



TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Access the recording here:

<https://attendee.gotowebinar.com/recording/2421283387039972354>

Access speaker bios here:

<https://files.asprtracie.hhs.gov/documents/play-to-win-healthcare-and-public-health-preparedness-for-mass-gatherings-webinar-speaker-bios.pdf>

Play to Win: Healthcare and Public Health Preparedness for Mass Gatherings

January 27, 2026



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INFORMATION GATEWAY

Rachel Lehman
Director (Acting), ASPR TRACIE

ASPR TRACIE: Three Domains



- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form ([ASPRtracie.hhs.gov](https://asprtracie.hhs.gov))



- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

Select ASPR TRACIE Resources

- [EMS Infectious Disease Playbook](#)
- [*The Exchange*, Issue 7: Providing Healthcare During No-Notice Incidents](#)
- [Issue 8: Supporting Hospital Surge—Meeting Patient and Staff Needs](#)
- [Issue 18: Innovations in Health Care Surge Capacity Management](#)
- [Hospital Surge Capacity and Immediate Bed Availability Topic Collection](#)
- [Mass Casualty Hospital Capacity Expansion Toolkit](#) and [Toolkit Demonstration](#)
- [Mass Gatherings/Special Events Topic Collection](#)
- [Volunteer Management Topic Collection](#)



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CAPT Samantha Spindel, Ph.D.
Director (Acting), Office of Medical Reserve Corps

New Partnership between OMRC and ASPR TRACIE

After 10 years of collaboration, OMRC and ASPR TRACIE are formalizing their partnership to integrate stakeholders and ensure MRC units and volunteers can quickly access planning, operational, and educational resources. Over the next year, MRC stakeholders can expect:

- Resource development for MRC units and volunteers to include tip sheets, operational products, and other materials housed in a one-stop knowledge center for MRC units and volunteers
- Collaborative forums within the secure, moderated IE that will foster information sharing, best practices, and collaborative learning within and between MRC units.





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CDR Shelsy Cannon, MSN, BSN, RN
ASPR Regional Emergency Coordinator, Region 3

Scope of ASPR Engagement for Major Mass Gatherings

- ASPR Regional Teams are actively engaged in FIFA World Cup health and medical planning
- Engagement spans ASPR Regions 1, 2, 3, 4, 6, 7, 9, and 10
- Events include the 2025 Club World Cup, 2026 FIFA World Cup, and 2026 American Independence celebrations
- Collaboration spans federal, state, local, tribal, and regional partners
- Planning activities are occurring months to years in advance to ensure integrated preparedness
- Efforts are focused on protecting public health and sustaining healthcare system readiness

Planning, Coordination, and ESF-8 Readiness Activities

- Participation in interagency planning meetings, workgroups, and executive steering committees
- Engagement in tabletop and full-scale exercises to test health and medical operations
- Close coordination with FEMA on consequence management and incident escalation
- Technical assistance provided to partners on federal ESF-8 roles, authorities, and resources
- Strengthening coordination among public health, emergency management, and healthcare systems

What This Means for Jurisdictions

- Treat mass gatherings as planned emergencies requiring early coordination
- Engage public health, emergency management, healthcare, and private partners early
- Clarify roles, authorities, and ESF-8 request processes before events begin
- Plan for medical surge, heat, infectious disease, and mass-casualty scenarios



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John Hick, MD
Moderator
Hennepin Healthcare & ASPR TRACIE



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INFORMATION GATEWAY

Steven Hoeger
Director, Corporate Emergency Management, University Health
(Missouri)

Steven Hoeger

-
- **Steven Hoeger**
 - Director, Corporate Emergency Management & Compliance; University Health
 - Chair, MARC Health Care Coalition



Team Sport: Coalition Planning for the World Cup

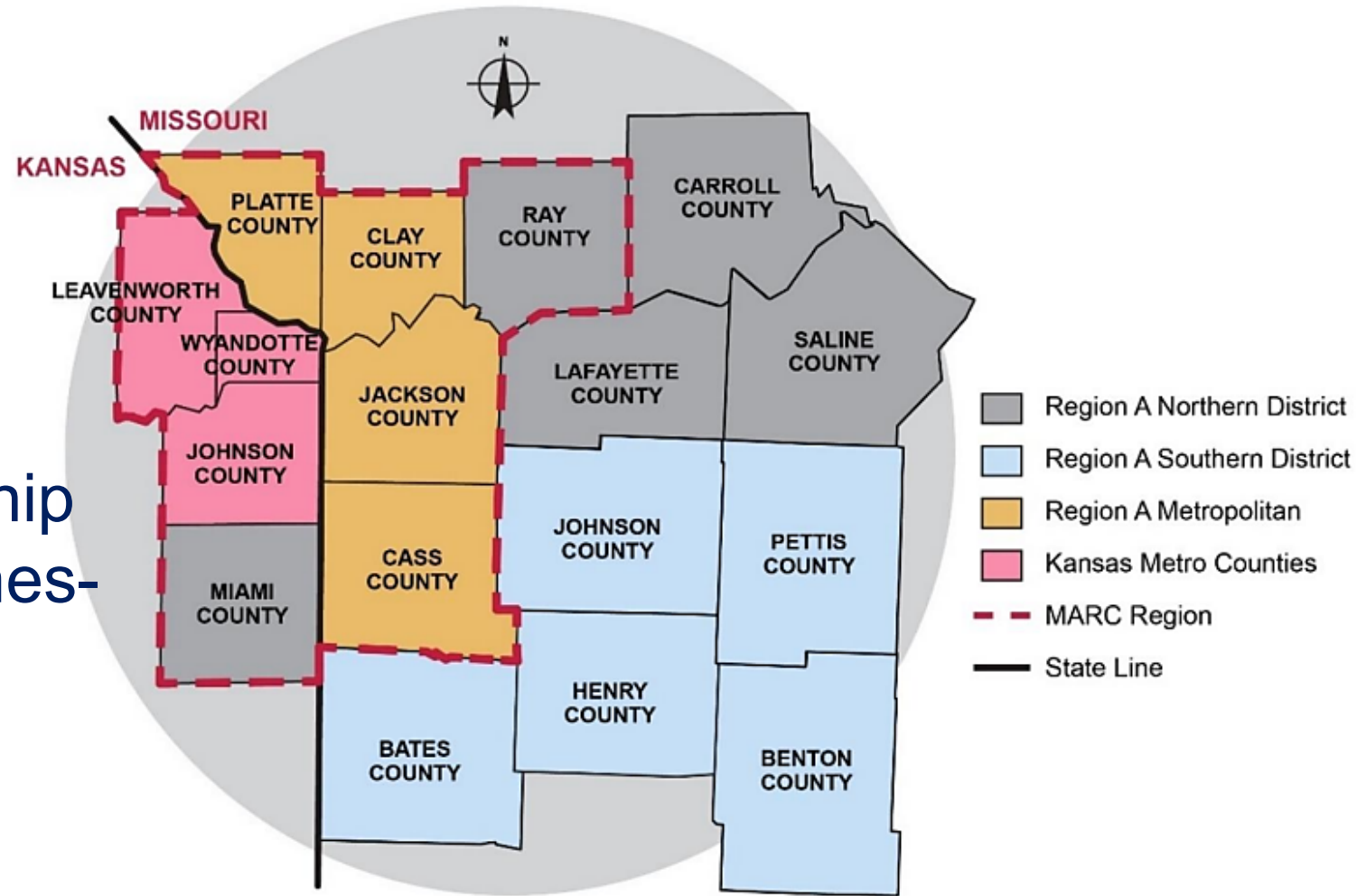


MARC-HCC

MID-AMERICA REGIONAL COUNCIL
HEALTH CARE COALITION

*Collaborating to Advance
Health Care System Resilience*

- Counties: 13 (16 with KS)
- Population: 1.45M
 - *2.3M with Kansas Metro*
- Member Organizations: 267
- Active & engaged membership
- Work closely across state lines-
(Kansas City Metro)
- Urban and rural





Sportingkc.com; June 2022.

