



## LOCAL, STATE, AND FEDERAL RESPONDERS TEAM UP AGAINST SUPERSTORM SANDY

On October 29, 2012, Superstorm Sandy made landfall just south of Atlantic City, New Jersey. The largest Atlantic tropical storm on record, Sandy was responsible for loss of life, record flooding, power outages, and the destruction of thousands of homes. Within five days, 24 states were impacted, causing more than \$70 billion dollars in damage.

The initial response to a disaster falls on the local government's emergency services, the state, and volunteer agencies. For a catastrophic disaster, the governor of a state can request federal resources, including a major disaster declaration from the President. This declaration puts into motion immediate response assistance as well as long-term federal recovery programs.

For Sandy, the President signed emergency declarations while the storm was still hundreds of miles away, allowing the states to request federal funding and other assistance in advance of the storm. This state of emergency brought together government agencies at the local, state, and federal levels, non-profit organizations, and for-profit businesses to meet the needs of the community and to respond. Local and county health officials played a critical role in setting up both local and medical-need shelters, ensuring food and water safety, and educating the public about mold removal, carbon monoxide poisoning, and how to be safe while doing recovery work.

To aid in recovery and response, HHS deployed more than 1,200 personnel to New York and New Jersey, providing public health and medical assistance following the devastation of Superstorm Sandy. At CDC, the Emergency Operations Center coordinated CDC's response with state and local health departments, and the Strategic National Stockpile deployed personnel and seven Federal Medical Stations (FMS)<sup>1</sup> to locations in New Jersey and New York. In addition, a number of Commissioned Corps officers were deployed as part of Rapid Deployment Force teams staffing the FMS.

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<sup>1</sup> FMS are rapidly deployable stations that provide resources to care for displaced persons with nonlife-threatening health needs or chronic conditions (such as respiratory illness or diabetes) that cannot be met in a general population shelter during an incident. The stations are stocked with beds and supplies to care for up to 250 patients for three days.