



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4493 1-800-852-3345 Ext. 4493
Fax: 603-271-0545 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

January 14, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

SOLE SOURCE

93% Federal funds
7% General funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a sole source agreement with Robert Gougelet, MD (Vendor #254519-B001, 3 Pingree Road, Hanover, NH 03755, in an amount not to exceed \$220,000, to provide expert disaster medicine and public health emergency consultation services, to be effective the date of Governor and Council through August 31, 2015.

Funds are available in the following accounts for SFY 2014 and SFY 2015, and are anticipated to be available in SFY 2016 upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL PREPAREDNESS

Table with 5 columns: Fiscal Year, Class/Account, Class Title, Job Number, Total Amount. Rows for SFY 2014, SFY 2015, SFY 2016, and a Total row.

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS

Table with 5 columns: Fiscal Year, Class/Account, Class Title, Job Number, Total Amount. Rows for SFY 2014, SFY 2015, SFY 2016, and a Total row.

EXPLANATION

This request is **sole source**. Dr. Robert Gougelet, Assistant Professor of the Department of Medicine at Dartmouth College, is a respected expert in the field of emergency medicine who began his medical disaster preparedness contractual work for the State in August 2002, after the first post 9/11 Federal Health Resources and Services Administration's "Bioterrorism Hospital Preparedness Program" cooperative agreement was awarded to the State. As a recognized leader in medical disaster preparedness planning in the region, with special knowledge of New Hampshire's public health and hospital emergency plans, Dr. Gougelet is uniquely qualified in New Hampshire to conduct this specialized work.

Funds in this agreement will be used to provide disaster medicine and public health emergency consultation services, specifically with a primary focus on enhancing medical surge capacity through the further development of the Critical Care Supplemental Oxygen Program. Disaster medicine support services are designed to improve statewide public health emergency preparedness and healthcare system preparedness capacity to effectively respond to a mass casualty event. These funds specifically provide physician consultation and subject matter expertise on disaster medicine and capacity building for medical surge and mass casualty through public health emergency planning and medical disaster management in New Hampshire.

Should Governor and Executive Council not authorize this Request, there will be diminished capacity to conduct emergency medical disaster planning and response among public health agencies and healthcare organizations, resulting in increased risk in the state during public health emergencies.

This agreement has the option for a potential extension of up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The following performance measures will be used to measure the effectiveness of the agreement:

1. 90% of high-priority public health emergency and disaster medicine consultation requests made by DHHS/DPHS Incident Management Team are met within a 24 hour period of time.
2. Participate in 90% of the technical walk through and equipment setup activities for each Alternate Care Site.
3. Participate in 90% of low flow oxygen functional exercises and After Action Report (AAR) process.
4. Completed poster presentation with DPHS staff and supporting research documentation for presentation at CDC Preparedness meeting.
5. Completed CCSOP manuscript for publication with DHHS/DPHS staff.
6. Completed data template and tools to evaluate NH CCSOP critical care ventilator program; hospital and EMS participants.
7. 90% of the time, when serving as the on-call physician:
 - a. responds within 30 minutes when requested for clinical support during scheduled school vaccination clinics;
 - b. evaluates vaccine administration incident reports within 24 hours of incident, and makes recommendations to adjust clinical protocol, if appropriate.

Area served: statewide.

Source of Funds: 92.73% Federal Funds from the US Department of Health and Human Services and 7.28% General Funds.

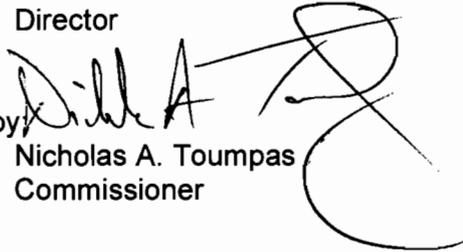
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director

Approved by



Nicholas A. Toumpas
Commissioner

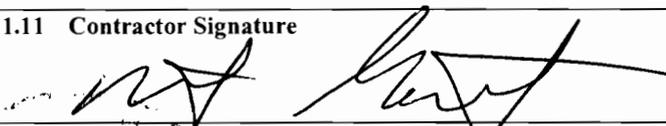
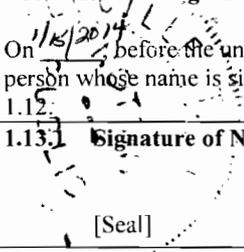
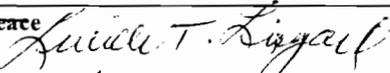
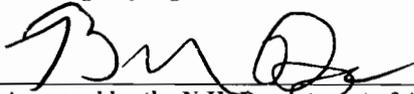
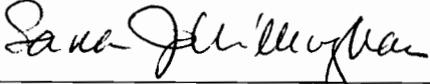
Subject: Disaster Medicine Consultation Services

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Robert Gougelet, MD		1.4 Contractor Address 3 Pingree Road Hanover, NH 03755	
1.5 Contractor Phone Number 603-520-5958	1.6 Account Number 05-95-90-902510-2239-102-500731, 05-95-90-902510-5171-102-500731	1.7 Completion Date August 31, 2015	1.8 Price Limitation 220,000.00
1.9 Contracting Officer for State Agency Brook Dupee, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Robert Gougelet, MD Consultant	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>1/15/2014</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]		 <i>Lucille T. Sigall</i> Notary Commission expires <u>2/15/2014</u>	
1.13.2 Name and Title of Notary or Justice of the Peace			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Brook Dupee, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By:  Acting Director, On: <u>1/15/14</u>			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  On: <u>1/15/14</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT. Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials: 
Date: 11/15/14

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder (“Event of Default”):

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word “data” shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report (“Termination Report”) describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination

Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR’S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers’ compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

Contractor Initials: 
Date: 1/15/14

certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Exhibit A

SCOPE OF SERVICES

On behalf of the New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS) Dr. Robert Gougelet, MD, herein referred to as the Consultant, will assist DHHS, DPHS, the State of New Hampshire with providing disaster medicine/public health emergency consultation services, specifically with a primary focus on enhancing medical surge capacity through the further development of the Critical Care Supplemental Oxygen Program (CCSOP). Disaster medicine support services are designed to improve statewide public health emergency preparedness (PHEP) and healthcare system preparedness (HSP) capacity to effectively respond to a mass casualty event.

I. Definitions and Assumptions

- A. Dr. Gougelet will serve as the primary support and subject matter expert on disaster medicine and capacity building for medical surge and mass casualty through the following activities:
1. Provide medical advice and clinical recommendations pertaining to disaster medicine in person, by e-mail, or telephone;
 2. Create or review existing documents, make recommendations for revisions;
 3. Conduct background research on topics to support medical advice and clinical recommendations on disaster medicine issues;
 4. Assist with the development of trainings; attend/participate in meetings and conferences.

II. Required Activities/Deliverables

- A. Dr. Gougelet will provide physician consultation for public health emergency planning and medical disaster management as outlined below:
1. Provide physician consultation regarding emergency response, including but not limited to bioterrorism, outbreaks of infectious disease, mass casualty response and planning, and Chemical, Biological, Nuclear and Explosive (CBRNE) preparedness and response;
 2. Provide physician consultation on the implementation of federal emergency preparedness policies and guidance to DHHS/DPHS and other appropriate State agencies;
 3. Provide guidance and participation in the planning, development and execution of exercises related to public health emergency preparedness as requested;
 4. In the Medical Advisor role, participate in, and respond to, DHHS/DPHS Incident Management Team notifications, to include a minimum of six drills annually, and actual events, as deemed appropriate and necessary;
 5. Assess responder safety and health gaps as they relate to personal protective equipment and workforce protection, and provide technical assistance to close gaps and improve state level worker safety;
 6. Provide physician presence at response clinics/mass casualty incident scenes to help coordinate treatment as requested.