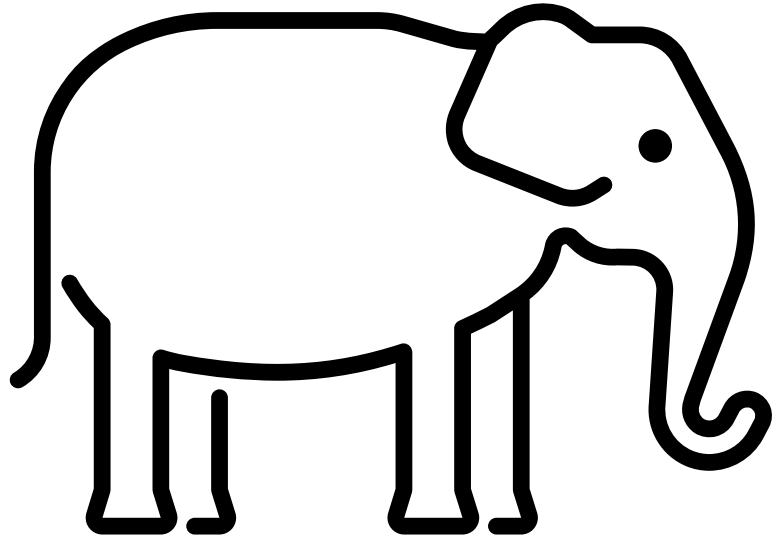
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ASPR
ADMINISTRATION FOR STRATEGIC
PREPAREDNESS AND RESPONSE

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

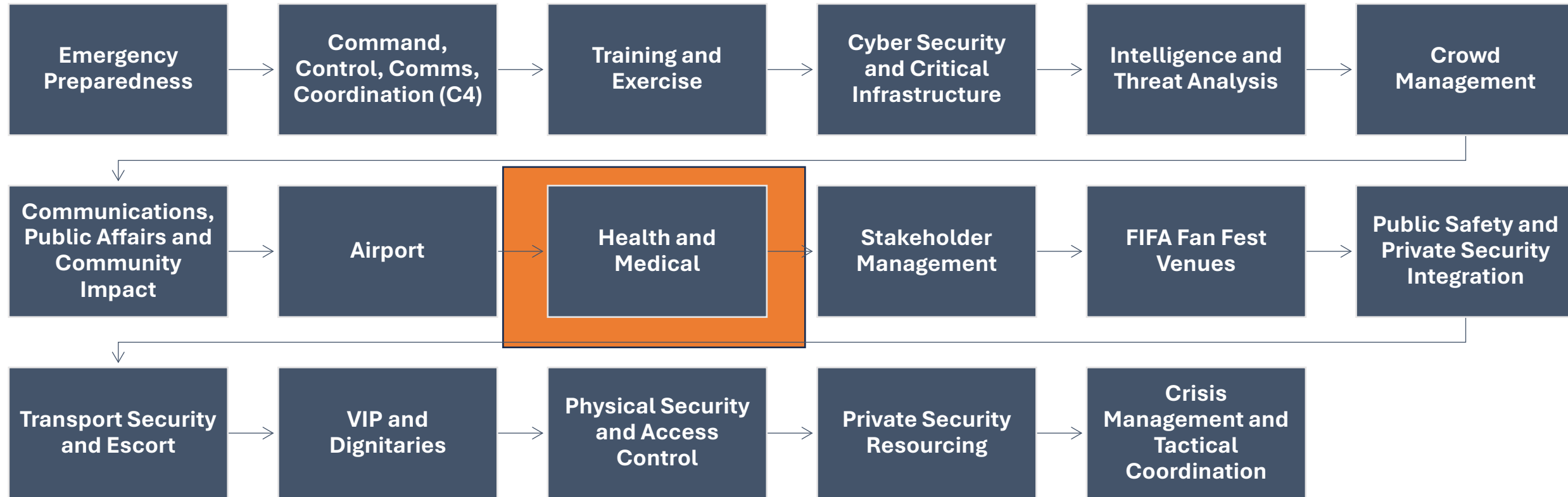
A close-up photograph of several hands of different skin tones raised in the air, palms facing forward. The hands are positioned at various heights, creating a sense of collective effort or celebration. The background is blurred, showing hints of an outdoor setting with other people and structures.

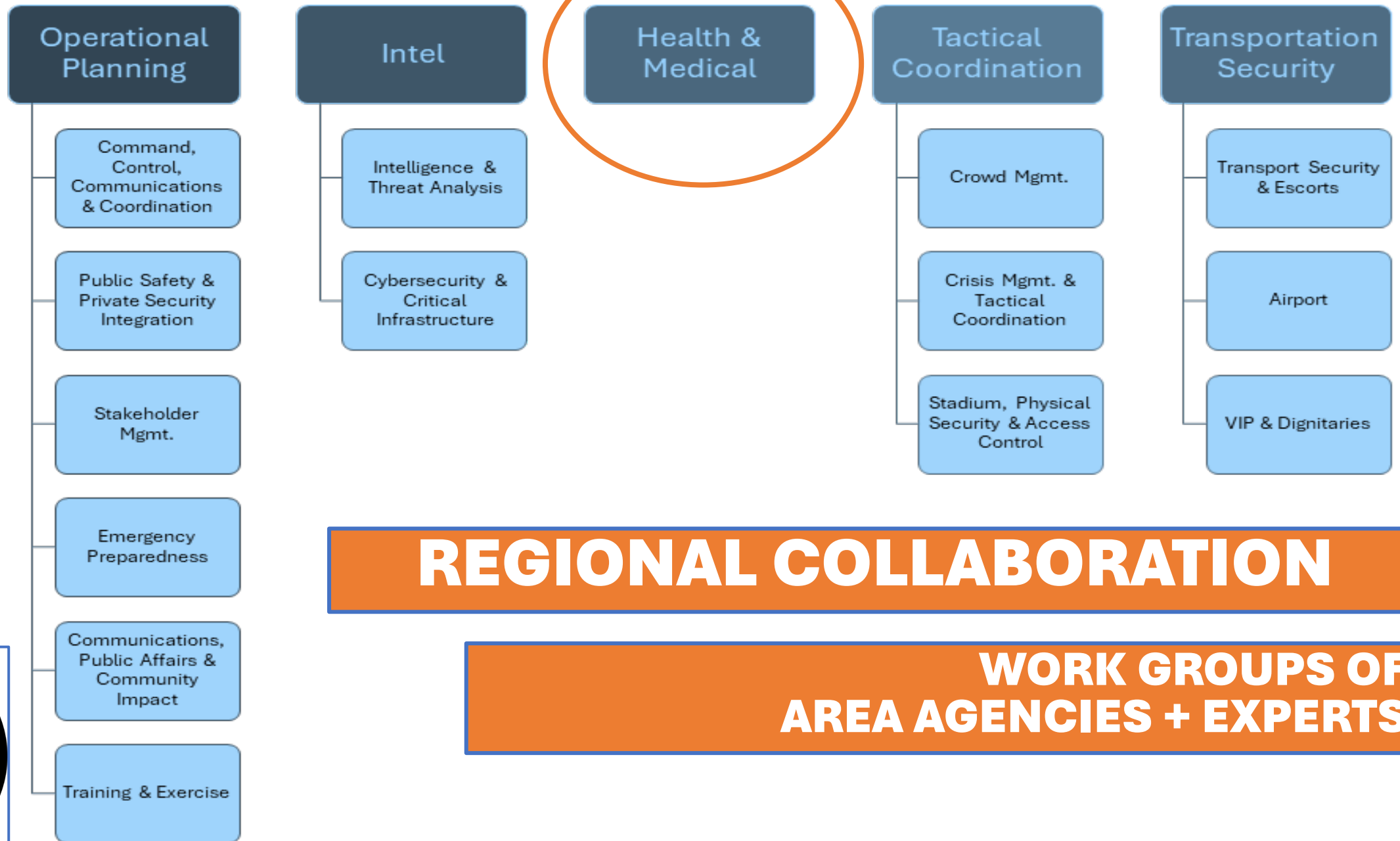
Great!
So...now
what?



