FISCAL YEAR 2010

HOMELAND SECURITY GRANT PROGRAM

SUPPLEMENTAL RESOURCE:
OFFICE OF HEALTH AFFAIRS GUIDANCE

December 2009
OFFICE OF HEALTH AFFAIRS OVERVIEW

A. OHA Background and Mission

The Office of Health Affairs (OHA) is the Department of Homeland Security’s (DHS) principal health and medical authority. OHA is led by the Assistant Secretary and Chief Medical Officer, Dr. Alex Garza. Pursuant to the Post Katrina Emergency Management Reform Act of 2006 (P.L. 109-295), the Chief Medical Officer is the principal advisor to the DHS Secretary and Administrator of FEMA on all health and medical issues. OHA leads the Department’s role in developing, supporting, measuring and refining a scientifically rigorous, intelligence-based medical and biodefense architecture that ensures the health and medical security of the Nation.

OHA is comprised of three sections: the Office of Weapons of Mass Destruction (WMD) and Biodefense, the Office of Medical Readiness (OMR), and the Office of Component Services (OCS). The OHA staff possesses expertise in a number of areas including: public health, epidemiology, medicine, intelligence analysis, policy-making, planning, science of WMDs, agriculture, veterinary, and, prehospital medicine. OHA provides expertise, critical public health and medical information to DHS leadership, including the Administrator of FEMA, and DHS’ operational components. OHA supports the development of threat and risk assessments to guide preparedness activities, planning, and incident management. OHA also provides workforce health protection, including occupational and operational medicine, and health and safety guidance for DHS.

B. OHA Strategic Objectives

OHA’s strategic goals and objectives support the efforts of State, local, and Tribal partners in enhancing our Nation’s readiness to prevent, protect, respond to and recover from the health and medical impacts of all-hazards. OHA’s strategic goals and objectives are to:

- Serve as the principal public health and medical authority for the Department of Homeland Security
- Lead the Department’s Biodefense activities and promote defenses against weapons of mass destruction
- Ensure that the Nation is prepared to respond to and recover from medical and public health impacts of adverse or catastrophic events
- Lead the Department’s efforts in employee health and safety, and provide medical oversight for health delivery throughout
C. Federal, State, Local, and Tribal Partnerships

OHA recognizes the importance of partnering with State, regional, local, Tribal and private sector entities to ensure our National preparedness. OHA serves as a Federal resource to provide products, programs, services and guidance to State, local, tribal, and private sector partners to enhance medical surge, mass prophylaxis, pandemic preparedness, and biological detection and surveillance capabilities.

D. Building Capabilities and Available Resources

OHA plays an essential role in leading the DHS engagement on public health and medical issues to enhance preparedness and response capabilities. Grantees are encouraged to work closely with OHA when developing or enhancing chemical and biological detection capabilities and response programs, pandemic influenza planning and preparedness, medical surge, and mass prophylaxis activities, to ensure that programs are effectively integrated into the current and future Federal capabilities listed below.

**Medical Surge and Mass Prophylaxis**

OHA’s OMR has the lead within DHS for planning and preparedness efforts for medical surge capacity. Grantees are reminded and encouraged to engage local, State and regional health departments in the development of plans and protocols for responding to a medical surge and mass prophylaxis event.

There are many areas in which grant funds can assist a State or jurisdiction to plan and prepare. Grantees should consult with their FEMA/Grant Programs Directorate’s Program Analyst and reference the Authorized Equipment List (www.rkb.us) for allowable equipment purchases. Grant funds can be utilized to purchase equipment required to respond to and manage a public health event. This could include medical equipment such as monitors or ventilators; alternate care site capabilities such as tentage, power supply, oxygen or fresh water production/storage equipment; and medications such as antibiotics and nerve agent antidotes. Special consideration should be given to promoting the use of grant funds for equipment focused on special needs populations (e.g. differing sizes of endotrachial tubes for ambulances, infant/pediatric ventilators, etc.). Providing mental health support and services throughout a public health event should also be emphasized in preparedness plans, training and exercise activities/services.