[Handwritten Signature]
1/15/14



Exhibit A

- B. Dr. Gougelet will support DHHS/DPHS medical surge planning and response to DPHS-funded regional planning teams convened by entities to provide Public Health Network (PHN) services, as requested. This includes meeting with healthcare coalition partners for specific matters, including regional medical direction and coordination, Modular Emergency Medical System (MEMS) planning, patient transportation, and the Critical Care Supplemental Oxygen Program (CCSOP). Specific activities include:
1. Participate as the subject matter expert in 13 CCSOP statewide functional exercises; review and analyze quarterly data summaries on statewide portable ventilator usage submitted by participating hospitals and Emergency Medical Services (EMS) sites, and report outcome to DHHS/DPHS;
 2. Assist with the establishment of a data collection and reporting template for ventilator use in the CCSOP;
 3. By April 1, 2014, develop a written statewide guidance report, "Guidance to Manage Expired Cache and Supplies";
 4. Participate in the development of a Potassium Iodide (KI) dispensing plan at reception centers during a radiological emergency and a review of the statewide radiological response program;
 5. Meet with DPHS senior leadership at least quarterly to discuss regional priorities, capabilities, and statewide coordination;
 6. Provide support for statewide immunization program and school based clinics as requested. Review of emergency protocols, case reviews and Quality Assurance as requested. Providing medical authority and direction for administration of vaccine.
- C. Dr. Gougelet will attend, participate, discuss, and provide feedback in meetings, symposia, and conferences, as required by DHHS/DPHS, as related to emergency preparedness planning, medical disaster management, policy, exercise and training, as requested by DHHS/DPHS. These include, but are not limited to:
1. Communicable Disease Epidemic Control Committee meetings;
 2. Centers for Disease Control and Prevention (CDC) meetings, Assistant Secretary for Preparedness and Response Hospital Preparedness meetings, and other national meetings;
 3. International Emergency Management Group meetings, and other regional or national public health or emergency management meetings;
 4. Other meetings, symposia and conferences, as appropriate and necessary.
- D. Dr. Gougelet will be physically present at the DHHS/DPHS a minimum of one day per quarter in the Concord office location to attend and coordinate relevant planning meetings.

CA
Date 1/15/14



Exhibit A

III. Reporting and Performance Measurement:

A. Dr. Gougelet shall submit to the DHHS/DPHS Bureau of Infectious Disease Control Bureau Chief, the following data to monitor program performance:

1. Quarterly reports on program activities and plans for the upcoming quarter, in a format developed and approved by DHHS/DPHS. Reports will be due 30 days following the end of each calendar quarter and include the following:
 - a. Narrative of work completed during the past quarter;
 - b. Narrative of work in process during the past quarter;
 - c. Narrative of plans for the upcoming quarter, including challenges and/or barriers to completing requirements as described in this Exhibit A.
2. Final cumulative report on program activities and accomplishments, in a format developed and approved by DHHS/DPHS. Report will be due 45 days following the end of contract term.

B. Performance Measures:

1. 90% of high-priority public health emergency and disaster medicine consultation requests made by DHHS/DPHS Incident Management Team are met within a 24 hour period of time.
2. Participate in 90% of the technical walk through and equipment setup activities for each Alternate Care Site.
3. Participate in 90% of low flow oxygen functional exercises and After Action Report (AAR) process.
4. Completed poster presentation with DPHS staff and supporting research documentation for presentation at CDC Preparedness meeting.
5. Completed CCSOP manuscript for publication with DHHS/DPHS staff.
6. Completed data template and tools to evaluate NH CCSOP critical care ventilator program; hospital and EMS participants.
7. 90% of the time, when serving as the on-call physician:
 - a. responds within 30 minutes when requested for clinical support during scheduled school vaccination clinics;
 - b. evaluates vaccine administration incident reports within 24 hours of incident, and makes recommendations to adjust clinical protocol, if appropriate.

AG
Date *1/15/14*



Exhibit B

Method and Conditions Precedent to Payment

- 1) Funding Sources:
 - a. \$110,000 = 100% federal funds from the U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response, CFDA #93.889;
 - b. \$110,000 = 85.45% federal funds from the U.S. Centers for Disease Control and Prevention, CFDA #93.069, and 14.55% General Funds.
- 2) The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - a. Payment for said services shall be made as follows:

The Contractor will submit an invoice in a form satisfactory to the State by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date.
 - b. The invoice must be submitted to:

Mark Andrew, Financial Manager
Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
mandrew@dhhs.state.nh.us
- 3) The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in Exhibit B-1 - Budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.
- 4) This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the previous month.
- 5) Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.
- 6) The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.

Exhibit B – Methods and Conditions Precedent to Payment_Contractor Initials

Handwritten signature and date: 1/15/14



Exhibit B

- 7) Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to the terms of the General Provisions, adjustments to amounts within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of Governor and Council.

Exhibit B – Methods and Conditions Precedent to Payment_Contractor Initials

Handwritten initials, possibly "M" or "J", written in black ink.

Handwritten date "4/15/14" written in black ink.



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

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- 7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

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Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

11. **Reports:** Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.

15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

16. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to

[Handwritten Signature]
Date *1/15/14*



subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 16.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 16.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 16.3. Monitor the subcontractor's performance on an ongoing basis
- 16.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 16.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

[Handwritten Signature]
Date 1/15/14



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

This agreement has the option for a potential extension of up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

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[Handwritten Date: 1/15/04]



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Contractor Name: Robert Gougelet, MD

Date

1/15/14

Name: Robert Gougelet, MD
Title: Consultant



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name: Robert Gougelet, MD

Date

1/15/14

Name: Robert Gougelet, MD
Title: Consultant

1/15/14



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

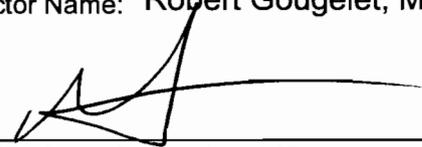
11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Robert Gougelet, MD

1/15/14
Date


Name: Robert Gougelet, MD
Title: Consultant

Contractor Initials AG
Date 1/15/14



CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.

Contractor Name: Robert Gougelet, MD

1/15/14
Date


Name: Robert Gougelet, MD
Title: Consultant

Contractor Initials RG
Date 1/15/14



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

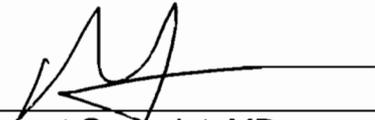
Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name: Robert Gougelet, MD

Date 1/15/14


Name: Robert Gougelet, MD
Title: Consultant

Contractor Initials RG
Date 1/15/14



HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 and those parts of the HITECH Act applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

Definitions

1. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
2. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
3. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
4. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
5. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
6. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
7. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
8. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164.
9. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
10. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
11. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
12. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
13. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
14. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
15. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreasonable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
16. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.


11/17/14



Use and Disclosure of Protected Health Information

1. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. Business Associate may use or disclose PHI:
 - 2.1. For the proper management and administration of the Business Associate;
 - 2.2. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - 2.3. For data aggregation purposes for the health care operations of Covered Entity.
3. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402 of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
4. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.
5. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

Obligations and Activities of Business Associate

1. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
2. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec.13404.
3. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
4. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
5. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.


Date 1/15/14



6. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
7. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
8. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
9. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
10. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
11. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

Obligations of Covered Entity

1. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
2. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
3. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

Termination for Cause

In addition to standard provision #10 of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

[Handwritten Signature]
[Handwritten Date: 1/15/14]



Miscellaneous

1. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, and the HITECH Act as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
2. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
3. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
4. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule and the HITECH Act.
5. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
6. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

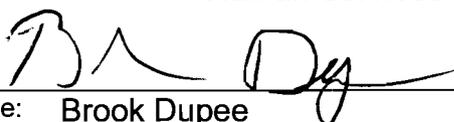
Contractor Name: Robert Gougelet, MD

1/15/14
Date


Name: Robert Gougelet, MD
Title: Consultant

State Agency Name: Department of Health and Human Services

1/15/14
Date


Name: Brook Dupee
Title: Bureau Chief



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name: Robert Gougelet, MD

Date 1/15/14


Name: Robert Gougelet, MD
Title: Consultant



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 001798748
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: <u>W/A</u>	Amount: _____
Name: _____	Amount: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/18/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency-SBS, a service of Seabury and Smith, Inc. 9830 Colonnade Boulevard, Suite 400 PO Box 659520 San Antonio, TX 78265-9520	CONTACT NAME: PHONE (A/C, No, Ext): 888-591-1954 FAX (A/C, No): 210-737-3584 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Robert Gougelet MD 3 Pingree Road Hanover, NH 03755	INSURER A: HANOVER INSURANCE COMPANY	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			ODDA000876	05/07/2013	05/07/2014	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			ODDA000876	05/07/2013	05/07/2014	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab. (E&O)			LHD993571100	05/07/2013	05/07/2014	Limit Ea Claim 1,000,000 Limit all Claims 1,000,000 Deduct. Ea Claim 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER NH DHHS 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Patricia A. Salton</i>
--	---

