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Secretary
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Testimony on
"H1N1 Flu: Monitoring the Nation's Response"

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Chairman Lieberman, Senator Collins, and members of the Committee: Thank you for this opportunity to update you on all the steps we are taking to prepare Americans for the H1N1 flu epidemic.

In April, I testified before this Committee that DHS and our federal partners were addressing this situation aggressively – that was the case then, and it is still the case today. The federal response that began this spring has continued strong ever since.

In all of the actions we are taking to counter H1N1 flu, our thoughts are with those families and communities that have already experienced a loss due to this virus. Our sympathies go out to them today. Pursuant to President Obama's direction under Homeland Security Presidential Directive 5 (HSPD-5), the Department of Homeland Security has worked with a number of partners to support prevention efforts, coordinate business-of-government continuation planning, and assist the Department of Health and Human Services (HHS) in its efforts to distribute an H1N1 flu vaccine to the American population.

It is also important to note that some of the most important partners in the effort against H1N1 flu are our neighbors, our co-workers, and citizens across the country. Even as we continue to track the course of the H1N1 virus, the federal government has remained focused on keeping the public informed about this flu and what every person can and should do to help limit its spread.

As a result of what we learned in the spring about H1N1, the federal government has updated our response plans, enhanced our community mitigation planning and guidance, and improved a range of our abilities. These abilities include quickly pre-deploying antiviral medications to creating and disseminating messages that help the public understand what the Nation is facing. These improvements are not only critical to our H1N1 response, but are also critical to responding to future pandemics when they occur.

Close coordination among federal departments dealing with H1N1 flu has facilitated a strong response. Our partnerships with HHS, including the Centers for Disease Control and Prevention (CDC), with the Department of Education, and with other federal departments and agencies continue to play a critical role in our efforts. I am pleased to be here today with Secretary Sebelius and Secretary Duncan, who have provided critical leadership during this pandemic. Our other partners – from state officials to private sector leaders – have consistently noted that the level of collaboration across the federal government is unprecedented. Our goal has been to ensure that this collaboration exists not only among federal partners, but also among our private sector, government, and community partners throughout the country.

Planning

The current outbreak of H1N1 flu manifested itself differently than the avian flu scenarios that the Nation had planned for. While much of that planning proved very useful in last spring's initial response, it generally contemplated a catastrophic, "worst-

case scenario" pandemic that originated overseas. As we continued to learn more about the H1N1 virus, we updated our plans to more accurately address the challenges and issues that are presented specifically by the H1N1 flu. At the same time, between the initial spring outbreak and the fall flu season, we prepared for a more severe H1N1 outbreak, should the virus mutate and cause more severe symptoms.

The Department of Homeland Security prepared a 2009-H1N1 Influenza Implementation Plan, which identifies specific component roles and responsibilities and ensures that all DHS components have developed plans that address a number of factors, including: key preparation and response actions; performance of mission-essential functions; workforce protection; continuity of operations; and communications with key stakeholders (including employees) during an H1N1 influenza outbreak.

Like the Department of Homeland Security, other federal partners used the last few months to strengthen the federal government's response to a pandemic outbreak. All agencies and departments were asked to update their existing pandemic plans to ensure the continuation of mission-essential functions. On July 2, 2009, DHS and the White House reached out to federal agencies and departments, directing them to attend a pandemic flu training session led by FEMA's National Continuity Programs Directorate (NCP), and to review their updated plans. Since July, NCP has held 30 interactive training sessions. DHS and the White House also asked federal agencies and departments to evaluate whether their plans met a series of standards established by FEMA. We received all evaluations by October 5, 2009.

With respect to operational support, DHS holds a central responsibility for providing timely and accurate data. To fulfill this mission, DHS deployed the H1N1 Common Operating Picture – a web-based tool on the Homeland Security Information Network (HSIN) – to collect information and provide data to our partners throughout the federal government and in the private sector, especially critical infrastructure and key resource (CIKR) sectors. This reporting tool exists not only to support DHS decision-making, but also to support the White House, our interagency partners, and state, local, private sector, and non-governmental partners. We anticipate the web-based Common Operating Picture will be a national hub for the exchange of critical information as we respond to the 2009 H1N1 outbreak in the months ahead.

State, Territorial and Tribal Support

Since the very first appearance of H1N1 flu, one of our priorities has been to work closely with state, local, tribal, and territorial governments. It is at these levels of government that officials administer public health programs, distribute vaccines to health care providers, and communicate with the public about how H1N1 is affecting individual communities. During the initial outbreak, we held daily conference calls with other federal agencies and with these partners – a step that was praised as essential and unprecedented. We continue to work to ensure that these levels of government have as much information as we do, when we do, and that we are supporting them and their efforts.

As part of this support, FEMA is providing specialized pandemic training for its National Response Coordination Center, 10 Regional Response Coordination Centers, and 56 Incident Management Assistance Teams–Advanced, known as IMAT-A. If required, these IMAT-A teams will deploy to states and territories at the request of the governor to participate in the states' unified coordinating groups alongside the governors' representatives. These teams would also assist in managing any requests for federal assistance. In addition, last month, FEMA activated a National IMAT dedicated to the 2009 H1N1 national response. This cell coordinates with DHS and HHS operations centers and is prepared to receive and evaluate requests for assistance from states and other federal agencies. Finally, FEMA is also coordinating with the Department of Defense to synchronize efforts between Defense Coordinating Officers and Federal Coordinating Officers if the H1N1 outbreak worsens.