OHA promotes the use of grant funds to ensure that there are appropriate supplies and equipment to meet event-specific daily and prolonged requirements of special needs populations, as well as ensure that responders are trained to care for children, aged, and physically and cognitively challenged individuals. Plans should be exercised in areas with schools and other places of mass gatherings to test local reunification and transportation protocols. Also, special consideration should be given in exercises to
promoting the inclusion of all members of a community, specifically children, geriatric and those community members with physical and cognitive disabilities within their local communities.

Jurisdictions should also consider utilizing grant funds to exercise local, sub-state and interstate regional plans.

**Pandemic Influenza Preparedness**

OHA supports preparedness activities for pandemic influenza. OHA is able to provide subject matter expertise to stakeholders as they refine their pandemic preparedness and response plans to reflect current federal guidance, vaccination issues, and virus changes.

OHA encourages grantees to use grant funds to exercise State, local, and regional pandemic influenza response and continuity plans. Plans and exercises should give consideration to supporting and maintaining the health and safety of employees while providing essential government functions and services as a result of high absenteeism brought about by sick employees or employees serving as caregivers for sick family members.

OHA and the U.S. Fire Administration, in partnership with the Department of Health and Human Services is developing information for first responders on maintaining operational capabilities during a pandemic. The information is intended to support first responders’ efforts to provide the best possible service to their team and their community. In the midst of a pandemic, first responder leaders and operators should integrate this information with their knowledge, experience, and training and apply it to their specific situation.

Further, DHS, in cooperation with other Federal Departments, has developed tools to assist the private sector to better prepare to meet the challenges they are likely to face in a pandemic. Information can help guide planning and preparation to protect employees and their families while continuing to provide essential services.

**Information Sharing and Collaboration**

OHA works collaboratively with DHS Intelligence and Analysis (I&A) on the Health Security and Medical Intelligence/Information Sharing program. OHA established the framework to assist State, local, and Tribal partners with integrating the public health and healthcare communities into the homeland security intelligence and information sharing process. This will be achieved by promoting the representation of health security communities within the national network of State and Local Fusion Centers, and by facilitating the development of new information and intelligence sharing mechanisms where gaps currently exist. This initiative supports the National Preparedness Guideline’s National Priority: *Strengthen Information Sharing and Collaboration Capabilities*
This priority reflects the policy outlined in the National Strategy for Information Sharing (NSIS) by supporting the establishment of, and continued support for, a national network of fusion centers to facilitate effective nationwide information sharing between Federal, State, local, and Tribal partners.

Effective prevention efforts depend on the ability of all levels and sectors of government, as well as the private sector to collect, analyze, disseminate, and use homeland security and domestic crime-related information and intelligence. State and Urban Area fusion centers must prioritize the allocation of State Homeland Security Program and Urban Area Security Initiative (UASI) grant funding to identify and meet baseline levels of capabilities as outlined in the Department of Justice’s (DOJ’s) Global Justice Information Sharing Initiative’s (Global) Baseline Capabilities for State and Major Urban Area Fusion Centers, a supplement to the Fusion Center Guidelines, located at http://www.it.ojp.gov/documents/baselinecapabilitiesa.pdf.

To address this priority, OHA in collaboration with the DHS Office of Intelligence and Analysis is dedicated to supporting the development and enhancement of State and local information sharing activities: the Health Security Intelligence Enterprise initiative is designed to directly support State and Urban Area initiatives. States and Urban Areas should continue to advance information sharing and fusion center efforts through the effective implementation and operation of activities that relate to this priority.

Funding from the State Homeland Security Program (SHSP), Urban Areas Security Initiative (UASI), Metropolitan Medical Response System (MMRS), and Citizen Corps Program (CCP) can and should be used to enhance existing or established public health and medical preparedness and response capabilities listed above. OHA encourages States and locals to enhance a number of capabilities as supported by the National Priorities in the Homeland Security Grant Program guidance documents.