CURRICULUM VITAE

ROBERT M. GOUGELET, MD
Robert.M.Gougelet@Dartmouth.edu
(603) 520-5958

3 Pingree Road
Hanover, NH 03755

EDUCATION:

Doctor of Medicine 1979 – 1983
University of New Mexico, Albuquerque, NM

Bachelor of University Studies 1975 – 1979
University of New Mexico, Albuquerque, NM

POSTDOCTORAL TRAINING:

Family Medicine 1984 – 1987
Ohio State University Department of Family Medicine, Columbus, OH

LICENSURE AND CERTIFICATION:

New Hampshire Medical License #10711 1999 – Present
Diplomat, American Academy of Family Practice 2003 – Present

SECURITY CLEARANCE LEVEL:

SECRET

ACADEMIC APPOINTMENTS:

Assistant Professor 2002 – Present
Department of Medicine – Division of Emergency Medicine
Dartmouth-Hitchcock Medical Center, Lebanon, NH

Clinical Instructor 1999 – 2002
Department of Medicine – Division of Emergency Medicine
Dartmouth-Hitchcock Medical Center, Lebanon, NH

Assistant Professor in Emergency Medicine 1989 – 1999
Department of Emergency Medicine
University of New Mexico School of Medicine, Albuquerque, NM

HOSPITAL APPOINTMENTS:

Senior Medical Staff 2007 – Present
Dartmouth-Hitchcock Medical Center, Lebanon, NH

Attending Physician – Emergency Medicine 1999 – Present
Dartmouth-Hitchcock Medical Center, Lebanon, NH

Attending Physician – Emergency Medicine 1988 – 1999
University of New Mexico Hospital, Albuquerque, NM

Attending Physician (occasional) – Emergency Medicine 1994 – 1997
Gallup Indian Medical Center, Gallup, NM

Attending Physician – Emergency Medicine 1988 – 1990
St. Joseph's Hospital System, Albuquerque, NM

Attending Physician – Emergency Medicine 1986 – 1988

Chillicothe Emergency Physicians Group, Chillicothe, OH

OTHER PROFESSIONAL POSITIONS:

Technical Advisor/Consultant

April 2013 – Present

U.S. Army Edgewood Chemical and Biological Command (ECBC), Edgewood, MD
Contract Administered through Battele Memorial Institute

*Subject Matter Expert to New Hampshire Departments of
Health and Safety for Mass Casualty Planning and Response, Concord, NH*

2001 – Present

Physician Administrator

1994 – 1995

New Mexico State Department of Health, Albuquerque, NM

MAJOR COMMITTEE ASSIGNMENTS AND CONSULTATIONS:

National/International:

InterAgency Board Member

Health, Medical and Responder Safety Sub-Committee

2010 - Present

Department of Defense Consequence Management Program and

Department of Justice Federal Bureau of Investigations Weapons of Mass Destruction

Member

2010 – Present

Sector Coordinating Council

U.S. Department of Homeland Security, Washington, DC

Medical Treatment Facilities Sub-Council Work Group Member

2006 – Present

Healthcare Sector Coordinating Council (HSCC)

U.S. Department of Health and Human Services, Washington, DC

Member

2006 – Present

Pandemic Preparedness Coordinating Committee

New Hampshire Department of Health and Human Services, Concord, NH

Member

2005 – 2010

National Program Review Working Group

Metropolitan Medical Response System (MMRS)

U.S. Department of Homeland Security, Washington, DC

Mass Human Decontamination Work Group Participant

June 9, 2010

Mass Chemical Decontamination Working Group

Subcommittee on Decontamination Standards and Technologies

Committee on Homeland and National Security

National Science and Technology Council, Washington, DC

Work Group Participant

March 29-30, 2010

Emergency Mass Critical Care in Pediatrics Meeting

Centers for Disease Control (CDC) Division of Healthcare Quality and Promotion, Atlanta, GA

Vice Chair

2007 – 2009

Federal Emergency Management Agency (FEMA) National Advisory Council

U.S. Department of Homeland Security, Washington, DC

Work Group Participant

June 24, 2006

Health Resources and Services Administration (HRSA) Expert Panel

National Bioterrorism Hospital Preparedness Program (NBHPP)

Health Resources and Services Administration (HRSA), McLean, VA

<i>Work Group Participant</i> Health Resources and Services Administration (HRSA) Expert Panel Agency for Healthcare Research and Quality/ Office of the Assistant Secretary for Public Health and Emergency Preparedness (AHRQ/OASPHEP), Washington, DC	June 1, 2006
<i>Work Group Participant</i> Medical Treatment Facilities Sub-Council Work Group Member AEM Consensus Conference: Science of Surge, San Francisco, CA	May 17, 2006
<i>State Community Work Group Member</i> National Preparedness System U.S. Department of Homeland Security , Washington, DC	2006 – 2008
<i>Work Group Member</i> Agency for Healthcare Research and Quality (AHRQ), Community Planning Guide U.S. Department of Health and Human Services, Washington, DC	2006 – 2008
<i>Member</i> Targeted Capability Work Group, Long-Term Healthcare U.S. Department of Homeland Security, Washington, DC	2006 – 2008
<i>Member</i> Anti-terrorism Task Force U.S. Attorney, Massachusetts, Boston, MA	2005 – 2011
<i>Member</i> Bioterrorism Epidemic Response Model (BERM) Advisory Committee U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ), Washington, DC	2005 – 2007
<i>Co-Chair</i> Targeted Capability Work Group, Med-Surge U.S. Department of Homeland Security, Washington, DC	2005 – 2008
<i>Member</i> Surge Capacity Working Group Federal Medical Contingency Stations (FMCS) U.S. Department of Homeland Security and U.S. Department of Health and Human Services Federal Contingency Stations (FMCS), Washington, DC	2005 – 2007
<i>Member</i> 2006 Grants Guidance Committee Health Resources and Services Administration (HRSA) U.S. Department of Health and Human Services, Washington, DC	2005 – 2006
<i>Expert Review Panel Member</i> Hurricane Katrina Response and Recovery U.S. Department of Health and Human Services, Washington, DC	2005
<i>Chairman</i> Education, Research and Grants Sub-Committee American College of Emergency Physicians (ACEP), Disaster Medicine Section, Dallas, TX	2003 – 2005
<i>Member</i> Personal Protection and Equipment Work Group Disaster Medicine Section	2003 – 2005

American College of Emergency Physicians (ACEP), Dallas, TX

Regional:

<i>Acting Team Commander</i> NH-1 Disaster Medical Assistance Team (DMAT) U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR), Lebanon, NH	2009 – Present
<i>Surge Capacity Panel Participant</i> Pandemic Avian Flu Regional Committee Work Group Health Resources and Services Administration (HRSA) New England, Boston, MA	June 29, 2006
<i>Medical Team Member/Team Leader</i> Central New Hampshire Special Operations Unit Central New Hampshire Region State of New Hampshire, Concord, NH	2005 – Present
<i>Chair</i> Vermont Exercise and Training Work Group Vermont Department of Health, Burlington, VT	2005 – 2009
<i>Member and Supervisory Physician</i> MA-1 Disaster Medical Assistance Team (DMAT) Boston Area Disaster Response Teams U.S. Department of Health and Human Services, Boston, MA	2004 – 2009
<i>Program Director and Regional Team Commander</i> Northern New England Metropolitan Medical Response System U.S. Department of Homeland Security, Lebanon, NH	2003 – 2012
<i>Medical Director</i> Health Resources and Service Administration (HRSA) Bioterrorism Preparedness Vermont Department of Health, Burlington, VT	2003 – 2008
<i>Team & Planning Member</i> SARS Response Team and SARS Planning Team New Hampshire Department of Health and Human Services, Concord, NH	2003 – 2005
<i>Member</i> New Hampshire Governor's Advisory Council on Safety and Preparedness State of New Hampshire, Concord, NH	2003 – 2007
<i>Member</i> Local Emergency Planning Council #12 State of Vermont, Woodstock, VT	2002 – Present
<i>Member</i> Steering Committee on Bioterrorism and Public Health Preparedness State of New Hampshire, Concord, NH	2002 – 2008
<i>Member</i> Pediatric/Disaster Section Grant Task Force American College of Emergency Physicians (ACEP), Dallas, TX	2002 – 2005
<i>Member</i> Medical Advisory Sub-Committee Vermont Terrorism Task Force, State of Vermont, Burlington, VT	2000 – 2005