**How do you
eat an
elephant?**

FIFA 18 PLANNING CONSIDERATIONS

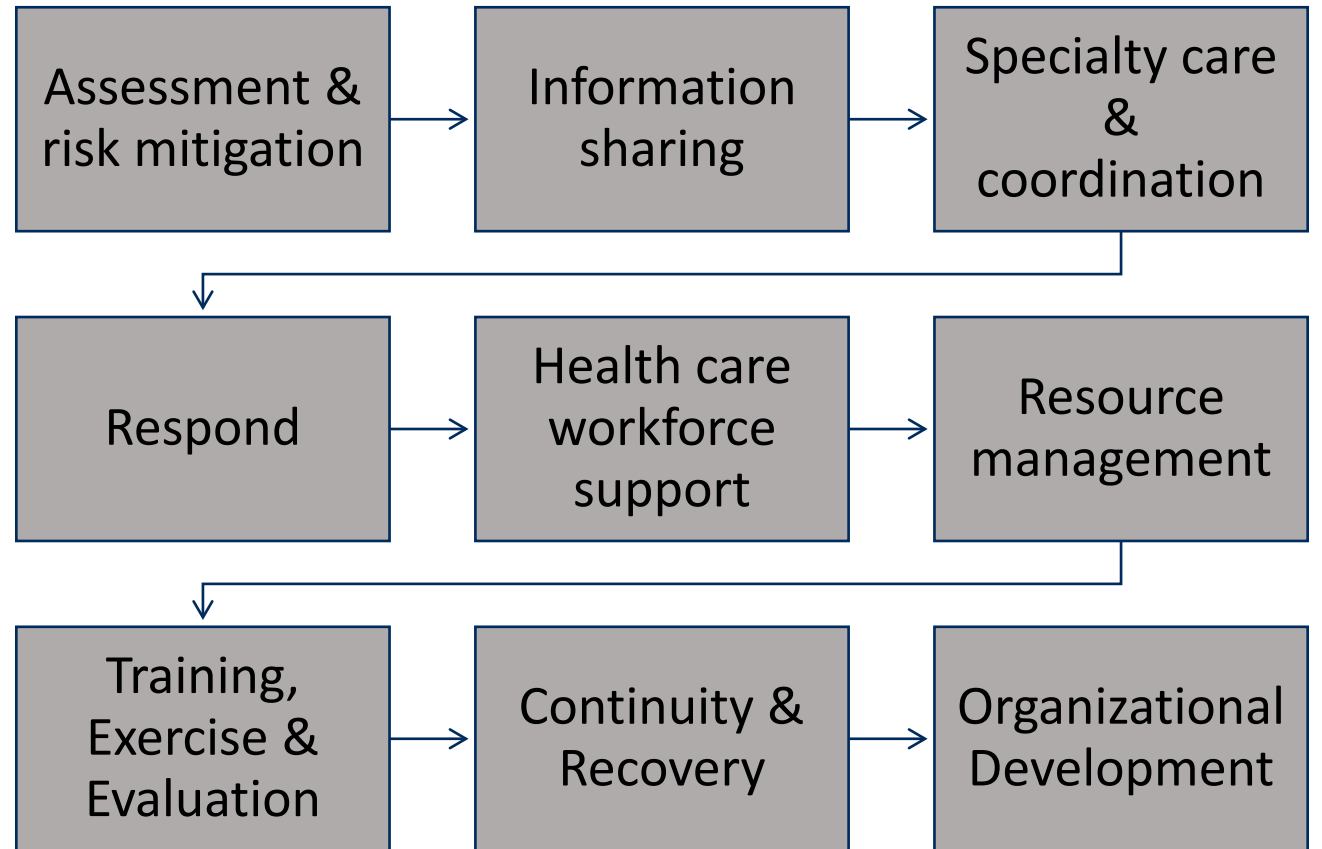




**What does this
have to do with
the Health Care
Coalition?**



HCC Core Functions



Health and Medical

FIFA Minimum standards

MS 2.4.1

Establish or identify **organizational structures** to coordinate health and medical resources and need across all local sites within the Host City and/or Host City region if appropriate.

MS 2.4.2

Establish or identify local **communications processes**, protocols, tools, and networks to ensure coordination of health and medical providers and integrate them with tournament-wide processes, protocols, tools and networks.

MS 2.4.3

Establish or identify **contingency plans and/or resources** which may be leveraged to increase health and medical capacity, if necessary (regional resources, Disaster Medical Assistance Teams, mutual aid, or Emergency Management Assistance Compacts).

Health and Medical

FIFA Minimum standards

MS 2.4.4

Establish or identify processes to **define medical threats and risks** to capture mitigation strategies for each threat or risk. Ensure **mitigation strategies** are implemented as appropriate, documenting the results of each.

MS 2.4.5

Establish or identify **information sharing processes**, to include data collection, between the Host Cities and FIFA.

MS 2.4.6

Identify potential **roles and responsibilities** during emergencies or mass casualty incidents.

MS 2.4.7

Establish or identify processes that recognize **personnel, equipment, training and response gaps** specific to health and medical and identify strategies to address them. Prioritize resource needs and identify the criticality and impact of potential gaps and unmet needs.