In addition to FEMA, the DHS Office of Intergovernmental Programs (IGP) has resumed biweekly calls with all 56 state and territorial Homeland Security Advisors, in addition to tribal government representatives. These calls are critical to keeping partners updated on operational developments and soliciting feedback on pressing concerns. IGP also ensures that mayors, emergency managers, National Guard adjutant generals and other local and regional leaders receive updates on the H1N1 response. As I promised in April, I have continued to reach out personally to governors and mayors.

A key area of partnership with state, local, tribal, and territorial governments is the issuing of H1N1-related guidance for schools. DHS, the Department of Education, and HHS together released updated guidance for the K-12 education community on August 7, 2009. The guidance promotes routine ways to mitigate the spread of flu – such as frequent hand-washing and coughing into one's sleeve – and encourages students and staff showing symptoms to stay home at least 24 hours after fever symptoms have ended. The guidelines also recommend that schools have plans in place to deal with people who are possibly infected. The guidance encourages schools to establish ways to continue educating children who are at home.

Through guidance and communication, we are ensuring that the federal government is working with state, local, and tribal governments on a unified response. We are also using this approach in relation to the private sector, which is an indispensible partner in combating H1N1 flu.

Private Sector Outreach

The private sector is particularly important in combating H1N1 – and not just the travel and hospitality industries, as was discussed during the initial spring outbreak. American businesses can help combat the flu by making workplaces as healthy as possible, and by having plans in place if a large number of employees have to stay home during a severe outbreak. This last consideration is especially important for private-sector partners who control critical infrastructure, such as hospitals or energy facilities.

DHS continues our engagement with businesses and critical infrastructure and key resources owners and operators. Starting with the initial outbreak in April, the DHS Private Sector Office provided regular phone briefings to private-sector partners on the latest developments. These briefings decreased in frequency as the situation reached a steady state; however, we are prepared to increase the use of these calls based on stakeholder requirements or scientific developments.

DHS teamed with HHS, including the CDC, to provide updated guidance to help the private sector best prepare for H1N1. DHS, the Department of Commerce, and HHS jointly released updated business guidance on August 19, 2009. DHS disseminated this guidance to our private-sector stakeholders. In conjunction with the business guidance, DHS also produced a small business guidebook on H1N1 preparedness. The small business guide, developed in consultation with interagency partners including HHS/CDC and the Small Business Administration, highlights how to make a plan to ensure continued operations, steps businesses can take to protect their environment, and steps employees can take to protect themselves from H1N1 flu.

Meanwhile, DHS is working to educate the owners and operators of critical infrastructure and key resources (CIKR) and small businesses on H1N1 preparedness. This work is occurring through national associations and organizations, the Sector-Specific Agencies and the CIKR Sector and Government Coordinating Councils, and the Department of Labor's Occupational Safety and Health Administration (OSHA). DHS is discussing

H1N1 preparedness and response on a weekly basis with Government Coordinating Council leadership, Sector and Government Coordinating Council joint calls, and the working groups associated with H1N1. This outreach has been considerable and continues to provide the most current developments and activities concerning H1N1.

Workforce Protection

The health and safety of the DHS workforce is one of my highest priorities. We must provide our personnel with the protections necessary to ensure that our mission-essential functions continue. We have benefited from the fact that DHS stockpiled personal protective equipment (PPE) and antivirals in advance of the H1N1 outbreak. PPE is pre-positioned at over 120 DHS locations and field offices nationwide, and the Department is prepared to deploy it as necessary.

Throughout the H1N1 response, we have provided DHS employees with new and updated guidance on a number of topics. These include guidance on seasonal influenza and H1N1 vaccines, antiviral medications, measures to reduce employee exposures, appropriate use of respirators for high and very high exposure risk occupations, full compliance with OSHA's respiratory protection standard, and human resources flexibilities – including leave and telework options – for employees as well as supervisors and managers. We have consistently worked to provide our employees with guidance based on the best science available. DHS is following HHS, CDC, and the Office of

Personnel Management's (OPM) publication, "Preparing for the Flu: A Communications Toolkit for the Federal Workforce" to help its employees prepare for flu season.

International Coordination

In addition to the extensive coordination with U.S. partners I have described, coordination with international allies is also critical – especially with those international allies with whom we share borders. We have worked throughout this outbreak to coordinate our response with Mexico and Canada. As the latest development in this partnership, on October 5, Deputy Secretary Jane Holl Lute traveled to Mexico City to join her counterparts from Canada and Mexico to discuss our continued international collaboration to confront the spread of the H1N1 virus.

Deputy Secretary Lute's meetings covered a wide range of H1N1-related issues. These included emergency information sharing and communication, border and customs-related issues, and the strategies each country is taking to respond to the spread of the H1N1 flu within its borders.

These types of international meetings are key to effective pandemic preparation. Our previous cooperation with Mexico and Canada led to the North American Plan for Avian and Pandemic Influenza – planning which proved very valuable during the response to the initial H1N1 outbreak in April 2009.

As I discussed in April, the efforts we have taken at our borders are based on risk and the best science available. Our officers and agents at U.S. borders and ports of entry continue to look for signs of illness in people who are crossing, and we will continue to guide our measures at our borders with what the best science tells us to do.

Conclusion

When I testified before this Committee in April on the steps we were taking to address H1N1 flu, I described a number of actions to respond to an initial outbreak. Our efforts have not wavered since – the federal response has continued to be strong, coordinated, and based on science, though we have altered some approaches as we have learned more about the H1N1 flu virus and how we can best keep Americans safe from it. Throughout the response to H1N1 flu, we have engaged closely with federal interagency partners such HHS/CDC, and the Department of Education, in addition to the White House. We also have worked closely with state, local, tribal, and territorial governments and with the private sector to mitigate and monitor the spread of this disease. While we do not know the ultimate course of H1N1 flu, Americans can be confident that this Administration is working on all fronts to combat it.

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.