<i>Member and Supervisory Physician</i> International Medical Surgical Response Team (IMSURT-East) U.S. Department of Homeland Security (DHS), Boston, MA	2000 – 2004
<i>Member</i> Region 1 Domestic Preparedness Advisory Committee (REDPAC) Trusted Agent Operation Yankee Federal Emergency Management Agency (FEMA), Maynard, MA	2000 – 2003
<i>Member</i> Vermont Bioterrorism Hospital Preparedness and Planning Committee State of Vermont, Burlington, VT	2000 – 2003
<i>Chairman</i> Pre-hospital and Inter-hospital Transportation Committee Regional Trauma Advisory Committee New Mexico State Department of Health, Santa Fe, NM	1996 – 1999
<i>Medical Director</i> Los Ranchos Fire Department, Los Ranchos, NM	1996 – 1999
<i>Program Director and Medical Director</i> Robert Wood Johnson Foundation Recovery High School Clinic, Albuquerque, NM	1996 – 1999
<i>Member</i> New Mexico #1 Disaster Medical Assistance Team (NM#1 DMAT) U.S. Department of Health and Human Services, Albuquerque, NM	1989 – 2001
<i>Medical Director</i> Bernalillo County Fire Department, Bernalillo County, NM	1989 – 1999
Institutional: <i>Member</i> Search Committee for Safety and Security Director Dartmouth College, Hanover, NH	2013
<i>Member</i> Global Health Steering Committee Dartmouth College, Hanover, NH	2009 - Present
<i>Member</i> Indian Health Services Steering Committee Dartmouth College, Hanover, NH	2011 - Present
<i>Member</i> Emergency Planning/Management Group Dartmouth College, Hanover, NH	2008 – Present
<i>Chairman</i> Emergency Management Committee Dartmouth-Hitchcock Medical Center, Lebanon, NH	2002 – 2006
<i>Medical Director</i> Emergency Response Dartmouth-Hitchcock Medical Center, Lebanon, NH	2002 – 2006

Medical Director 1991 – 1999
 Adolescent Social Awareness (ASAP) Program
 University of New Mexico, Albuquerque, NM

Assistant Medical Director 1989 – 1999
 Center for Disaster Medicine
 University of New Mexico, Albuquerque, NM

Membership, Office & Committee Assignments in Professional Societies:

Member 2002 – Present
 New Hampshire Medical Society
Member 1999 – Present
 New Hampshire Chapter
 American College of Emergency Physicians
Member 1997 – Present
 EMS and Disaster Medicine Sections
 American College of Emergency Physicians
Member 1989 – Present
 American College of Emergency Physicians
 Member 1983 - Present
 American Association of Family Practice

AWARDS AND HONORS:

Certification of Appreciation and Support from the June 2013
 Department of Emergency Medicine and Critical Care
 National Hospital Cayetono Heredia, Lima, Peru
Letter of Commendation, U.S. Army Edgewood Chemical and Biological Command June 2013
Letter of Commendation, State of New Hampshire, Governor John Lynch March 2013
Letter of Service, National Advisory Council January 2010
 U.S. Department of Homeland Security
 Federal Emergency Management Agency (FEMA)
Certification of Merit December 2006
 International Association of Emergency Managers (IAEM)
C. Everett Koop Courage Award June 2006
 Dartmouth College
Certificate of Appreciation May 2005
 Paramedic Vaccine Evaluation Study Program
 Division of Fire Standards and Training & Emergency Medical Services
 New Hampshire Department of Safety
Guest Lecturer May 2004
 Partnership for Peace Program
 U.S. Department of Defense
 University of New Hampshire
Distinguished Service Medal January 2004
 U.S. Department of Homeland Security
Founding Member Award November 2003
 U.S. Department of Homeland Security
Service Recognition Award March 2003
 New Hampshire Smallpox Preparedness Program
Community Service and Recognition Award March 1999
 Lifetime Member
 International Association of Fire Fighters (IAFF)
Physician of the Month October 1996
 Gallup Indian Medical Center

DEPLOYMENTS AND AWARDS FOR EMERGENCY RESPONSE EFFORTS:

<i>Deployment, Acting Team Commander, NH-1</i> ASPR/DMAT Deployment, Democratic National Convention	September 2012
<i>Deployment, Acting Team Commander, NH-1</i> 9/11/2011, 10 th Anniversary, Contingency Deployment	September 2011
<i>Deployment, Medical Director</i> Hurricane Irene response in Vermont Agency (DHS NNE MMRS NH-1)	September 2011
<i>Deployment, Medical Director</i> Mt. Major brushfire in New Hampshire Agency (DHS NNE MMRS NH-1)	July 2010
<i>Response</i> Anthrax incident in New Hampshire	December 2009
<i>Deployment, Medical Director</i> Ice storm in New Hampshire Agency (DHS NNE MMRS NH-1)	December 2008
<i>Belarus International Trip, Head of Delegation</i> Head of Delegation: Emergency Preparedness Conference and Youth Retreat and Firefighters Rally	September 17-23, 2008
<i>Deployments, Supervisory Medical Officer</i> Hurricanes Gustav and Ike, Emergency Response Baton Rouge, LA Agencies (DHHS, ASPR, DMAT-MA1)	Fall 2008
<i>Certificate of Appreciation</i> Commitment and Service during and after Hurricane Katrina Forrest General Hospital, Hattiesburg, MS	December 2005
<i>Under Secretary's Award</i> U.S. Relief Effort to the Bam, Iran Earthquake in December 2003 U.S. Department of Homeland Security, FEMA, Washington, DC	October 2004
<i>Certificate of Commendation</i> New York City Anthrax Postal Mission U.S. Department of Health and Human Services, Washington, DC	October 2001
<i>Certificate of Commendation</i> Hurricane Brett Deployment and Relief Effort U.S. Department of Health and Human Services, Washington, DC	September 2001
<i>Certificate of Commendation</i> Hurricane Georges Deployment and Relief Effort U.S. Department of Health and Human Services, Washington, DC	September 1998
<i>Letter of Commendation and Heroism</i> Tour Bus Freeway Accident Bernalillo County Fire Department, Bernalillo, NM	September 1997
<i>Certificate of Commendation</i> Deployment and Relief Efforts to Hurricane Marilyn, September 1995 and Hurricane Opal, October 1995 U.S. Department of Health and Human Services, Washington, DC	Fall 1995
<i>Certificate of Commendation</i> Northridge Earthquake Deployment and Relief Effort U.S. Department of Health and Human Services, Washington, DC	January 1994
<i>Certificate of Commendation</i> Hurricane Andrew Deployment and Relief Effort U.S. Department of Health and Human Services, Washington, DC	September 1992
<i>Certificate of Commendation</i> Hurricane Hugo Deployment and Relief Effort U.S. Department of Health and Human Services, Washington, DC	September 1989

OTHER ACTIVITIES/VOLUNTEER ACTIVITIES:*Member**2011 - Present*

Board of Directors: American Red Cross, Upper Valley, NH and VT Chapter <i>Member</i>	2008 - Present
Board of Directors: Young Rescuers USA, Manchester, NH <i>Member</i>	2010 - Present
Regional Emergency Response Team RRT-1 U.S. Coast Guard, Boston, MA <i>Member</i>	2009 - Present
New Hampshire Governor's Panel on Domestic Violence Fatalities <i>Member (Alt)</i>	2000 - 2009
New Hampshire Governor's Panel on Domestic Violence Fatalities <i>Incorporator</i>	2002 - 2006
Good Neighbor Health Clinic and Red Logan Dental Clinic, White River Junction, VT <i>Legislative Liaison & Alternate Councilor</i>	2000 - 2006
American College of Emergency Physicians (ACEP), New Hampshire Chapter <i>Member</i>	1994 - 1999
DWI Council, Albuquerque and Bernalillo County, NM <i>Chairman</i>	1997 - 1998
Fundraising Committee, Community Detoxification Center, Albuquerque, NM <i>President and Board Member</i>	1992 - 1995
Recovery High School Board, Albuquerque, NM	