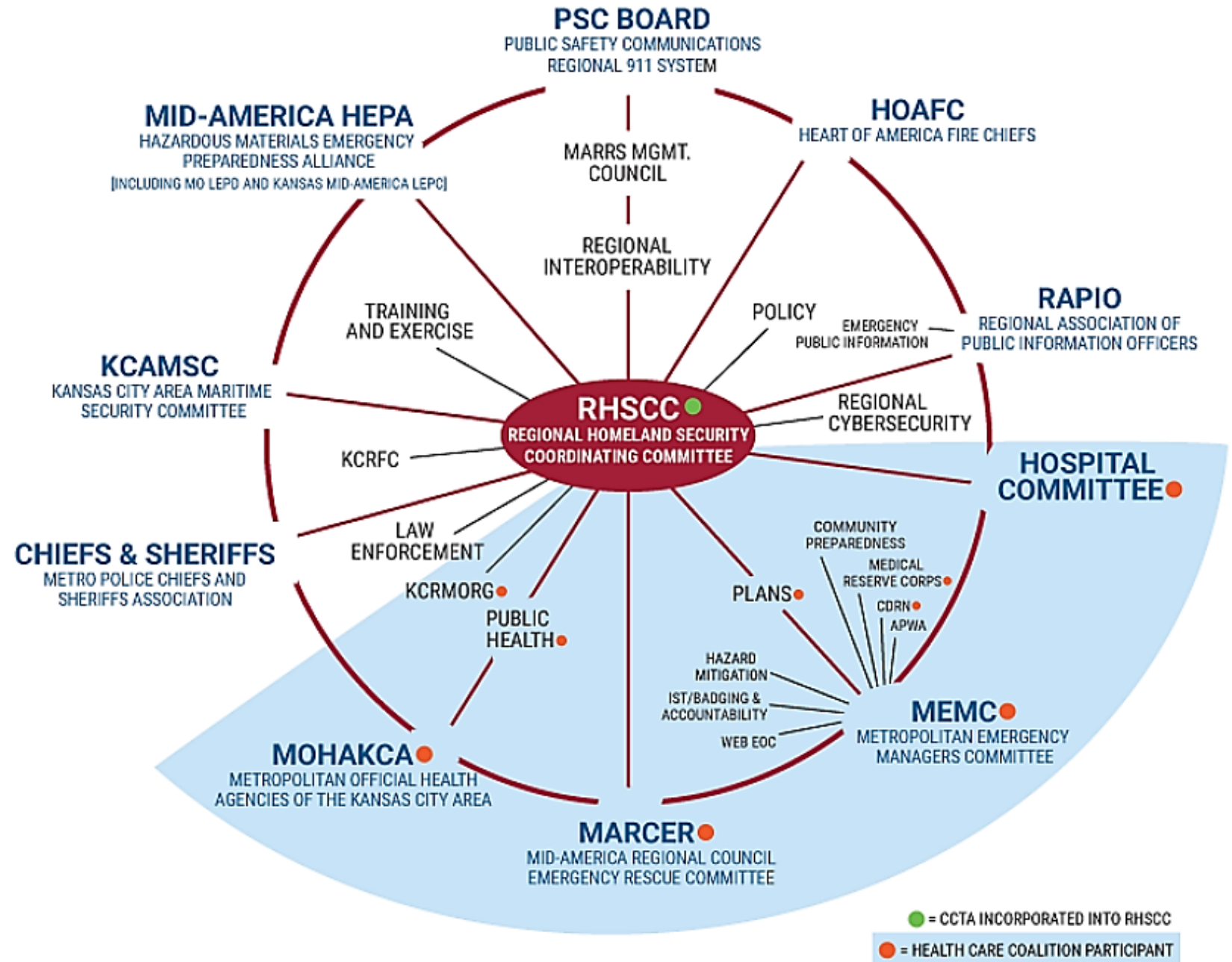
Don't reinvent the wheel.

**Medical
Standard
2.4.1**

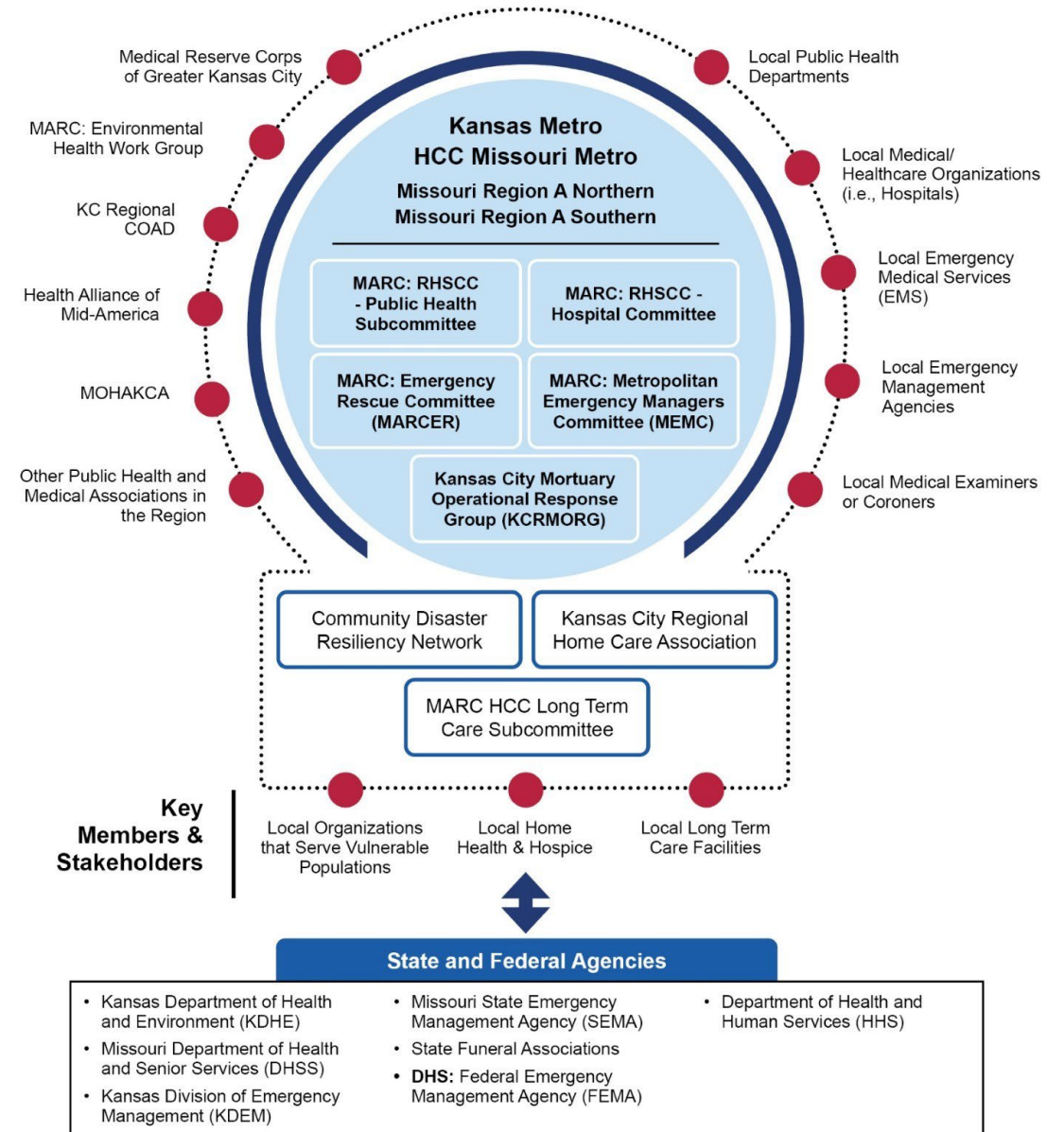
Establish or identify **organizational structures to coordinate health and medical resources and need across all local sites within the Host City and/or Host City region if appropriate.**

MARC RHSCC Circle of Friends

The MARC Health Care Coalition exists as the health and medical arm of the Regional Homeland Security Coordinating Committee. This structure allows collaboration and coordination across disciplines and agencies to ensure inclusive planning and response.

