

Statement for the Record

Jane Holl Lute
Deputy Secretary
Department of Homeland Security

Before the
Committee on Homeland Security
United States House of Representatives

July 29, 2009

Chairman Thompson, Ranking Member King, and Members of the Committee: Thank you for this opportunity to discuss National efforts to respond to the H1N1 flu outbreak, and what the Department of Homeland Security (DHS) is doing to prepare Americans for the effects of pandemic influenza in the future.

The outbreak of H1N1 this past Spring presented us with an early opportunity to evaluate our capacity to respond to a potential pandemic influenza. As we ready for the possibility that the H1N1 influenza may worsen, we must take advantage of what we learned from our earlier experience with this flu.

Secretary Napolitano has asked me to lead internal coordination of the Department's response to H1N1. Our efforts within DHS are many, but we work in close coordination with the Department of Health and Human Services, the Department of Education, and the many other agencies that are contributing to the preparedness of our Nation. I am pleased to testify alongside my colleague, Deputy Secretary Corr, from HHS. We must, and are, acting in unison to ensure the entire Nation has the highest level of preparedness possible.

Overview of Pandemic Preparedness and Planning within DHS

Before speaking about current and future activities of DHS, I would like to touch briefly on the past leadership that has allowed us to reach our current readiness state.

Specifically, I would like to acknowledge the \$47.3 million that Congress allocated to DHS for pandemic influenza preparedness in fiscal year 2006. The recent outbreak of H1N1 made the importance of this funding even more evident. With that funding, the Department was able to build the basis of our pandemic preparedness foundation. For example, DHS conducted exercises (including intradepartmental pandemic influenza tabletops and workshops), purchased personal protective equipment (PPE) for DHS employees, and stockpiled antiviral medications for employees.

DHS is currently working with White House National Security Staff and our Federal interagency partners to finalize the Federal Strategic Implementation Plan for the 2009 H1N1 Flu. The draft H1N1 Implementation Plan is being revised to reflect the many policy and strategic decisions

that have been made, lessons learned from the initial response, and an overarching goal to mitigate the impact of H1N1 on society and the economy.

At the same time, the Department is finalizing the DHS 2009-H1N1 Operational Plan, which will be completed within the coming weeks. This plan will provide the necessary direction to DHS components to ensure that the Department's mission-essential functions are maintained while protecting our workforce in the face of a sustained or worsening outbreak.

The Secretary and I are committed to the timely finalization of both the inter- and intra-agency pandemic flu plans.

Incident Coordination

While final touches to formal plans are being made, overall coordination for this incident began immediately as Secretary Napolitano carried out her responsibilities as the Principal Federal Official.

At the start of the current outbreak of H1N1, the Department's National Operations Center (NOC) was fully activated in order to provide direct support to the Secretary as well as to fulfill its role of interagency coordination. The NOC was ably assisted by the Office of Health Affairs (OHA), which coordinated with HHS and helped to manage requests for information from a variety of stakeholders, including our own DHS components, Federal interagency partners, State and local officials, the private sector, and Congress.

To further facilitate incident coordination, DHS recently established Regional Coordination Teams to serve as an additional resource for the Federal government, states, and local communities. The teams are designed to provide a regional link to our Federal partners; identify and respond to critical needs; identify and help reconcile regional issues; and coordinate with safety and health officials to protect Federal workers. The teams are charged with facilitating Federal interaction with our state and local partners in a pandemic where, unlike in many site-specific natural disasters, the affected population is spread across the entire Nation.

State, Local, Tribal, and Territorial Outreach

The Department of Homeland Security has been actively engaged with our Federal, state, local, territorial, and tribal partners to prepare for our national response to an influenza pandemic. DHS offices and components have worked closely with partners to share information that is most critical to preparedness plans. During the initial H1N1 outbreak in the spring, DHS' Office of Intergovernmental Programs held daily information calls and posted daily status updates to fusion centers through the Homeland Security State and Local Intelligence Community (HS-SLIC) network. Given the overwhelmingly positive response that this outreach and engagement received, DHS will continue to use all mechanisms at hand come this Fall, including, but not limited to, the Homeland Security Information Network, and the Homeland Security State and Local Intelligence Community, in order to distribute critical information.

Three weeks ago, following President Obama's direction and leadership, DHS, HHS, and the Department of Education hosted a summit for state and local leaders and stakeholders. The summit discussions focused on lessons learned from the initial wave, including DHS areas of focus such as continuity of operations planning, front-line employee protection, and public and private sector roles in the national response. The summit's multiagency approach was very well-received. It allowed the Federal government to convene key leaders and underscore how critical it is for local communities to coordinate activities among and between officials from the public health, emergency management, education, and public and private sectors.