TEACHING EXPERIENCE/CURRENT TEACHING RESPONSIBILITIES**The Dartmouth Center for Health Care Delivery:**

*Mentoring of Presidential Fellows, Medical and undergraduate students in Global Health
Peru, Haiti, IHS, Union of South Africa* 2010 - Present

Geisel School of Medicine at Dartmouth:

Community Based Medical Surge Capacity May 3, 2007

*Dartmouth Medical School, Hanover, NH
Emergency Preparedness* August 10, 2006

*Dartmouth Medical School, Hanover, NH
Mass Casualty Planning in Rural Areas* March 22, 2004

*Rural Health Scholars Program, Dartmouth Medical School, Hanover, NH
Meeting the Medical Challenges of Terrorism (Program Co-chair and Speaker)* September 2002

Dartmouth-Hitchcock Medical Center:

Federal Response to Catastrophic Mass Casualty Events September 2000

*Department of Medicine Grand Rounds
Dartmouth-Hitchcock Medical Center, Lebanon, NH*

Dartmouth College and Other Regional:

*Regionalizing Emergency Care Delivery Services in a Pandemic
Technology and Biosecurity Course* April 19, 2011

*Thayer School of Engineering, Dartmouth College, Hanover, NH
Disaster and International Relief Medicine* October 28, 2010

*"Redesigning Healthcare: Problems and Opportunities 2010," Dr. Joseph Rosen, MD
Thayer School of Engineering, Dartmouth College, Hanover, NH* May 12, 2010

*Regionalizing Emergency Care Delivery Services in a Pandemic
Technology and Biosecurity Course* May 12, 2010

*Thayer School of Engineering, Dartmouth College, Hanover, NH
Disaster and International Relief Medicine* October 22, 2009

*"Cybercare: Healthcare Systems in the 21st Century,"
Thayer School of Engineering, Dartmouth College, Hanover, NH* September 30, 2009

*Emergency Preparedness for Public Health Practitioners
The Dartmouth Institute for Health Policy and Clinical Practice*

*Dartmouth College, Lebanon, NH
ECS 157- Maser of Public Health Seminar Series* February 19, 2008

Biological Agents of Terrorism February 19, 2008

Graduate Pharmacology Toxicology Course, Dartmouth College, Hanover, NH

<i>Public Health Emergency Preparedness</i> ECS 101 – Health Policy The Dartmouth Institute for Health Policy and Clinical Practice, Lebanon, NH	January 8, 2008
<i>Deployment to Iran</i> “Redesigning Healthcare: Problems and Opportunities,” Thayer School of Engineering, Dartmouth College, Hanover, NH	October 16, 2008
<i>Initial Hospital Disaster Response</i> Speaker and Co-Planner, Hospital Mass-Casualty Disaster Management Course Dartmouth College, Hanover, NH	September 11, 2006
<i>Biological Agents of Terrorism</i> Graduate Pharmacology Toxicology Course Dartmouth College, Hanover, NH	May 19, 2006
<i>Medical Surge Capacity Initiatives in the Northern New England Region</i> Center for the Evaluative Clinical Sciences Lecture Dartmouth College, Hanover, NH	January 27, 2005
<i>Bioterrorism/Disaster Preparedness</i> Part of Lecture on Environmental and Occupational Health Center for Evaluative Clinical Sciences, Dartmouth College, Hanover, NH	February 2003
<i>Bioterrorism: Medical Aspects, and the Health Care Response</i> Dartmouth Community Medical School, Hanover, NH	December 2001

INVITED PRESENTATIONS:**Regional:**

- “Northern New England Building Collaborative Disaster Planning Processes Between Hospitals and Emergency Management (SME)” – American College of Emergency Physicians Webinar, Irving, TX, July 22, 2011.
- “Response to an Improvised Nuclear Device” – Vermont Emergency Preparedness Conference, Burlington, VT, June 3, 2011.
- “Providing Medical Care in Under-resourced Settings” (Panelist) – Dartmouth Medical School, Hanover, NH, March 23, 2011.
- “Special Needs of Pediatric Patients During a Disaster” – Vermont Emergency Preparedness Conference, Stowe, VT, October 26, 2010.
- “Introduction to Modular Emergency Medical System (MEMS)” – New Hampshire Emergency Preparedness Conference, Manchester, NH, June 23, 2009.
- “Introduction to Modular Emergency Medical System (MEMS)” – Vermont Healthcare Emergency Preparedness Conference, Burlington, VT, June 4, 2009.
- “Action Network” – Center for Leadership Improvement, Dartmouth-Hitchcock Medical Center, Lebanon, NH, November 6, 2008.
- “Emergency Preparedness Program: Caring for Patients and Families; How to Continue Functioning in the Workplace in the Midst of an Emergency” – Continuing Nursing Education Seminar, St. Anselm College, Manchester, NH, May 29, 2008.
- “Emergency Preparedness for Mass Casualty Events” – Homeland Security Class University of New Hampshire, Manchester, NH, October 20, 2007.
- “Hospital Preparedness for Catastrophic Events” – Leadership Preventive Medicine Conference, Dartmouth-Hitchcock Medical Center (DHMC), Lebanon, NH, October 11, 2007.
- “Medical Surge” – All Hazards Health Regional Planning Group, Derry, NH, September 26, 2007.
- “Northern New England Metropolitan Medical Response System (MMRS)” – Vermont Emergency Preparedness and Emergency Directors (VT EP ED) Conference, Burlington, VT, September 21, 2007.
- “Where Does Your Team Fit in the Response Plan?” – Dartmouth-Hitchcock Medical Center EMS Conference, Hanover, NH, June 17, 2007.
- “Medical Surge” – Presentation to Hospital Staff, Dartmouth-Hitchcock Cheshire Medical Center, Keene, NH, June 13, 2007.
- “Pandemic Influenza: What Every Community Should Know” (Panel Discussion) – Portsmouth City Council Public Health Briefing, Portsmouth, NH, June 5, 2007.