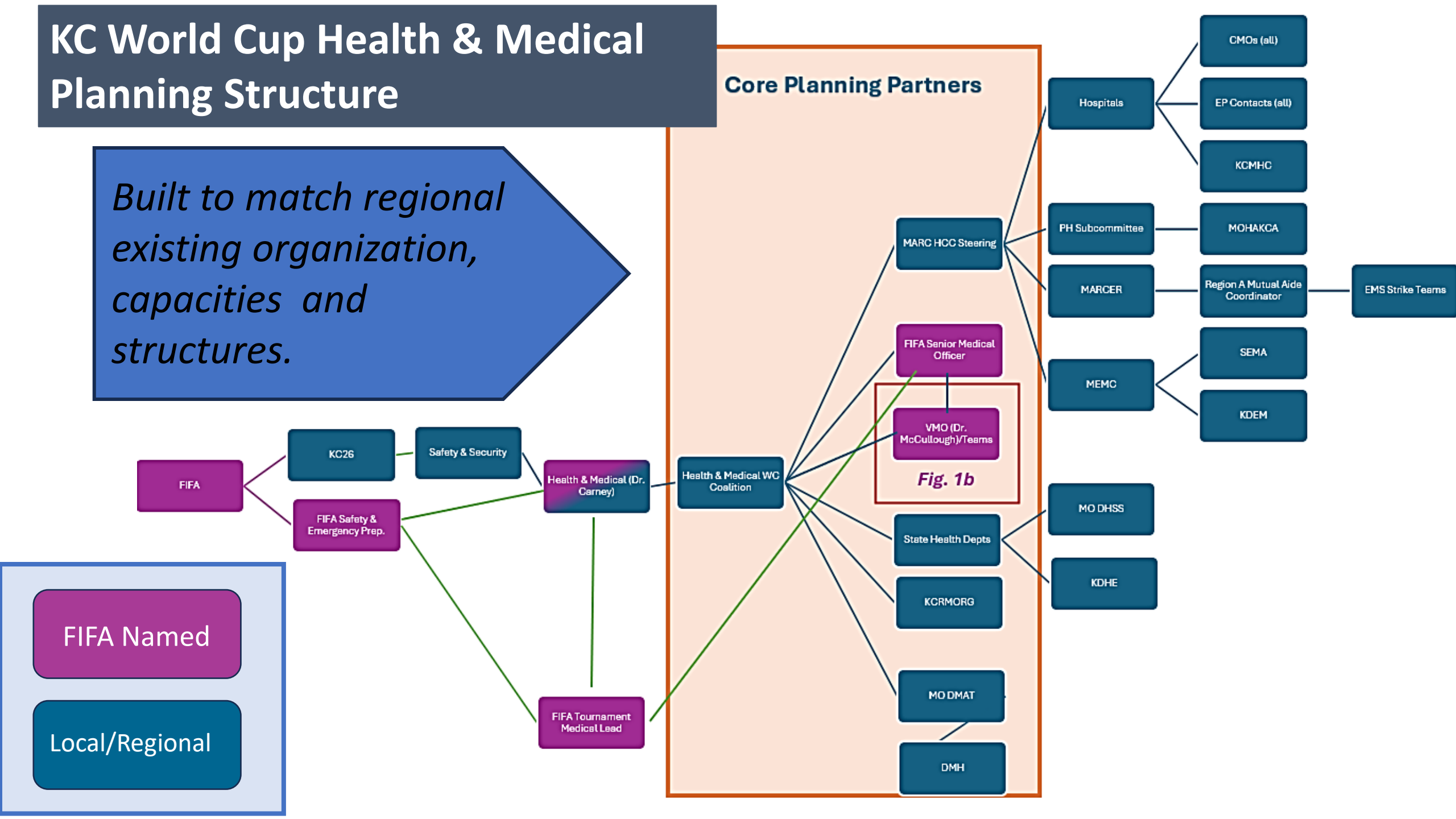


MARC Health Care Coalition Structure



KC World Cup Health & Medical Planning Structure

Built to match regional existing organization, capacities and structures.



Workgroups

National

- ⚽ **Event associated heat illness mitigation**
- ⚽ **Natural and man-made disasters**
- ⚽ **Medical Surge**

Regional

- ⚽ **Capacity utilization and infrastructure**
- ⚽ **Hospital/EMS coordination**
- ⚽ **Visitor communication/education about healthcare**

MS 2.4.2

Establish or identify local **communications processes**, protocols, tools, and networks to ensure coordination of health and medical providers and integrate them with tournament-wide processes, protocols, tools and networks.



MS 2.4.5

Establish or identify **information sharing processes**, to include data collection, between the Host Cities and FIFA.

EMResource

- Hospital Status Dashboard
- Regional Situational Awareness for hospitals and EMS
- Bed Availability

eICS

- Regional Health & Medical Information Sharing
- Just-in-time and pre-planned events coordination with Health Care partners

