealt primarily with dozens of incoming patients at the most at any one time, will now have to be able to plan for thousands, and deal with contaminated patients. Of course, physicians, nurses, and other medical personnel in hospitals and private clinics will have to be trained in adapting current medical approaches to incorporate mass casualty issues. These and various other professional groups will need to be included in the large-scale WMD exercises employed to train the health response.

A significant vacuum in the WMD training paradigm is the lack of the incorporation of this training into academic education units, especially the Universities. Nearly all training is currently aimed at upgrading current first responders, since these individuals will bear the brunt of the initial WMD attacks and natural disasters. However, the enormous educational establishment in this nation has only initially been tapped in terms of mass casualty response education for the variety of occupations that will be needed. Didactic courses or segments of courses, hands-on training exercises, internships, residency segments, professional rotations, and other focused academic training could add the necessary WMD and natural disaster response training to existing academic curricula. In addition to individual training for each occupational group, the health responders would work together with all of these additional professionals in joint "hands-on" training in large-scale exercises. In this way, the next generation of professionals will not be as costly to upgrade to WMD response proficiency. As state-supported universities, medical schools, and graduate schools are substantially subsidized by the various states, this also distributes the burden of mass casualty response education away from a sole dependence on federal extramural funding. Such an academic training effort will have to be under the existing federal authorities tasked for mass casualty preparedness in order to maintain a national standard for educational proficiency in the training outcomes. One useful tool toward this end would be to evaluate the graduates of an initial model academic training program for their ability to work with and fit into the actual organizations that would respond to WMD and natural disaster events. Independent external peer review organizations, such as the Joint Commission for the Accreditation of Healthcare Organizations, would monitor success of graduates in exercises (or live events), and changes made in the academic program to correct deficiencies. In this way, a national standard for academic training of WMD and natural disaster health care responders could be validated and maintained.

4. Building on Successful Existing Programs

A.1 National reputation in emergency health care training. The Center for Mass Destruction Defense (CMDD) is a CDC Center for Public Health Preparedness, composed of faculty of the University of Georgia, Medical College of Georgia, and University of Texas, with the Director at UGA. The national reputation of this CDC Center, which has received over \$2.2 million from DHHS over the last four years, has been well established through its development and exercising of an all-hazards medical curricula for treatment of mass casualties from chemical, biological, nuclear, radiological, and explosive (CBRNE) events. The Advanced Disaster Life Support (ADLS), Basic Disaster Life Support (BDLS), and Core Disaster Life Support (CDLS) curricula were devised to provide hands-on, didactic, and different levels of CBRNE medical response training for a variety of health care occupational groups. Known as the National Disaster Life Support (NDLS) courses, they have been taught in over 43 states to over 40,000 medical personnel, starting before the 9-11 attacks until now. The American

Medical Association (AMA) has selected the NDLS family of courses as its national standard for medical training nationwide, and has implemented a plan for its distribution in all 50 states. This national reputation has been a highly successful collaboration between UGA and MCG, with the Chair of Emergency Medicine and his department at MCG working closely together with the Director and UGA staff of CMDD.

- 4.2 Proficiency in conducting exercises and drills for man-made and natural disasters. CMDD has planned and implemented anti-terrorism, natural disaster, and mass casualty drills and exercises in dozens of states. The Consequence Management training exercise has been the largest anti-terrorism disaster exercise in the Southeastern U.S., which was planned and executed by CMDD personnel in 2002 and 2003. In the ADLS hands-on, two-day training course for emergency response, a mass-casualty drill hones the decision-making capabilities of response personnel. This AMA-certified training has been conducted over 150 times now in sites in dozens of states, with medical and emergency response personnel receiving intensive hands-on instruction from highly qualified and experienced personnel at MCG and UGA. Courses are now taught regularly that routinely utilize disaster drills and exercises. One notable addition has been the extensive evaluation expertise from the College of Education, which is currently aiding in the quantitative substantiation of learning efficacy in these exercises in Georgia. These metrics will be of great utility in demonstrating that health care personnel actually are learning (or not learning) the critical educational outcomes desired from these exercises. One of the largest interactive hospital exercises with mass casualties in the nation was conducted by CMDD in 2006, involving 129 hospitals interacting with real-time medical responses to scientifically relevant pandemic flu casualty model inputs.
- 4.3 Design and implementation of novel simulations for research in mass casualty management of emergency response, command and control, and health-related training. Event modeling and simulation performed at CMDD will be utilized in the Institute to help research and reinforce the decision-making that is supplied to professionals in mass casualty response. Indeed, the University of Georgia is currently the only university in the nation capable of employing the Defense Threat Reduction Agency's (DTRA) models for nuclear, biological, and chemical events. The DTRA models, along with other mass casualty estimation approaches, allow us to predict the geographical areas that would be affected during high-consequence events, as well as many specific response needs such as burn victims, fire damage, radiation distribution in tangent with radiation poisoning in patients, trauma patient distribution, and optimum distribution sites for pharmaceutical stockpile. All this will be of critical assistance in helping decision-makers deploy scarce medical and security resources to best effect. Scores of unique simulations have already been generated for over 20 major cities in the U.S. and overseas, including nuclear, radiological, chemical, and biological events. These simulations have been incorporated into training, drills, and exercises that have been conducted by our group and others in 43 states. This capability has enabled us to localize the relevance of these simulations in these widely disparate and diverse locations and environments. Modeling and simulation occurs both on the training level with realistic high consequence event simulation, and on the planning level with mass casualty distribution models unique to natural, chemical, biological, radiological and nuclear terrorist attacks.