- “Community-Based Medical Surge Capacity” (Keynote Speaker) – Central NH Emergency Medical Services (EMS) Conference, Sunapee, NH, April 28, 2007.
- “Community-Based Medical Surge Capacity” (Keynote Speaker) – Central NH Emergency Medical Services (EMS) Conference, Sunapee, NH, April 28, 2007.
- “Pandemic Flu Preparedness” (Speaker and Panelist) – Nashua Avian Flu Panel/Breakfast, Nashua, NH, May 9, 2006.
- “Regional Medical Direction for Mass Casualty Public Health Emergencies” – The North Country New Hampshire 14th Emergency Medical Services Conference, Bartlett, NH, October 13, 2006.
- “Regional Medical Direction for Mass Casualty Public Health Emergencies” – New England Council for EMS Fall Conference, Newport, RI, November 20, 2006.
- “Regional Medical Direction for Mass Casualty Public Health Emergencies” – New England Council for EMS Fall Conference, Newport, RI, November 20, 2006.
- “Northern New England Metropolitan Medical Response System (NNE MMRS)” Briefing – The North Country New Hampshire 14th Emergency Medical Services Conference, Bartlett, NH, October 13, 2006.
- “Mass Medical Surge Planning” (Speaker and Co-Planner) - Concord, NH, September 25, 2006.
- “Chemical Agents of Opportunity for Terrorism” (Planning Committee Member) – The Medical and Psychological Consequences of Toxic Industrial Chemicals (TICs) and Toxic Industrial Materials (TIMs) Conference, Dartmouth-Hitchcock Medical Center, Lebanon, NH, April 22, 2006.
- “It Looks Like a Disaster Every Day” (Speaker and Panelist) – Tools For Success: When Disaster Strikes, Concord Hospital Trauma Care, Concord, NH, April 11, 2006.
- “What Happens When The Chicken Crosses The Road? The Avian Flu: How to Prepare Yourself, Your Community and Your Business” – Dartmouth-Hitchcock Medical Center and the Center for Continuing Education in the Health Sciences, Hanover, NH, March 29, 2006.
- “Medical Surge” (Speaker and Panelist) – State and Local Government Coordination and Preparedness (SLGCP) Eastern Region Conference, Boston, MA, December 15, 2005.
- “Hometown Preparedness” (Speaker and Panelist) – State and Local Government Coordination and Preparedness (SLGCP) Eastern Region Conference, Boston, MA, December 15, 2005.
- “Metropolitan Medical Response System (MMRS) Briefing” – New Hampshire Department of Health and Human Services, ESF #8 Meeting, Concord, NH, December 5, 2005.
- “Northern New England Metropolitan Medical Response System (NNE MMRS) Vermont Medical Strike Team – Lakes Region Radio, WVNR, Radio Talk Show Guest Speaker, Poultney, VT, November 22, 2005.
- “Lessons Learned from Hurricane Katrina: Medical Surge Capacity: New Hampshire & Vermont - Better Together” (Keynote Speaker) – NH & VT 6th Annual Emergency Preparedness Conference, Newbury, NH, November 3, 2005.
- “Hurricane Katrina Hospital Perspective Lessons Learned” – New Hampshire Hospital Association Quarterly Meeting, Concord, NH, October 4, 2005.
- “Metropolitan Medical Response System (MMRS) Briefing” – New Hampshire Citizen Corps Outreach Seminar, Concord, NH, September 24, 2005.
- “Communities Responding to New Threats Using New Strategies and Partners” (Keynote Speaker) – New Hampshire State Conference, Local Emergency Preparedness: A Coalition of Disciplines, Concord, NH, June 29, 2005.
- “Metropolitan Medical Response System (MMRS) Briefing” – Vermont Department of Health, Meeting on State Support Function (SSF) #8, Health and Medical Services, Burlington, VT, May 9, 2005.
- “Northern New England Metropolitan Medical Response System (NNE MMRS) Overview” – New England Emergency Medical Services for Children (EMS-C) Regional Symposium 2004, Newport, RI, November 20, 2004.
- “Northern New England Metropolitan Medical Response System (NNE MMRS) Overview” – 5th Annual Emergency Preparedness Conference: Cross-Border Collaboration: The VT/NH Partnership for Preparedness, Killington, VT, November 10, 2004.
- “New Hampshire Pharmaceutical Cache Program” – New Hampshire Hospital Association, Hospital Emergency Preparedness Group, Concord, NH, October 12, 2004.
- “The Disaster Medical Assistance Team (DMAT) Response” – U.S. Coast Guard Academy Second Annual New England Homeland Security Conference, New London, CT, May 27, 2004.
- “Ambulatory Care Issues in Bioterrorism Events” – Ambulatory Care Conference 2004: Nursing in a New World, Dartmouth-Hitchcock Medical Center, Lebanon, NH, May 13, 2004.
- “Metropolitan Medical Response System (MMRS)” – Mass Casualty Incident (MCI) Disaster Triage Session, Dartmouth-Hitchcock Medical Center, Lebanon, NH, May 5, 2004.
- “Mass Casualty Emergency Preparedness and Response” – Institute for Security Technology Studies, Dartmouth College, Hanover, NH, April 27, 2004.

- “Northern New England Metropolitan Medical Response System (NNE MMRS) Update” – New Hampshire Hospital Association, Hospital Emergency Preparedness Group, Concord, NH, April 6, 2004.
- “Planning and Response Pearls for Chemical Exposures” (Speaker and Panelist) – Vermont Department of Health, Symposium on Chemical Exposures: Clinical Considerations, Preparedness and Response, Montpelier, VT, March 30, 2004.
- “Iran Earthquake Response” – Norwich Fire Department Annual Meeting, Norwich, VT, March 6, 2004.
- “Federal Response to Bam, Iran Earthquake” – New Hampshire Hospital Association, Concord, NH, February 3, 2004.
- “Current Concepts in Emergency Preparedness” – New Hampshire Cyber Summit, Hanover, NH, November 13, 2003.
- “Surge Capacity” (Speaker and Planning Committee Member) – 4th Annual Emergency Preparedness Conference, Killington, VT, October 29, 2003.
- “Smallpox Immunization Seminar” (Program Director and Moderator) – New Hampshire Department of Health and Human Resources & Dartmouth Medical School, Hanover, NH, January 18, 2003.
- “Smallpox Reviews and Current Concepts” – NH EMS District A-6/ VT District 9 Continuing Education Program, Dartmouth-Hitchcock Medical Center, Lebanon, NH, January 14, 2003.
- “Disaster Response” – Twelfth Annual Conference on TRAUMA, Dartmouth-Hitchcock Medical Center, Lebanon, NH, October 15, 2002.
- “Responding Acutely: How Hospitals and Ambulatory Care Centers Prepare for a Public Health Threat” – New Hampshire Public Health Association Fall Forum: Emerging Public Health Threats: Are We Ready? Concord, NH, October 2002.
- “Disaster Medical Assistance Teams and Disaster Operational Response Teams (DMATS & DMORTS)” – Concord General Hospital, Continuing Medical Education (CME) Trauma Conference, Concord, NH, March 2002.
- “Making Public Meetings More Secure” (Keynote Speaker) – 12th Annual Vermont and New Hampshire Fair Meeting, Fairlee, VT, February 2002.
- “Meet the Medical Challenges of Terrorism, Overview: Response to Terrorism,” – NH Medical Society and NH Department of Health and Human Services, Concord, NH, December 2001.
- “Hospital Decontamination and Security” (Panelist) – Vermont Association of Hospitals and Health Systems, Killington, VT, October 2001.
- “Medical Disaster Conference” (Conference Co-organizer and group leader) – Thayer School of Engineering, Dartmouth College, Hanover, NH, June 2001.
- “National Disaster Response” – New Hampshire District A-6/VT District 9 Continuing Education Program, Dartmouth-Hitchcock Medical Center, Lebanon, NH, December 12, 2000.
- “Emerging Threats: Local and State Response” – Institute for Security Technology Studies, Emerging Threats Assessment, Biological Terrorism, Dartmouth College, Hanover, NH, June 2000.
- “Upper Extremity Injuries: Managing Medical Emergencies” – Dartmouth-Hitchcock Medical Center, Lebanon, NH, May 2000.
- “Stroke in the Prehospital Setting” – Woodsville Fire/Rescue Training, Woodsville, NH, March 2000.
- “Three Hurricanes in Comparison and Contrast” – Second Annual Symposium: Disaster Medical Issues, University of New Mexico Center for Disaster Medicine, Albuquerque, NM, October 1994.
- “The Gunshot Victim and the Emergency Department” – Trauma Update '93, Albuquerque, NM, December 1993.

National:

- “Use of All-Hazards Modular Emergency Medical System (MEMS) to Build Community Resiliency in Emergency Planning and Response” – VHA 2011 Comprehensive Emergency Management Program Evaluation and Research Conference (CEMPER 2011): The Federal Role in Building Community Resilience, Hilton Alexandria Old Town Hotel, Alexandria, VA, May 10, 2011.
- “Application of the Modular Emergency Medical System (MEMS) for a Comprehensive Community-based Cholera Response in Haiti” – 2010 Conference, Modeling for Public Health Action: From Epidemiology to Operations, Centers for Disease Control, Intercontinental Hotel Buckhead, Atlanta, GA, December 9, 2010.
- “Leadership in the MMRS and UASI Programs, Medical Track” – 2010 National UASI Conference, Riverside Hilton, New Orleans, LA, June 24, 2010.
- “CDC Project 5 Essential Services Delivery” (Speaker and Panelist) – Collaborative Planning for the Delivery of Essential Healthcare Services Conference Westin Buckhead, Atlanta, GA, March 9, 2010.
- “Disaster Preparedness, Response, and Post-disaster Operations” (Speaker and Panelist) – 2010 Health and Humanitarian Logistics Conference, Georgia Tech Hotel and Conference Center, Atlanta, GA, March 5, 2010.
- “The Fundamentals of Nuclear Disaster Planning” (Speaker and Panelist) – The Fourth National Emergency Management Summit, Renaissance Hotel, Washington, DC, March 3, 2010.