WebEOC

- Information sharing
- Situational awareness
- Resource Requests

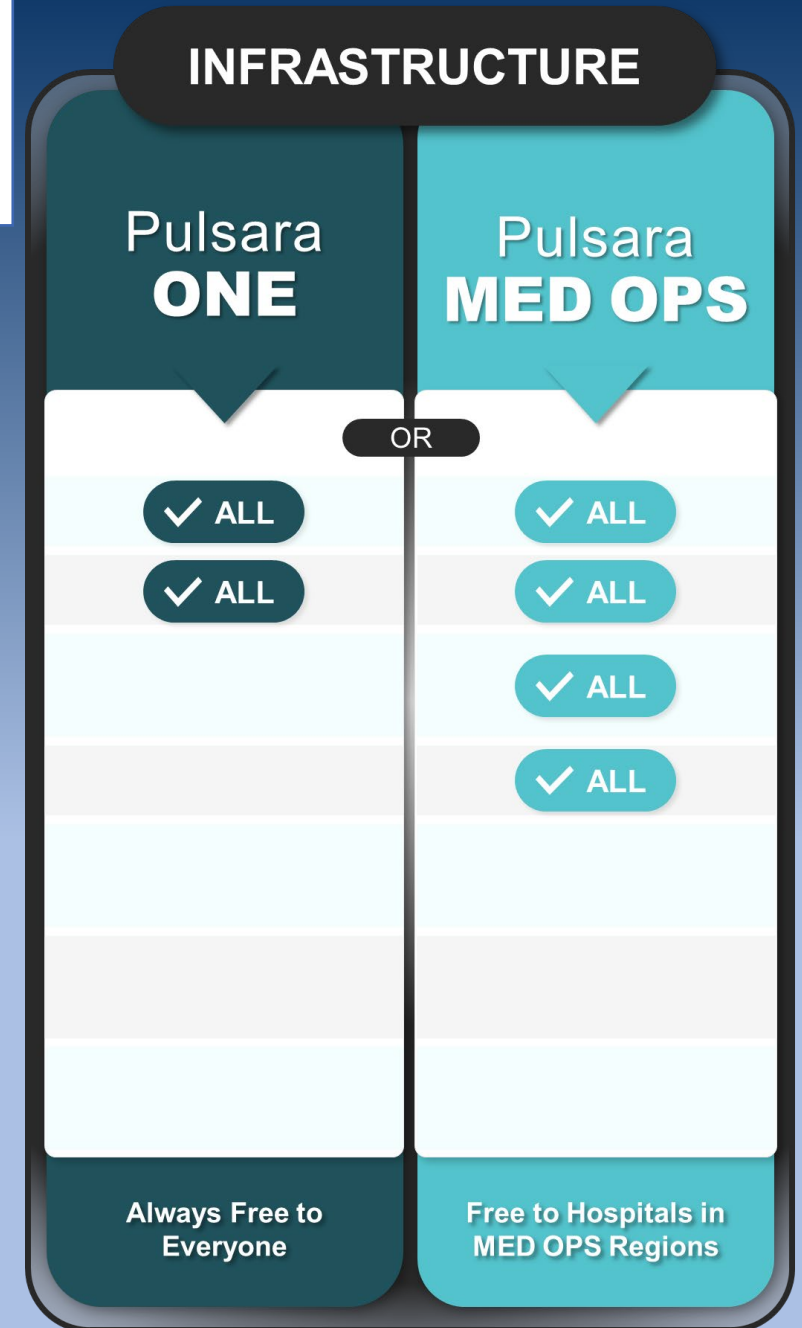
MS 2.4.2

Establish or identify local **communications processes**, protocols, tools, and networks to ensure coordination of health and medical providers and integrate them with tournament-wide processes, protocols, tools and networks.

Statewide system (Missouri)
Missouri and Kansas City Metro
Kansas statewide in process

HIPAA Compliant EMS to Hospital
Communications

PATIENT TRACKING



MARC HCC Threat Assessment Team (TAT)



Triggers that initiate the MARC HCC Response Plan



Significant Public Health and/or Medical Incident Occurs or is Anticipated



MARC HCC Duty Officer receives a telephone call (913-608-9425) from a HCC member requesting monitoring or activation of the HCC Response Plan



MARC HCC Duty Officer notifies the MARC HCC Threat Assessment Team via eICS



MARC HCC Threat Assessment conducts a threat assessment via Conference Call or In-Person Meeting Call

Note: Additional attendees may include the impacted HCC member(s) and/or Local ESF8



MARC HCC Threat Assessment determines the appropriate response level and appropriate next steps.

Potential Next Steps:

- No Further Action Necessary
- Continue Monitoring
- Activation of Regional Healthcare Coordination



MARC HCC Threat Assessment notifies the MARC HCC members via eICS and/or WebEOC and/or email of the:

- 1. Situation
- 2. Response Level
- 3. Next Steps

(as appropriate)



Activation of RHCS Needed

MS 2.4.3

Establish or identify **contingency plans and/or resources** which may be leveraged to increase health and medical capacity, if necessary (regional resources, Disaster Medical Assistance Teams, mutual aid, or Emergency Management Assistance Compacts).

- MO 1-DMAT
- HCC Response Plan & Regional Resource Annex
- Missouri Region A EMS Mutual Aid Coordinator
- Kansas Emergency Management & EMS (MARCER)
- Medical Reserve Corps (MRC)
- Hospital Mutual Aid Agreements & Regional Resource Sharing Agreement

MS 2.4.4

Establish or identify processes to **define medical threats and risks** to capture mitigation strategies for each threat or risk. Ensure **mitigation strategies** are implemented as appropriate, documenting the results of each.

- Regional Hazard Vulnerability Analysis (HVA)
- Threat & Hazard Identification & Risk Assessment (THIRA)
- Regional Fusion Center
- Information Sharing re: emerging threats

MS 2.4.6

Identify potential **roles and responsibilities during emergencies** or mass casualty incidents.

- Individual hospital, public health and EMS surge plans
- Existing Regional MCI and surge plans
- Well established protocols and information sharing platforms
- Regional Safety & Security Planning Framework

MS 2.4.7

Establish or identify processes that recognize **personnel, equipment, training and response gaps** specific to health and medical and identify strategies to address them. Prioritize resource needs and identify the criticality and impact of potential gaps and unmet needs.

- Continuous process for identifying gaps
- Lead up training and exercises ongoing
- Assessing current capacity and surge demand for language translation services



Learning from experience



Getty, 2015.



NFL/Tyler Kaufman, 2023.



David Eulitt, Getty, 2024.



KC Star, 2024.

Planning Assumptions



MEDICAL SURGE



MASS GATHERINGS



FOREIGN VISITORS



EVENT SPECIFIC
THREATS



Planning Assumptions: Medical Surge

- ⊗ Hospitals should plan for increased ED (20-30%), inpatient (10-20%) and outpatient clinic (15-25%) volumes.
- ⊗ Hospitals should plan for difficulty/delays with interfacility transfers.
- ⊗ Hospitals/EMS should plan for influx of heat related illness.
- ⊗ Be aware of/prepared for increased risk of infectious disease outbreaks (endemic and non-endemic).
- ⊗ Public health should be prepared for increased surveillance, monitoring, testing, quarantine and isolation.
- ⊗ Overall increased risk of drug overdose.



Planning Assumptions: Mass Gatherings

- ⊗ Pre-deployed/dedicated assets
- ⊗ Ingress/egress
- ⊗ Multiple simultaneous events/soft targets
- ⊗ Awareness of threat environment
- ⊗ Increased risk of food-borne illness outbreaks
- ⊗ Pre-planning for communication, understanding regional hospital capacity and patient tracking



Planning Assumptions: Foreign Visitors

- ⊕ Visitors may be unfamiliar with American health care system including appropriate levels of care and payment systems.
- ⊕ Increase of Non-English speaking patients will require pre-planned and just-in-time translation services.
- ⊕ Awareness of and ability to provide culturally sensitive care.
- ⊕ Increased strain on public transportation.