Critical Infrastructure and Private Sector Preparedness

This history of past efforts and coordination proved beneficial during the H1N1 outbreak. Prior to the outbreak, DHS had published the "Pandemic Influenza Preparedness, Response and Recovery, Guide for Critical Infrastructures and Key Resources" to provide guidance to our Critical Infrastructure and Key Resource (CIKR) partners. In addition, with the help of our interagency partners, DHS completed specific pandemic influenza plans for all 18 of the CIKR sectors. Important components of the final plans and overall pandemic preparedness issues were highlighted, and will continue to be highlighted, in a series of web seminars led by DHS representatives. DHS is also coordinating with CIKR partners through the Government Coordinating Councils (GCC) and Sector Coordinating Councils (SCC).

Across DHS, we are engaged with various private sector organizations, associations, and businesses to more broadly ensure their access to, and understanding of, pandemic preparation tools, resources, and guidance.

While this guidance has been useful to our stakeholders, challenges arose because the H1N1 virus presented itself in a way that differed from some assumptions made in previous pandemic flu planning materials. Because of this, DHS and the Centers for Disease Control and Prevention (CDC) continue to work together to provide updated guidance that can best help CIKR and private sector partners maintain operations through the trials of a pandemic influenza.

For example, our CIKR and Private Sector Offices are jointly participating in outreach with CDC, bringing together representatives from several major international corporations. The initial workshop focused on efforts to help private sector partners better prepare to meet their essential functions in a pandemic environment. Additional outreach is planned by both the National Protection and Programs Directorate and the Private Sector Office.

Furthermore, to anticipate the impact of H1N1 on critical infrastructure and private sector businesses and organizations, the DHS National Biosurveillance Integration Center has partnered with the National Infrastructure Simulation and Analysis Center within the DHS Office of Infrastructure Protection to present mathematical modeling of the virus' expected spread and infrastructure impact informed by the best available epidemiological information about the virus. We will use this data to help guide our policy decisions as well as our preparedness and planning activities.

Protecting the DHS Workforce

As I mentioned earlier, DHS had personal protective equipment on hand for use by employees, specifically those who perform certain tasks that may place them at increased risk of exposure. Components with employees who may be at risk include the U.S. Coast Guard (USCG), U.S. Immigration and Customs Enforcement (ICE), U.S. Customs and Border Protection (CBP), and the Transportation Security Administration (TSA). For example, TSA has shipped PPE to every airport hub, to Federal Air Marshal Special Agent in Charge offices, and to Office of Inspection field locations. Additionally, PPE is pre-positioned at 120 DHS locations and field offices nationwide.

The Department has also stockpiled two types of antivirals, oseltamivir (Tamiflu®) and zanamivir (Relenza®), dedicated to DHS workforce protection. These medications are stored in a pharmaceutical warehouse, fielded across the Operational Workforce sites, and are prepared to be deployed as necessary. In addition, the USCG purchased courses of antivirals through Department of Defense stockpile channels. Overall, DHS has on hand approximately 540,000 courses of antivirals targeted for its mission-essential workforce.

The health and safety of our workforce is one of Secretary Napolitano's and my top priorities, and we will continue to ensure that our front-line employees receive workforce protection guidance based on the best science available. DHS follows CDC guidance and OSHA standards on personal protective equipment, including when to use masks and respirators, and updates that guidance as new guidance is released. We learned from the H1N1 flu emergence that we needed to have more guidance in place. Looking forward, we are involved in intra-agency and interagency efforts to develop coordinated workforce protection guidance. There is no question that this continues to be a priority area for DHS.

Other Current and Ongoing H1N1 Activities

The Department will continue to conduct stakeholder outreach, strategize and plan, and work with our interagency partners to help the Nation become as prepared as possible for any future pandemic. Additional ongoing activities of DHS offices and components include the following:

- OHA is working with the CDC, HHS and the Department of Veterans Affairs on guidance to Federal departments on prioritizing their employees for vaccines as well as on vaccine distribution strategies for Federal employees.
- OHA continues to stockpile antivirals and PPE. OHA is also developing policies and guidance for the use of antivirals and PPE by DHS employees, based on CDC guidance, as well as working with all components on communication programs, education, and training in order to protect our workforce.
- The Office of Public Affairs is working with the White House, HHS, and other agencies on overall pandemic communication strategies.
- The Regional Coordination Teams are beginning training and outreach to State and local officials.
- Department leadership, under my supervision, meets weekly to review key preparedness timelines and strategies, identify gaps, and design solutions.

- FEMA, in coordination with HHS, has drafted a Comprehensive Preparedness Guide (CPG) specifically for pandemic influenza. This CPG will be published in the next few weeks to provide operational direction to State, local, and tribal jurisdictions relating to their pandemic planning.
- NBIC is maintaining constant, real-time, dynamic biosurveillance
- The NOC is coordinating efforts that will allow the U.S. Government to maintain a common operating picture of the current status of H1N1 influenza outbreaks during the fall waves.

Again, thank you for the invitation to discuss these important issues and for your continued willingness to work alongside the Department to provide leadership in protecting and ensuring the security of our homeland.