- National/international experience relevant to current mass casualty research and training needs. Our Institute personnel will utilize previous experience gained after 10 years of on-site experience at Chernobyl, years of mass casualty response collaboration with the United Nations in Africa, and directly relevant work with leading federal intelligence, medical, and public health entities and private collaborators. CMDD faculty and staff have conducted experiments, field measurements, risk analysis, and health care strategy in the areas receiving the highest levels of airborne radiation contamination in history at Chernobyl. Over a 10 year period, expeditions into the most contaminated areas at the site of the world's worst nuclear accident have created expertise of unique utility in training and exercising in a real-world setting, with unprecedented credibility. Personnel from CMDD have also been working with the United Nations in direct deployment to African areas where hundreds of thousands have died in natural and man-made disasters, such as Rwanda, Sudan, and Sierra Leone. Some CMDD personnel at MCG and UGA have current top secret clearances and FBI certifications which have been utilized in research of direct relevance to WMD mass casualty response. This experience gives valuable insight and unique credibility for use in incident command, communication, detection technology, and mass casualty management research and training. The CMDD Director has been asked to speak at the United Nations on three occasions, including 2006 and 2007, on issues of mass casualty response, particularly relating to the imminent threat of nuclear war. Numerous appearances on national/international news outlets have also been made, including CNN (Anderson Cooper) and FOX (Hannity & Colmes), on issues of mass casualty preparedness.
- 4.5 Unprecedented local credibility for emergency preparedness in Georgia, including current state EOC functions. CMADD has had a highly credible local presence in Georgia since before the 9/11 attacks, working in the area of anti-terrorism and natural disaster response throughout the state, and it is intended to augment this state utility at UGA in the proposed Institute. Before 9/11, CMDD conducted a series of regional conferences on the emergency medical response requirements for terrorist attacks, which were attended by representatives of all the state agencies tasked with emergency and public health response. Immediately after 9/11, CMDD was tasked by the Division of Public Health to conduct medical training in all 8 GEMA regions of the state for development of baseline emergency response proficiency for terrorist attacks. CMDD was asked by the Division of Public Health and GEMA to devise the mass casualty management plan for the G-8 Economic Summit at Sea Island, GA. CMDD produced the plan that would have been involved if a large-scale terrorist attack had occurred when the 35 heads-of-state of the world's industrial powers were visiting Georgia. Since that time, MCG has received contracts from DPH for the conduct of ADLS, BDLS, and CDLS-decon courses throughout the state for anti-terrorism proficiency in hospitals, clinics, and health care centers. A highly successful rotation in pharmacy centered on mass casualty preparedness has been conducted for the last four years at the College of Pharmacy, including training for PharmD students at the DHS Center for Domestic Preparedness at Anniston, Alabama. A video aimed specifically at pharmacist training has been sent to all 6,300 pharmacists in the state of Georgia. The continuity of contracts from the state over the last several years indicates the high degree of credibility and trust that has been built up over time. Of particular importance has been the current status of CMDD, to be transferred to the Institute, as an EOC for the State Division of Public Health. After demonstrating that this EOC can receive input simultaneously from 129 hospitals in real time during an extended crisis, it is intended to continue this function both in research/training venues and in a real crisis in mass casualty health care, should one arise.