Planning Assumptions: Event Specific Threats

- ⚽ Human trafficking
- ⚽ Geo-political considerations; VIPS/VVIPs; protests/counter protests
- ⚽ Cyber
- ⚽ Terrorism
- ⚽ Event duration/resource constraints

Hospital Assumptions

Number	Assumption	Time Frame	location
1	Expectations include approximately ten (10) total patient transports from official matches during match play under typical conditions. note-this number is expected transports from official match location only and does not include watch parties, community events, etc.	Match Play	Arrowhead
2	Hospitals should plan for increased ED Volume, 20-30% above baseline, for the duration of the tournament. Driven by crowd-related injuries, dehydration, alcohol-related incidents, and heat exposure https://ferw.eu/the-hidden-health-risks-in-fifas-world-cup-host-choices/ https://bjsm.bmj.com/content/58/1/42	Duration of tournament	region wide
3	Hospitals should plan for increased inpatient volume, 10-20% above baseline, for the duration of the tournament. Mostly short-stay admissions for trauma, cardiovascular events, and acute illnesses.	Duration of tournament	region wide
4	Hospitals should plan for increased outpatient clinic volume, 15-25% above baseline, for the duration of the tournament. Includes minor injuries, infections, and medication refills for travelers.	Duration of tournament	region wide
5	Hospitals should plan for delays and/or difficulty with non-emergent/interfacility transfers.	Duration of tournament	region wide
6	Hospitals should be aware that international visitors may be unfamiliar with the American healthcare system including, but not limited to, payment procedures and appropriate levels of care (i.e. what is appropriate for urgent care versus emergency department). https://www.orlandohealth.com/campaigns/visit-orlando/tips	Duration of tournament	region wide
7	Hospital staff should be aware of the increased risk of human trafficking associated with large scale sporting events, including the World Cup. https://ncbrt.lsu.edu/programs/worldcup/pastthreats.php Missouri Hospital Association (MHA) Human Trafficking Toolkit	Duration of tournament	region wide
8	Hospital discharge planners should be familiar with logistics of repatriation for international visitors. Discharge planners should consult with facility legal teams to address repatriation issues of patients needing ongoing care.	Duration of tournament	
9	Hospitals should be prepared an influx of heat-related illness. https://ferw.eu/the-hidden-health-risks-in-fifas-world-cup-host-choices/	Duration of tournament	region wide

Resources and Training

 KANSAS CITY REGION
EVIDENCE PRESERVATION AND COLLECTION FOR THE HEALTHCARE PROVIDER



INTRODUCTION

- ✓ The goal of this course - To introduce the subject of evidence preservation and collection for healthcare workers in the hospital and the pre-hospital environments.
- ✓ At the end of this course you will have a better understanding of how you as a healthcare worker can assist law enforcement and crime scene investigators by recognizing and preserving potential evidence and when appropriate collecting some forms of evidence.

Page 3 of 8

WORLD CUP EMERGENCY PREPAREDNESS

LARGE-SCALE EVENT TRAINING AND EXERCISES



Welcome to MARC Emergency Management and Homeland Security

Training | Preparation | Compliance

MID-AMERICA REGIONAL COUNCIL

HOMELAND



SECURITY

Challenges

- ⚽ **Being inclusive while remaining functional.**
- ⚽ **Avoiding duplication of effort.**
- ⚽ **Flow of information from national efforts.**
- ⚽ **Hurry up and wait.**



Thank you!

Jennifer Sutherlin jsutherlin@marc.org
Steve Hoeger steven.hoeger@uhkc.org



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Alex Isakov, MD, MPH, FACEP, FAEMS
Executive Director for Health Security, Emory University

***Preparing for
Infectious
Disease
Incidents
During Mass
Gatherings -
Including the
World Cup***



Photo/Alex Isakov

Objectives

- Consider interventions that will complement public health preparedness efforts for an infectious disease incident
- Incrementally improve public health preparedness for mass gathering events

Core Public Health Functions

- Surveillance and Early Detection
- Risk Assessment
- Prevention and Mitigation
- Preparedness and Capacity Building
- Incident Management and Coordination
- Risk Communication and Public Information
- Case Investigation and Contact Tracing
- Health System Interface

From “[Public Health for Mass Gatherings: Key Considerations](#)”

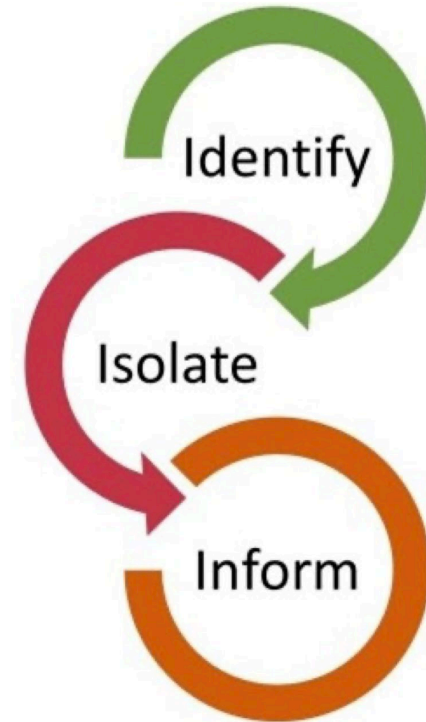
Augmenting Core Public Health Functions

- Surveillance and Early Detection
- Risk Assessment
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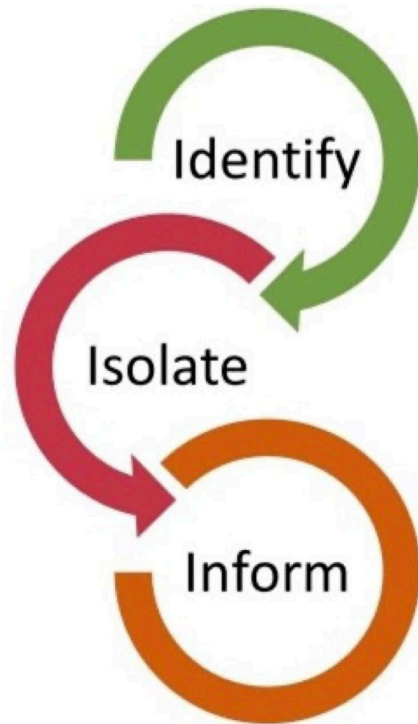
Augmenting Core Public Health Functions

- Surveillance and Early Detection
- Prevention and Mitigation
- Preparedness and Capacity Building



Graphic/CDC

Augmenting Core Public Health Functions



Graphic/CDC

BE READY FOR MEASLES

Consider measles in patients presenting with febrile rash illness and clinically compatible symptoms (cough, coryza, and conjunctivitis).



Ask patients about recent travel internationally or to areas with an ongoing measles outbreak, as well as their recent contacts.



cdc.gov/measles



LASSA FEVER

What is Lassa fever?

Lassa fever is a viral illness that typically occurs in West Africa.



How is Lassa fever spread?

The Lassa virus is transmitted to humans mainly through handling rats, food or household items contaminated by rats' urine and faeces.

The virus can spread between people through direct contact with the body fluids of a person infected with Lassa fever, as well as contaminated bedding and clothing.

You cannot get Lassa fever through hugging, shaking hands or sitting near someone.