- “FEMA and Technological Change” (Speaker and Panelist) – National Academies of Science and Institute of Medicine, Committee on Science, Engineering, and Public Policy, National Academy of Science, Washington, DC, December 5, 2008.
- “Forum on Medical and Public Health Preparedness for Catastrophic Events” – Institute of Medicine (IOM) of the National Academies, Board on Health Sciences Policy, National Academy of Sciences, Washington, DC, October 20, 2008.
- “Hospital Preparedness and Decontamination” – Aberdeen Decontamination Workshop, U.S. Army Edgewood Chemical and Biological Command Center, Aberdeen, MD, July 7, 2008.
- “Limited Health Care Resources: Prioritizing Access in a Community Emergency” (Speaker and Panelist) – University at Buffalo Center for the Arts, Buffalo, NY, November 16, 2007.
- “How Clean is Clean Enough?” – Aberdeen Decontamination Workshop, U.S. Army Edgewood Chemical and Biological Command Center, Aberdeen, MD, September 12, 2007.
- “Medical Surge” (Panelist on *Live Response*) – National Terrorism Preparedness Institute, St. Petersburg, FL, January 24, 2007.
- “Mass Medical Surge Planning” – 2006 Homeland Security Summit: Partnering for Preparedness, Comprehensive Coverage of all Homeland Security Mandates and Solutions, The Performance Institute, Arlington, VA, September 26, 2006.
- “Mass Medical Surge Planning” – 2006 National Summit on Pandemic Disease and Avian Influenza, The Performance Institute, Arlington, VA, July 31, 2006.
- “Sheltering/Mass Care: Disability Accommodation, Medical Surge and Special Needs Sheltering” – National Hurricane Conference, New Orleans, LA, April 5, 2006.
- Roundtable on “All-Hazards Medical Preparedness and Response,” (Participant/Testimonial) – United States Senate Subcommittee on Bioterrorism and Public Health Preparedness, Washington, DC, April 5, 2006.
- “Response – Public Health and Safety: Multi-Hazard Exposures and Effect” (Speaker and Panelist) – Critical Infrastructure Resilience/ISBE 2006 Conference and Expo, Washington, DC, February 15, 2006.
- “Health Resources and Services Administration (HRSA) Expert Panel” (Participant) – National Bioterrorism Hospital Preparedness Program (NBHPP), Herndon, VA, January 31, 2006.
- “Public Health Emergency Preparedness and Response for Large-Scale Mass Casualty Events” – American Public Health Association 133rd Annual Meeting & Exposition, Philadelphia, PA, December 10, 2005.
- “Hurricane Katrina Hospital Perspective: Lessons Learned” – Medical Staff Presentation, Forrest General Hospital, Hattiesburg, MS, December 8, 2005.
- “Working with Elected Officials” (Speaker and Panelist) – Metropolitan Medical Response System (MMRS) 2005 Conference, Homeland Security & Mass Casualty Preparedness: The Local Capability Imperative, Orlando, FL, April 28, 2005.
- “Medical Surge Capacity” (Speaker and Panelist) – Metropolitan Medical Response System (MMRS) 2005 Conference, Homeland Security & Mass Casualty Preparedness: The Local Capability Imperative, Orlando, FL, April 28, 2005.
- “Mass Casualty Response” (Panel Discussion) – Mayo Clinic, Rochester, MN, March 25, 2005.
- “Emergency Medical Services: It Looks Like a Disaster Every Day” (Speaker and Panelist) – American College of Emergency Physicians Spring Congress, Orlando, FL, March 5, 2005.
- “Community-Based Emergency Management Roundtable” (Participant) – Joint Commission on Accreditation of Healthcare Organizations, Rosemont, IL, October 29, 2004.
- “Northern New England Metropolitan Medical Response System (NNE MMRS) Overview” – Department of Homeland Security/ Federal Emergency Management Agency (DHS/FEMA) Region II MMRS Conference, Jersey City, NJ.
- “Surge Capacity Planning Issues” (Speaker and Panelist) – Bioterrorism Preparedness: A Conference for Senior Practitioners and Professionals, Kennedy School of Government, Harvard University, Cambridge, MA, June 10, 2003.
- “Surge Capacity” (Moderator and Speaker) – Metropolitan Medical Response System and U.S. Public Health National Conference, Seattle, WA, September 2002.
- “Community Response to Bioterrorist Attack” – Bio-Defense Mobilization Conference 2002, Seattle, WA, April 2002.
- “Human Centric Technology, Interim Planning Guide: Unified Science & Technology for Reducing Biological Threats & Countering Terrorism” – Sandia National Laboratory & University of New Mexico, Albuquerque, NM, March 2002.
- “Public Perceptions of the Efficacy of Prehospital Cardiac Resuscitation” – National Association Emergency Medical Service Physicians (NAEMSP) Conference, Portland, OR, August 1994.
- “A Five Year Program in Adolescent Substance Abuse” – American Medical Student Association National Meeting, Washington, DC, September 1991.

International:

- Guidelines for Mass Casualty Decontamination During a HAZMAT/Weapons of Mass Destruction Incident. International Hazardous Material Response Teams Conference, International Association of Fire Chiefs, Baltimore, MD, June 2013.
- Lessons in Natural Disasters, Cayetano Hospital, Lima, Peru, August 6, 2012.

- Prevention and Response for Hospitals During Natural Disasters, Lima, Peru, August 6, 2012.
- “Disaster Briefing-Pakistani Delegation” – Partners for Peace: Pakistan, United States, Elliot Hospital, Manchester, NH, March 8, 2011.
- “Health Care- and Community-Acquired Infections and Infection Control: The New Hampshire experience with anthrax post-exposure prophylaxis” (poster presentation) – 48th Annual Meeting of Infectious Disease Society of America (IDSA), Vancouver, BC, Canada, October 22, 2010.
- “Fundamentals of Nuclear Disaster Planning” – EPR-BioDose 2010, Mandelieu-La-Napoule, France, October 13, 2010.
- “International Emergency Medical Expert Discussion” – Partners for Peace: Belarus, United States, University of New Hampshire, Manchester, NH, March 27, 2006.
- “Mass Casualty Response and Surge Capacity” – Partners for Peace: Kazakhstan, United States, University of New Hampshire, Manchester, NH, March 7, 2006.
- “Mass Casualty Response and Surge Capacity” (Speaker and Panelist) – Partners for Peace: New Hampshire, Latvia, United States, University of New Hampshire, New Hampshire National Guard, United States Department of Defense, USA Group International, Manchester, NH, April 16, 2006.
- “Mass Casualty Response and Surge Capacity” (Speaker and Panelist) – Partners for Peace: New Hampshire, Russia, United States, University of New Hampshire, New Hampshire National Guard, United States Department of Defense, and USA Group International, Manchester, NH, March 8, 2005.
- “Northern New England Metropolitan Medical Response System (NNE MMRS) Overview” – International Emergency Management Group (IEMG) Conference, Groton, CT, October 27, 2004.
- “Emergency Medical Response at the Federal Level” – Republic of Macedonia, Partners for Peace: United States Department of Defense, Manchester, NH, May 5, 2004.
- “Emergency Medical Response at the Federal Level” – Republic of Belarus, Partners for Peace: United States Department of Defense, Manchester, NH, March 8, 2004.
- “Emergency Medical Response Workshop” – Republic of Georgia, Partners for Peace: United States Department of Defense, Manchester, NH, May 5, 2003.
- “Emergency Medical Response Workshop” – Republic of Tajikistan, Partners for Peace: United States Department of Defense, Manchester, NH, April 7, 2003.
- “Federal Response to Terrorism” – Partners for Peace: University of New Hampshire, U.S. Department of Defense, Democracy Engaged, Manchester, NH, May 2002.
- “Federal Response to Terrorism” – Partners for Peace: University of New Hampshire, U.S. Department of Defense, Democracy Engaged, Manchester, NH, March 2002.

