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**Written Testimony on  
“H1N1 Flu:  
Getting the Vaccine to Where it is Most Needed”**

**Before the U.S. Senate  
Committee on Homeland Security and Governmental  
Affairs**

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Chairman Lieberman, Ranking Member Collins and members of the Committee, thank you for taking the time today to discuss the national response to 2009 H1N1 flu. The Office of Health Affairs (OHA) is a key player in the Department of Homeland Security's (DHS) efforts to ensure the nation is prepared for and can respond to 2009 H1N1 influenza, and I welcome the opportunity to provide this update. DHS' partnerships with the Department of Health and Human Services (HHS), including the Assistant Secretary for Preparedness and Response (ASPR), the Centers for Disease Control and Prevention (CDC), and other federal departments and agencies continue to play a critical role in our efforts. I am honored to testify with my colleagues from ASPR and CDC today.

As the Secretary testified before this Committee a few short weeks ago, the nation has learned valuable lessons from what has happened so far in the 2009 H1N1 outbreak. We continue to monitor the pandemic as well as for any signs of seasonal influenza emergence. DHS has worked in close collaboration with the Department of Health and Human Services (HHS) and other agencies to lead a strong response since the initial appearance of 2009 H1N1 flu in the spring, and we have implemented changes to continually improve our response both now and in the future.

### **Lessons Learned and Accomplishments**

As the Secretary has previously stated, based on what we learned since the spring about 2009 H1N1, the federal government has updated its response plans, enhanced our community mitigation planning and guidance, and improved our range of abilities. We have effectively pre-deployed antiviral medications, and we have created and disseminated messages that help the public understand what the nation is facing. These improvements are not only critical to our 2009 H1N1 response, but are also critical to responding to future pandemics.

The Department and other federal agencies have been planning for an influenza pandemic for many years. We learned this past spring that much of what actually occurred in the 2009 H1N1 outbreak did not follow some aspects of prior pandemic planning which focused on threat from the H5N1 avian influenza virus. Since the spring, DHS has led interagency efforts to develop and implement H1N1-specific preparedness and response planning activities. The Office of Health Affairs has been intimately involved in these efforts. On Aug. 25, 2009, Secretary Napolitano signed the *DHS 2009-H1N1 Influenza Implementation Plan*, which identified specific roles and responsibilities across the Department, and directed all DHS components to develop plans that address key preparation and response actions, performance of mission essential functions, workforce protection, continuity of operations, and communications with key stakeholders during the H1N1 influenza outbreak.

### **Interagency Coordination**

Throughout the response to 2009 H1N1, DHS has engaged continually and closely with federal interagency partners, including HHS, the Department of Education, the Department of State, the Department of Defense, and the White House. In addition, DHS, along with our federal partners, has worked with state, local, tribal, and territorial government and private sector partners to help mitigate and monitor the spread of this illness.

The National 2009 H1N1 Summit, held on July 9, brought together the Secretaries of DHS, HHS and Education, other federal officials and experts, staff from governors' offices, state, tribal and territorial health, education, and emergency management/homeland security officials, and national organizations to discuss H1N1 response realities and potential scenarios for the fall. The summit was condensed into a webcast for city, county, and local officials and released on Aug. 4 to update local officials on the status of H1N1, resources available and expectations going forward.

In addition, DHS, HHS, and CDC updated guidance to help multiple segments of the private sector and academic community prepare for and respond to 2009 H1N1. DHS, HHS, and the Department of Education released updated guidance for the K-12 education community on Aug. 7; updated business guidance from DHS, HHS, the Department of Labor, and the Department of Commerce on Aug. 19,; and guidance for higher education institutions on Aug. 20. In conjunction with the business guidance, DHS, HHS, and the Small Business Administration also produced a small business guide on H1N1 preparedness.

### **The Office of Health Affairs**

For the past three years, OHA has led the Department's pandemic preparedness activities. OHA stood up a Decision Support Cell at the first reports of the outbreak, and working with our interagency partners, continues to provide critical situational awareness to DHS leadership to assist the Secretary in coordinating the federal response. OHA also serves as the DHS representative to interagency coordinating bodies focused on 2009 H1N1 and co-leads the DHS 2009 H1N1 planning effort in cooperation with the DHS Office of Operations Coordination (OPS). Finally, OHA provides health and medical guidance to our operational components, and ensures that employees are able to execute their mission-critical functions during a pandemic.

### **Biosurveillance**

OHA, through the National Biosurveillance Integration Center (NBIC), integrates and analyzes biological surveillance information from multiple federal, state, local and private sector partners. NBIC provides senior DHS leaders a comprehensive picture of ongoing incidents and outbreaks, both domestically and overseas, and provides the continuing capability to maintain cross-domain analysis and impact assessments of the novel 2009 H1N1 influenza pandemic.

At the direction of Secretary Napolitano, OHA, through NBIC, engaged the National Infrastructure Simulation and Analysis Center (NISAC) to assess potential infrastructure impacts of a resurgent novel-H1N1 virus. The results of the assessment effort were analyzed and reviewed thorough an interagency process that included the Departments of Energy, Education, and Labor. The result of this modeling effort provided important insight for senior DHS leaders on the potential impact of the pandemic on infrastructure and sector stresses. These results were widely disseminated two weeks ago to state, local and tribal partners as well as private sector partners and congressional staff. NBIC and NISAC are working with HHS and other federal agencies to conduct an updated assessment using the most up-to-date disease information and

mitigation strategies. DHS will use this information to continue to inform federal government planning and preparedness.

### **DHS Workforce Protection**

DHS has one of the largest workforces in the federal government. The health and safety of this workforce continues to be a top priority of the Secretary, and OHA plays a critical role in helping protect the DHS workforce. OHA stockpiled personal protective equipment (PPE) and antivirals in advance of the influenza outbreak; currently PPE is pre-positioned at over 120 DHS locations and field offices nationwide and is ready for deployment as needed.

To test our internal coordination for workforce protection, OHA conducted an Assistant Secretary-level 2009 H1N1/Pandemic table top exercise on Sept. 10, 2009. The exercise was designed to help DHS offices and components identify essential functions while protecting employees during an influenza pandemic event. The forum validated operational relationships, the soundness of Secretarial decision-making processes, roles and responsibilities of DHS components, and confirmed that DHS must plan for and address long-term pandemic-related continuity issues.

Throughout the H1N1 response, OHA and the Management Directorate has provided DHS employees with new and updated guidance on a number of influenza-related topics, including use of respirators, human resources flexibilities, and vaccines and antivirals. This guidance has been disseminated to components and is available to all employees on the DHS intranet. DHS will continue to provide our employees with guidance based on the best science available.

### **Vaccine**

DHS stands ready to provide immunization program support to HHS and state, local, and private sector partners as requested. This summer, FEMA assisted HHS in performing a state assessment of needs that included determining logistical support for vaccine distribution and administration. OHA assisted in this effort by providing expertise on the CDC's H1N1 Vaccination Distribution Plan.

OHA/DHS also participated in the deliberations of the Advisory Committee on Immunization Practices pandemic workgroup that developed the target groups for vaccination. OHA also became a DHS representative to the CDC H1N1 Vaccine Taskforce.

### **Conclusion**

Chairman Lieberman, Senator Collins, and members of the Committee: Thank you again for this opportunity to testify on the actions we are taking to mitigate the effects of H1N1 flu. I will be glad to answer any questions you may have.