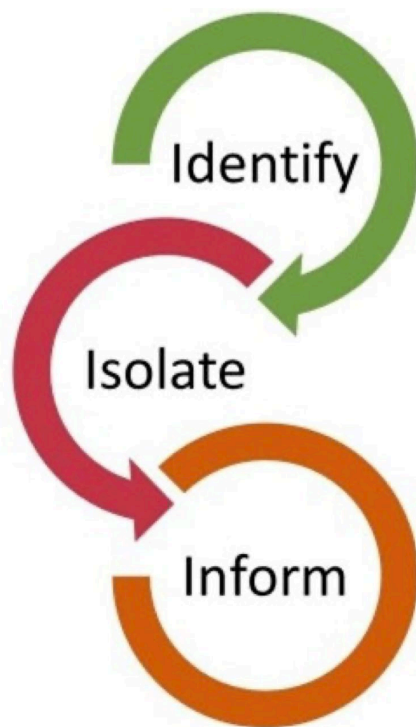
What are the symptoms of Lassa fever?

Symptoms of Lassa fever typically occur 2-21 days after coming into contact with the virus. Many people who are infected do not show symptoms.

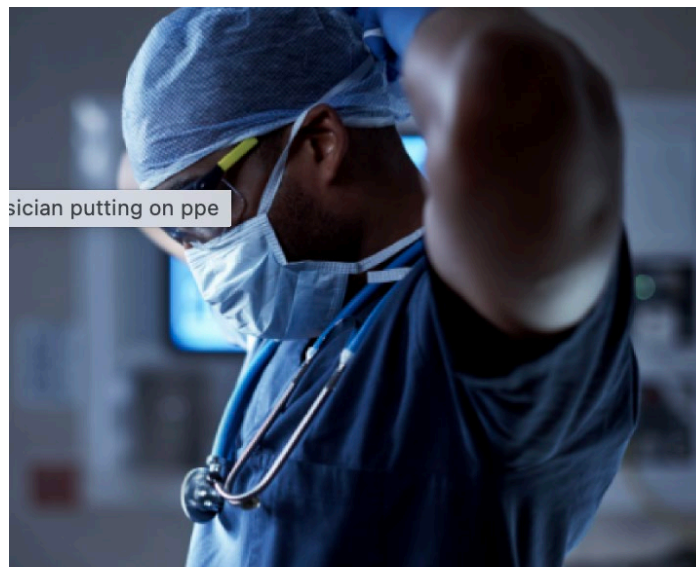
- Fever
- Headache
- Sore throat
- Chest and muscle pain
- Nausea, vomiting and diarrhoea
- Facial swelling
- In severe cases, bleeding from the mouth, nose, vagina or gastrointestinal tract



Augmenting Core Public Health Functions



Graphic/CDC



Photo/CDC

Healthcare Providers

Think High Consequence
Infectious Diseases

1. Identify
2. Isolate
3. Inform

Make Travel History Part of Your Routine

Travel History
+ Symptoms

=

1-866-PUB-HLTH

(1-866-782-4584)

Follow prompts to ask for med epi

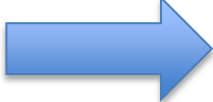

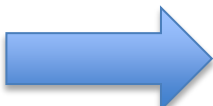


Scan for
Travel Clinical
Assistant



Graphic/GADPH

Augmenting Core Public Health Functions

- Risk Communication and Public Information  • Using event and venue communications to amplify PHA
- Case Investigation and Contact Tracing  • Partner to improve speed and effectiveness of contact tracing
- Health System Interface  • RESPTC

Regional Emerging Special Pathogen Treatment Centers



Questions?

aisakov@emory.edu



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HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Brooke A. Lawrence
Executive Director, Rhode Island Medical Reserve Corps

RI Medical Reserve Corps Teams & History

- Created in 2003
- 4 Medical Reserve Corps Units
 - RI Medical Reserve Corps (RIMRC)
 - RI Behavioral Health Medical Reserve Corps (RIBHMRC)
 - RI Veterinary Medical Reserve Corps (RIVMRC)
 - RI Junior Medical Reserve Corps (RIJMRC)
- 9000 Volunteers in our system
 - 575 Volunteers engaged annually



Capabilities

RI MRC

- Up to 150 Bed Field Hospital
- EMS Surge – UTV/Gators
- Forward Operating Base & IMT
- Scalable Design
- Logistics Support
- Integration into HC, EMA, Local EMS
- Education & Simulation Center

RI BHMRC

- Trauma Response Team (TRT)
- Peer Support Internal
- K9 Therapy 10 Teams
- Statewide LE Officer Wellness Program

RI VMRC

- Sheltering Operations
- Partnership with RI Vet Association
- Training Unit

RI JMRC

- Development of Next Gen
- Public Safety & Healthcare Careers
- Educational Programs
 - EMR/EMT
 - NA
 - Other...
- Scholarships





Why Mass Gatherings Fail or Succeed

- Mass gatherings don't fail due to lack of good intentions—they fail due to gaps between planning and operational reality
- Risk convergence:
 - Crowds
 - Heat/weather
 - Violence or targeted attacks
 - Behavioral health surge
 - Infectious disease
- Success hinges on preparedness that is scalable, integrated, and practiced

What RI MRC Brings to a Mass Gathering Event

- Integration with health systems, HC coalitions, EMS, EMA, public safety
- Planning, Planning, Planning
- Physician-level field medical operations
- Well trained multi-disciplinary teams of dedicated professionals
- Behavioral Health Trauma Response Teams
- EMS surge using medically configured Utility Task Vehicles/Gators
- Logistics, staging, and Forward Operating Base with satellite connectivity to support C3 functions
- Incident management, liaison, and coordination support

Real World Application

- Newport Festivals (Folk & Jazz)
 - 10,000 per Festival 3 Days each
- Specialty Events Statewide
 - Volvo Ocean Race (10K)
 - Air Show (100K)
 - Bristol 4th of July Parade (100K)
 - Multiple Marathons



Operational Keys to Success

- Early integration into event planning, not day-of response
 - Understand roles
 - Know your limitations
 - Take these opportunities to reflect on the gaps and future proof operations
- Medical planning must include:
 - Behavioral health surge
 - Reunification operations
 - Staff fatigue over extended timelines
- Field medicine works best when co-located with command (medical)

Apex Events: Designing for the Worst Day, Not the Best Case

- Mass Gatherings bring a steady flow of patients even in the best conditions.
- Incident goes from Mass Gathering to an Apex Event
 - Planning
 - Integration for Hour-to-Hour Operations under both conditions
- Prevents single-point failures across systems
- Reduces decision fatigue during prolonged operations
- Improves speed of federal, state, and local integration
- Enhances responder safety and resilience

What Should You be Doing Now?

- Understand capabilities of local MRC Units and identify opportunities to help them grow — making them a stronger asset to you and your operational needs
- Embed MRC leadership into regional planning
- Include MRC Units in your tabletop and functional exercises
- Pre-identify deployment models and triggers

Playing to Win

- Preparedness is operational, not theoretical
- Relationships matter as much as resources
- Medical Reserve Corps are strategic assets and force multipliers
- Winning means you save lives, improve outcomes and build resilience in people and communities

THANK YOU

BROOKE A. LAWRENCE

Executive Director

Rhode Island
Medical Reserve Corps Teams

Training, Innovation & leadership Institute

blawrence@rimrc.org

O: 401.385.3911 x 102

C: 401.651.6972



<https://rimrc.link/BLawrence>



Panel Roundtable and Q&A



Contact ASPR TRACIE



asprtracie.hhs.gov



1-844-5-TRACIE



askasprtracie@hhs.gov