BIBLIOGRAPHY:

Journal Articles: (original articles)

1. Hutchinson R, Christopher G, Mughal MA, Gougelet RM. Mass casualty prediction: by the numbers. *Military Medical Technology* 2003; 7(3).
2. Swartz HM, Flood AB, Gougelet RM, Nicolalde RJ, Rea ME, Williams BB. A critical assessment of biodosimetry methods for large-scale incidents. *Health Phys* 2010; 98(2):95-108.
3. Rea ME, Gougelet RM, Nicolalde RJ, Geiling JA, Swartz HM. Proposed triage categories for large-scale radiation incidents using high-accuracy biodosimetry methods. *Health Phys* 2010; 98(2):136-44.
4. Gougelet RM, Rea ME, Nicolalde RJ, Geiling J, Swartz HM. The view from the trenches: part 1--emergency medical response plans and the need for EPR screening. *Health Phys* 2010; 98(2):118-27.
5. Nicolalde RJ, Gougelet RM, Rea ME, Williams BB, Dong R, Kmiec M, Lesniewski P, Swartz HM. The view from the trenches: part 2--technical considerations for EPR screening. *Health Phys* 2010; 98(2):128-35.

Abstracts:

1. Johnson D and Gougelet RM. Prehospital and Disaster Medicine. In *Public Perceptions of the Efficacy of Prehospital Cardiac Resuscitation*, 1994:9(2).
2. Gougelet RM. Prehospital and Disaster Medicine. In *Three Hurricanes in Comparison*, 1995:10(1).
3. Nicolalde RJ, Swartz HM, Gougelet, RM. A Process For The Medical Triage Of Acute Radiation Syndrome Using In Vivo EPR Dosimetry. 12th In Vivo EPR Spectroscopy and Imaging Conference, Chicago, 2007 (Poster presentation).
4. Rea ME, Gougelet RM, Nicolalde RJ. Community Reception Center Integrating All Hazards Public Health Emergencies. Academy Health Annual Research Meeting, Chicago, 2009 (Poster Presentation).

Book Chapters:

1. Gougelet RM, Dow L, Wallerstein NB. "Case studies in emergency medicine and the health of the public." In: Bernstein E, Bernstein J, eds. *Adolescent Social Action Program (ASAP)*, Boston: Jones and Bartlett Publishers, 1995.
2. Gougelet RM. "Disaster Mitigation and Prevention." In: Ciottone GR, ed. *Disaster Medicine*, Philadelphia: Mosby Publisher, 2004.
3. Gougelet RM and Hutchinson R. "Terrorism – Transforming Adversity into Advantage. In: Merkidze AW, ed. *Terrorism Issues: Threat Assessment, Consequences and Prevention*. Hauppauge: Nova Publisher, 2007: 83-109.
4. Gifford A and Gougelet RM. "Intensive Care Unit Microcosm Within Disaster Medical Response." In: Geiling J, Burns SM, eds. *Fundamental Disaster Management*, 3rd ed. Mount Prospect: Society of Critical Care Medicine, 2009.
5. Gougelet RM and Geiling J. "National Response Framework." In: *Oxford Handbook of Disaster Medicine*, in press.
6. Devereaux A, Burns SM, Gougelet RM. "Delivering Acute Care to Adults in Shelters." In: Geiling J, Burns SM, eds. *Fundamentals of Disaster Medicine*, 3rd ed. Mount Prospect: Society of Critical Care Medicine, 2012.
7. Geiling J and Gougelet RM. "Planning and Organization for Emergency Mass Critical Care." In: Irwin RS, Rippe JM eds., *Intensive Care Medicine*, 7th Edition. Philadelphia, PA: Lippincott, Williams and Wilkins, 2012

Other Publications (Technical Reports, Handbooks, Manuals, etc):

1. Gougelet RM. Adolescent Alcoholism: Recognizing, Intervening and Treating, Alcohol and Other Chemicals, Vol. 6, 1987.
2. Gougelet RM. Emergency Management of Gunshot Victims, Audio-Digest, Vol.41, No. 18, 1994.
3. Gougelet RM. Information and Network Surety – Chapter Participant, The Role of Technology in Reducing Health Care Costs, Sandia National Laboratory, October 1996.
4. Gougelet RM. Pocket Guide to Cases of Public Health and Medicine, New Mexico Adolescent Social Action Program, New York Academy of Medicine, 1998.
5. Rosen J, Gougelet RM, Mughal M, et al. Disaster Conference Report, Thayer School of Engineering, Dartmouth College, June, 2001.
6. Gougelet RM. Community Planning and Response to Biological Attack: Unified Science and Technology for Reducing Biological Threats and Countering Terrorism, Proceedings, Sandia National Labs and University of New Mexico, March 14–15, 2002.
7. Gougelet RM. Obstetrical and Gynecological Emergencies in the Disaster Environment, United States Public Health, Office of Emergency Preparedness, On-Line Training Manual, November, 2002.
8. Gougelet RM. Mass Casualty Handbook: Hospital, Jane's Information Group Ltd., Expert Review Panel, May, 2003.
9. Gougelet RM. Community Planning Guide: Improving Local and State Agency Response to Terrorist Incidents Involving Biological Weapons: U.S. Army Soldier and Biological Chemical Command, Technical Document, June, 2003.
10. Gougelet RM. Biological Terrorism: A New Challenge for Emergency Medical Services, Frontline First Responder, September, 2003.
11. Gougelet RM. Mass Casualty Handbook: Prehospital, Jane's Information Group Ltd., Expert Review Panel, January, 2004.
12. Gougelet RM. Surge Capacity Planning Issues: Proceedings of the 2003 Bioterrorism Preparedness Conference, Kennedy School of Public Health & MIT Lincoln Laboratory, January, 2004.
13. Gougelet RM. Technical Report, U.S. Army Edgewood Chemical and Biological Command, Guidelines for Mass Casualty Decontamination During Hazmat/Weapons of Mass Destruction Incident, April, 2009.
14. Gougelet RM, et al. Regional Response System: A Regional Response for All Types of Catastrophic Emergencies, Guidance Document, 2010.
15. Gougelet RM, et al. Modular Emergency Medical Systems: A Regional Response for All-hazards Mass Casualty Events, Guidance Document, July, 2010.
16. Gougelet, RM, et al. Guidelines for Mass Casualty Decontamination During Hazmat/Weapons of Mass Destruction Incident, Volumes I and II, 2nd Edition, June, 2013.

SUMMARY – Robert M. Gougelet, MD

As an experienced emergency medicine physician and emergency response planner for 20+ years, I have traveled throughout the U.S. and internationally to train medical agencies to respond to both natural and manmade disasters. I have deployed with federal response teams to many of the nation's natural disasters, including Hurricanes Irene, Hugo, Andrew, Marilyn, Opal,

Brett, Katrina, Gustav and Ike; responded to the Northridge earthquake and the New Hampshire Anthrax incident; and deployed internationally to the Bam, Iran earthquake. I have had a long-term professional interest in using technology in the mitigation of mass-casualty events. I have worked both in academia and with multiple U.S. state and federal agencies, including serving as (1) Vice Chair of the National Advisory Council (NAC) for the Federal Emergency Management Agency (FEMA); (2) Team Physician and now Commander for the National Disaster Medical System (NDMS); (3) Subject Matter Expert to the State of New Hampshire; (4) Academic Partner and Technical Advisor with the former U.S. Army Soldier and Biological Chemical Compound (SBCCOM); and now, (5) Technical Advisor to the U.S. Army Edgewood Chemical and Biological Center (ECBC). This advisory work includes collaboration on technical reports and publications in the areas of medical surge capacity and medical decontamination.

I have lectured extensively at local and national conferences on (1) hospital preparations for mass casualties and (2) statewide and regional surge capacity, with a current emphasis on responding to an Improvised Nuclear Device. I have served as a subject-matter expert on many state and federal committees to review response policies for catastrophic public-health emergencies. I have provided subject matter expertise and Senate testimony in support of the Pandemic and All Hazards Preparedness Act of 2006 (PAHPA) and the PAHPA Reauthorization Act of 2012.

In my role as Assistant Professor in the Department of Medicine (Emergency Medicine) at Geisel School of Medicine at Dartmouth, I have directed the Dartmouth-Haiti Earthquake Response, working with Partners In Health to deploy medical teams and supplies from Dartmouth-Hitchcock Medical Center and Dartmouth College. I am currently working within the college and hospital to develop long-term working plans for a continued response to Haiti. Additional global health activities include mentoring of global health fellows, medical and undergraduate students in programs in Haiti, Peru, the U.S. Indian Health Service, and the Union of South Africa.