5. Governance and Procedures of the Institute

- 5.1 **Governance**. The Institute for Health Management in Mass Destruction Defense is proposed as an independent unit at UGA, reporting to the Dean of the College of Public Health. The Institute will be governed by a Director appointed by the Dean of the College of Public Health, in consultation with the Provost. The Executive Committee will provide advice to the Director on the strategic direction and oversight for research and training to enhance the mission of the Institute. The Executive Committee, appointed by the Director in consultation with the Provost, will be composed of both faculty and non-faculty members whose interest and experience encompass the breadth of fields dealing with the components of WMD, mass casualty issues, information technology applications, and public/private interfaces in health care management and public health. The Executive Committee will meet at least biannually to discuss strategic direction of the Institute, evaluating new projects and collaborators, and addressing issues of national/international impact related to the unique mission of the Institute as they arise. Academic units and individual faculty will participate in interdisciplinary programs of instruction, prepare research proposals in conjunction with IHMD, and participate in existing IHMD research and training projects.
- **5.2 Faculty Affiliation**. Affiliated faculty members will retain their departmental appointments and salaries and may participate in the Institute's Executive Committee. Affiliation by individual faculty will be determined by the Director in consultation with the Executive Committee.
- **5.3 Participating Units.** Four Colleges at the University of Georgia and one Department at the Medical College of Georgia will participate in the Institute, based on a previous track record of successful collaboration within the CDC Center, CMDD. The UGA Colleges are Pharmacy, Public Health, Veterinary Medicine, and Education. The Department of Emergency Medicine at MCG has been a collaborator with CMDD since its inception in 2002.
- **5.4 Courses, Degrees, and Continuing Education**. While there are no new degrees and courses included in this proposal, the Institute will provide requested assistance with the existing goals of participating units for developing programs. One notable example is the development of the disaster management course series for the MPH and DrPH degrees at the College of Public Health. This will be of considerable utility for the accreditation process for that College, as well as the enhancement of affiliated funding opportunities. Cross-listing of PharmD and MPH/DrPH courses in disaster management between the Colleges of Pharmacy and Public Health are also underway. Continuing education activities will continue by the Institute with pharmacists through the College of Pharmacy, veterinarians through the College of Veterinary Medicine, and physicians/nurses/paramedics through MCG and AMA.
- **5.5 Facilities**. The Institute would be initiated within the current CMDD facility at Barrow Hall, involving 4,400 ft² of contiguous laboratory, office and EOC space on the first floor. It was proposed that this Institute occupy the existing gymnasium facility and recreational complex in the UGA plans for the Navy School (as proposed in Item 1.9 of the Navy Supply Corps School Local Redevelopment Authority Official Notice of Interest, January 17, 2007).

5.6 Current Faculty/Senior Staff Affiliations at CMDD to be involved in IHMD

Name	Location	Type	Department
Robert Galen, MD, MPH	College of Public Health UGA	Academic Department Head	Health Administration Biostatistics & Epidemiology
William Bell, PhD		Senior Research Scientist	Health Administration Biostatistics & Epidemiology
Cham Dallas, PhD	College of Pharmacy UGA	Professor & Director Center for Mass Destruction Defense	Pharmaceutical and Biomedical Sciences
Cathy White, PhD		Associate Professor	Pharmaceutical and Biomedical Sciences
Ron Cervero, PhD	College of Education	Academic Department Head	Lifelong Education, Administration, and Policy
Lorilee Sandmann, PhD	UGA	Associate Professor	Lifelong Education, Administration, and Policy
Bruce Hollett, DVM	College of	Associate Dean	Large Animal Medicine
Corrie Brown, DVM, PhD	Veterinary Medicine UGA	Professor	Pathology
Richard Schwartz, MD Phillip Coule, MD	Medical College of Georgia	Department Chairman Associate Professor	Emergency Medicine Emergency Medicine

6. Funding

6.1 Current successful funding through CMDD. The Institute would build upon the successful funding of the Center for Mass Destruction Defense (CMDD) over the last four years. As shown in the Table I below (depicting funding already received in UGA accounts for CMDD), a substantial level of support from the Centers for Disease Control and Prevention (CDC) has been received, as part of the national network of CDC Public Health Preparedness Centers. Within the last year, substantial funding has also been received from the Health Resource and Service Administration (HRSA), as well as from the Georgia State Division of

Public Health (GPH).