**Detection and Surveillance**

The BioWatch Program provides early detection of the aerosol release of biologic agents in select threat jurisdictions across the Nation. The partnership with State and local government agencies including public health, environmental protection, and law enforcement is essential to leverage an early detection signal to mitigate the morbidity and mortality effects of a bioterrorism event. To this end, grant funds can be leveraged to support the BioWatch program by enabling procurement of materials not directly provided to the local jurisdiction. Grant funds can also be used for development of State and Local initial response plans for a BioWatch detection event. Jurisdictions can also utilize grant funds to develop table top and operational exercises to test the developed plans. As DHS/OHA conducts test and evaluation on autonomous biological agent detection systems, an opportunity to use grant funds to procure tested systems will exist to enhance the local network and for enhancement of non-BioWatch jurisdictions’ autonomous detection capability. OHA is working to develop event warning and characterization tools to support decision making by local authorities in response to a biological event.
The National Biosurveillance Integration Center (NBIC), acting on behalf of the National Biosurveillance Integration System (NBIS) as its operational hub, has a mission to provide State and local entities with updated, integrated biosurveillance information to enhance the situational awareness and decision-making ability of governors and mayors. OHA encourages use of grant funds to support the collection and reporting of relevant biosurveillance information from State and local officials and the private sector (often represented in State fusion centers), in order to provide an integrated Biosurveillance Common Operating Picture (BCOP) at the National level. This two-way (Federal to State/local/private sectors) exchange of information can occur in many media forms but the primary tool that the NBIC uses to accomplish this mission, the BCOP is a cost-free system which requires minimal training for the user. The BCOP is a web-based geospatial tool that contains a multitude of reports, statistics, and other information pertinent to unfolding the potential biological events in the US and around the world.

OHA also encourages State, local and Tribal agencies to develop new, or customize existing, situational awareness, decision support systems, and analytical tools for their jurisdictions, in order to characterize the scale and scope of an incident and inform decision making in response to a BioWatch detection. In addition, grant funding should be used to support State and local risk assessment and response planning efforts related to biosecurity at high containment laboratory facilities containing select biological agents and toxins within their jurisdictions.

OHA’s Chemical Defense Division (CDD) is developing an end-to-end Chemical Defense Architecture (CDA) to form the structure for a coordinated nationwide defensive posture to address Threat Awareness, Prevention and Protection, Detection and Identification, and Response and Recovery in accordance with the Homeland Security Presidential Directive-22 (Domestic Chemical Defense). The CDD is sponsoring Chemical Detection Pilot Projects to facilitate the development of the CDA and provide test beds to modify/refine the architecture to suit multiple locations and environments. The pilot projects are intended to assist local jurisdictions in preparation for a catastrophic chemical event at National Security Special Events, Special Event Assessment Rating events and for other critical infrastructure venues. The overall goals of the pilot projects are to develop and demonstrate a comprehensive CDA, demonstrate integration of Rapidly Deployable Chemical Detection System elements, develop a partnership with State and local stakeholders to ensure that the system meets the needs of end-users, and to establish a model for special event chemical defense. Jurisdictions will be able to utilize this information and participate in these projects to help determine better ways to utilize grant funding.

**Food Security**

OHA’s Food, Agricultural, and Veterinary Defense Division (FAVD) provides oversight and management of the Department’s implementation of Homeland Security
Presidential Directive – 9 (HSPD-9), *Defense of United States Agriculture and Food*, integrating all FAVD DHS efforts, and coordinating those efforts with appropriate Federal Departments and agencies, State, local and Tribal governments, and the private sector. An important component of HSPD-9 is ensuring adequate local response and emergency management capability to prepare for and mitigate the consequences of potential terrorist attacks on agriculture, disease dissemination/outbreak or natural disaster.

In an effort to achieve enhanced local response and emergency management capability, FAVD is developing a two-phase Benchmarking Toolkit to measure preparedness levels of the States. Completion of the first phase, the Strategic Assessment, will characterize strengths, weaknesses and gaps within the key indicators of capabilities being assessed. With the determination of existing gaps, those participating in the assessment will be provided a detailed output of grant information, training and exercise opportunities, best practices and required target capabilities necessary to meet the benchmarks. Effectual use of grant funding will enable local or state government to plan, train, exercise, or purchase equipment to enhance preparedness. To further the Benchmarking Toolkit, FAVD is currently building consensus with national associations of food and agriculture professionals, the Inter-Agency and Intra-DHS stakeholders to obtain support outside of OHA.

E. Conclusion

During FY 2010, OHA will continue to refine and expand program offerings and assistance to State, local and Tribal stakeholder partners to coordinate during events such as a medical surge, the pandemic influenza, information sharing, biodetection, biosurveillance, and food and agriculture security to enhance local capabilities to respond to and recover from disasters.