Grant Number	Grant Name	Original Grant Total
10-11-RH71-196	MCG BIOTERROR TRG DALLAS	\$190,000.00
10-21-RR571-150	CDC RF CLEARMADD DALLAS	\$2,242,859.00
10-21-RR571-209	PREPAR EXERCISE DALLAS	\$284,000.00
10-21-RR571-214	GDHR PREPARDNESS EX	
10-21-103/1-214	DALLAS	\$605,000.00
	TOTAL	\$3,321,859.00

Table 1 – Grants/contracts already received, with UGA account numbers, by CMDD over the last 4 years (2003-2006)

6.2 New and continuing grants/contracts through the Institute. Funding from these sources will continue next year as the existing projects are continued and extended into new areas, including funding from the Georgia Emergency Management Agency (GEMA). The grants and contracts currently under negotiation (i.e., reasonably certain of coming on line in the next 9 months) are cited in Table 2. A 3-year contract has been agreed upon with DPH, totaling \$1.5 million, in which CMDD will devise the emergency planning (including evacuation) and training for the health practitioners serving the geriatric population in Georgia institutions in the event of major crises (the devastating Hurricane Katrina experience has brought this to the forefront). There also will be expansion of the EOC using additional state funding. Additional state- and federally-funded projects are envisioned together with the College of Education in evaluation metrics for mass casualty exercises, with the College of Pharmacy in pharmacist education (especially through HRSA), and with the College of Veterinary Medicine for veterinarian training (from GEMA). Additional opportunities exist in the short term from the Department of Defense and the Department of Homeland Security, with participation of the Colleges of Public Health and Pharmacy.

Anticipated Grants	Grant Total	
GEMA - BDLSvet	\$215,000.00	
GPH – Nursing Homes	\$1,505,000.00	
GPH - Security	\$258,961.00	
GPH - EOC	\$80,000.00	
GPH - Surge Capacity	\$790,000.00	
TOTAL	\$2,848,961.00	

Table 2 – New and continuing grants/contracts under negotiation by CMDD, expected in 2007



DEPARTMENT OF EMERGENCY MEDICINE Emergency and Express Care Services

May 9, 2007

Cham E. Dallas, MD
Professor and Director
CDC Center for Mass Destruction Defense
University of Georgia and Medical College of Georgia
250 West Green Street
College of Pharmacy
University of Georgia
Athens, GA 30602

Dear Dr. Dallas

I am very pleased with the ongoing partnership our respective institutions have in the *Center for Mass Destruction Defense (CMADD)*. That effort has been highly successful and is representative of the types of joint ventures our institutions should pursue. We support this initiative as a venue for collaboration on a programmatic level. The concept of a fully joint MCG/UGA Institute should be further developed to promote Homeland Security, Disaster Preparedness, and Bio-Security initiatives. The location of this joint center will depend upon multiple factors and will need to be determined at a future time. This is a great opportunity for both of our institutions and I look forward to our future collaboration.

Sincerely,

Richard B. Schwartz, MD

Chairman

Department of Emergency Medicine Center of Operational Medicine

Medical College of Georgia



College of Pharmacy

22 March 2007

Cham E. Dallas, PhD Professor of Pharmaceutical and Biomedical Sciences Director, CDC Center for Mass Destruction Defense University of Georgia Athens, GA 30602-2351

Dear Cham.

I am in full support of the proposed interdisciplinary Institute for Health Management in Mass Destruction Defense. At a point in history were the chances for terrorism, natural disasters and major epidemics are all too real, the need for an upgrade of our preparedness has never been greater. Your engagement and leadership in this area has spanned more than a decade and resulted in the very successful CDC Center for Mass Destruction Defense that you are leading. Your work with the United Nations, Dept. of Homeland Security, Georgia Division of Public Health, Georgia Emergency Management Agency, CDC and the American Medical Association has resulted in a very strong unit that is already contributing strongly to our preparedness.

The proposed Institute for Health Management in Mass Destruction Defense (IHMD) is the next logical step in this development. It will allow for accelerated development of the training and research at an interdisciplinary, inter-university level that is needed. It will also create the independence that is necessary to more effectively negotiate with various governmental and private agencies.

The College of Pharmacy is proud of our affiliation with the CDC Center for Mass Destruction Defense that you are leading and are looking forward to supporting and working closely with you to continue this very important work.

Please feel free to contact me if you need additional information or clarification.

Sincerely,

Svein Øie

Dean



Office of Vice President for Research

March 15, 2007

Dr. Cham Dallas Pharmaceutical and Biomedical Sciences University of Georgia

Dear Dr. Dallas:

I write in support of your proposal to establish an interdisciplinary *Institute for Health Management in Mass Destruction Defense*. I am aware of your leadership in national and statewide efforts to prepare for and respond to events that could put significant populations at risk whether caused by major medical outbreaks, natural disasters, or terrorism. Your work with the Office of Homeland Security, the CDC, the United Nations, the American Medical Association, the Georgia Division of Public Health, and the Georgia Emergency Management Agency has brought very positive recognition to UGA as well as garnering considerable extramural funding. Your research with UGA faculty and experts at major medical schools and other institutions in the region and nationally has created new opportunities not only for research but for instruction and outreach in the area of emergency health systems coordination.

I agree that establishing an institute for this purpose will have benefits for UGA and your program in terms of access to public health research funding, support for broad efforts in public health planning, and the development and delivery of coursework in the field. Of specific importance is the need to continue your funding through the Public Health Preparedness Centers program which has been transferred from the CDC to the Association of Schools of Public Health. With this change, only programs in schools of public health will receive continued funding. This reality and future funding opportunities argue for governance of the institute within the new College of Public Health and not OVPR.

The new institute should function as a catalyst for further interdisciplinary and interinstitutional collaboration. I note current involvement at UGA already includes faculty from education, pharmacy, public health, and veterinary medicine and faculty at the Medical College of Georgia. In this context of expanding involvement, I believe it is time to establish a formal institutional base at UGA for the study of health management in mass disasters.

Sincerely

David Lee, Ph.D.

Vice President for Research



College of Pharmacy

February 22, 2007

Cham E. Dallas, Ph.D.
Professor, Department of Pharmaceutical and Biomedical Sciences
Director, CDC Center for Mass Destruction Defense

Dear Dr. Dallas:

I am writing to support with considerable enthusiasm your proposal to establish "The Institute for Health Management in Mass Destruction Defense" at the University of Georgia. This appears to me to be a natural extension of the successful CDC Center for Mass Destruction Defense that you have been associated with for a number of years. The collaborative arrangement with the Medical College of Georgia lends significant strength to this proposal. In addition, if the proposed joint UGA-MCG project to establish a medical college at the University of Georgia is successful, it would be logical for this institute to be also associated with this new medical college.

I wish you much success with your proposal to establish this timely institute. Please do not hesitate to ask me if you need any help as you move forward.

Sincerely,

van Hain

Vasu Nair, Ph.D., D.Sc. Head, Department of Pharmaceutical and Biomedical Sciences William Henry Terry, Sr., Professor and GRA Eminent Scholar in Drug Discovery Director, Center for Drug Discovery



Georgia Department of Human Resources • Division of Public Health • Stuart T. Brown, M.D., Director

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February 11, 2007

Cham E. Dallas, Ph.D.
Professor and Director,
CDC Center for Mass Destruction Defense
University of Georgia and Medical College of Georgia

Inre: Establishment of the Institute for Health Management in Mass Destruction Defense at the University of Georgia and Medical College of Georgia

Dear Dr. Dallas;

I am eager to endorse the establishment of the Institute for Health Management in Mass Destruction Defense (IHMD) at the University of Georgia and Medical College of Georgia (MCG).

Through our collaborative activities under the HRSA National Bioterrorism Hospital Preparedness Program (NBHPP), we have, over the past few years, improved the State's health community's level of preparedness for any mass destruction event. We have established command and coordination resources at the Center for Mass Destruction Defense (CMDD), that enable the Division of Public Health to effectively monitor and coordinate response activities of all 150 of the acute care hospitals within Georgia. This capability is absolutely essential to the Division's Emergency Support Function responsibilities under the State's Emergency Operations Plan.

However, we have simultaneously identified system-wide shortfalls in preparedness training, planning, and response coordination. Through the establishment of the IHMD, UGA and MCG would be able to provide essential resources to the medical community and emergency preparedness community within Georgia and across the nation to address those shortfalls.

This proposal offers a quantum leap forward of the work CMDD currently is conducting.

I would urge UGA and the University's Board of Regents to authorize the establishment of the IHMD.

Sincerely,

Dennis L. Jones, RN, BSN

Health Community Preparedness Director

Emergency Preparedness

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College of Education

Department of Lifelong Education, Administration, and Policy

Program in Adult Education, Educational Administration & Policy, Qualitative Research

February 5, 2007

Cham E. Dallas, PhD
Professor and Director
CDC Center for Mass Destruction Research
College of Pharmacy
The University of Georgia

Dear Cham,

Our department is happy to support the proposal for the Institute for Health Management in Mass Destruction Defense. Our department can support the Institute through our faculty expertise in the areas of continuing education and training design, delivery, and evaluation. We have a number of faculty members in our Adult Education program who are nationally recognized for their research and teaching in the areas of continuing medical education, educational evaluation, and organizational development and learning. As one example, we are already working with your CDC Center to evaluate a major hospital preparedness project in Georgia. Our faculty would be able to offer their expertise as the Institute develops training programs for standardizing mass casualty healthcare in the region and the nation. We are excited about the prospect of working with faculty members from other units on campus and at the Medical College of Georgia on this critically important initiative.

Sincerely,

Ronald M. Cervero, PhD Professor and Head

Monald Cervero