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Chairman Bilirakis, Ranking Member Richardson, and distinguished members of the Committee: thank you for inviting me to testify before you today. It is a privilege to be here to discuss my strategic priorities and the fiscal year 2012 budget for the Office of Health Affairs.

I would like to begin by providing an overview of the mission of the DHS Office of Health Affairs (OHA) and our role within the Homeland Security Enterprise. OHA serves as DHS's principal authority for all medical and health issues. We look at health "through the prism of national security," providing medical, public health, and scientific expertise in support of the DHS mission to prepare for, respond to, and recover from all threats.

OHA's responsibilities include serving as the principal advisor to the Secretary and FEMA Administrator on medical and public health issues; leading and coordinating biological and chemical defense programs; providing medical and scientific expertise to support DHS preparedness and response efforts; and leading the Department's workforce health protection and medical support activities. OHA also serves as the primary DHS point of contact for state and local governments on medical and public health issues.

To execute these responsibilities, we developed a Strategic Framework that outlines our mission space within the Department, and enumerates four overarching goals: 1) to provide expert health and medical advice to DHS leadership; 2) to build national resilience against health incidents; 3) to enhance national and DHS medical first responder capabilities; and 4) to protect the DHS workforce against health threats.

Today I will discuss a number of initiatives that help us achieve our goals and contribute to the health security of the nation. I will also highlight how our FY 2012 budget request supports these efforts.

### Biodefense

OHA operates, manages, and supports the Department's biological defense and surveillance programs. Our work is primarily focused on the operational areas of detection and surveillance, as well as helping to build preparedness at the state and local level.

## *Detection*

One of our primary responsibilities is to mitigate the consequences of biological incidents through early detection. OHA uses early detection as a tool to make the Nation more resilient against health events. Prompt identification of a biological event has the potential to improve the delivery of medical countermeasures and save lives.

OHA's BioWatch program is a federally-managed, locally-operated, nationwide bio-surveillance system designed to detect the intentional release of aerosolized biological agents. This program deploys collection devices and analytical capability in more than thirty high-risk metropolitan areas throughout the nation. BioWatch provides public health experts with a warning of the presence of a biological agent before exposed individuals develop symptoms of illness. This "detect-to-treat" approach provides public health officials with an opportunity to respond to the release of a biological agent as quickly as possible in order to mitigate the potentially catastrophic impact on the population.

In addition to providing critical early detection capabilities, the BioWatch program has built a collaborative capacity that did not previously exist among the federal government, state and local public health, and emergency management. This partnership provides a model of interaction for future endeavors.

OHA is committed to providing cutting edge, technically robust early detection solutions. The FY 2012 budget request supports continued operations for our deployed detection systems and includes an increase from current services to fund the start of operational testing and evaluation of the Generation-3 automated detection system. The Gen-3 system will advance current detection technology by providing an automated detection capability that is expected to significantly reduce the time between a release of a biothreat agent and confirmation of that release by BioWatch technology. Current detection capabilities, termed Gen-1/2, consist of outdoor aerosol collectors whose filters are manually retrieved for transport to and subsequent analysis in a Laboratory Response Network (LRN) facility. This system, while extremely beneficial, is labor intensive and the results may not be available until 12-36 hours after the release of a biological agent has occurred. The transition to an automated detection system (Gen-3) will improve the time to detect to 4-6 hours, increase population coverage, and provide greater overall cost effectiveness.

## *Biosurveillance*

Another key element to an overarching biodefense framework is biosurveillance. OHA is focused on developing and maintaining an integrated, real-time, multidiscipline surveillance picture.

To that end, OHA manages the National Biosurveillance Integration System (NBIS)—a consortium of federal partners that was established to rapidly identify and monitor biological events of national concern. NBIS collaborates among federal and state partners

to collect, analyze, and share human, animal, plant, food, and environmental biosurveillance information. The National Biosurveillance Integration Center (NBIC) integrates this information from federal agencies and state, local, private sector, and international sources to provide early warnings of a possible biological attack or pandemic. By identifying those bio-events that have reached reporting thresholds and publishing reports using the Biosurveillance Common Operating Picture (BCOP)—which is currently being piloted in four states—the NBIC and NBIS enhance recognition of biological events of national concern, reduce response time, and promote effective response.

While the NBIC and NBIS have been successful in helping us to achieve our biosurveillance mission, there is still much more work to do in order to achieve a true national capability. OHA is currently working with our partners and stakeholders to continue to enhance and improve the NBIC while successfully meeting the statutory requirements and Congressional intent. We will continue to work with our stakeholders to increase collaboration and data integration, improve analysis, and ensure high-quality and timely reporting. The FY 2012 budget request supports our ability to maintain current efforts, and enhance the system in this manner.

### Chemical Defense

OHA leads the Department's coordinated efforts to protect against high-consequence chemical events. OHA integrates chemical defense expertise into national planning and partners with state and local jurisdictions to build capabilities and develop resilience for high-consequence chemical events.

OHA's Chemical Defense Program (CDP) provides health and medical expertise related to chemical preparedness, detection, response, and resilience—all critical to a comprehensive approach to protect against a chemical attack. Technologies and operations already employed at the federal, state and local level are being leveraged to create a comprehensive chemical defense framework. The chemical defense framework will create synergies and efficiencies among the many ongoing, but currently separate, chemical defense efforts. This framework will integrate DHS's current capabilities as well as strengthen relationships both horizontally and vertically amongst all federal, state, local and tribal chemical defense stakeholders.

The Baltimore Demonstration Project is an example of a current CDP project that is focused on enhancing chemical defense preparedness and response by emphasizing partnerships with federal, state and local stakeholders. The FY 2012 budget request will allow OHA to continue to provide health and medical expertise related to chemical preparedness, response, and resilience in support of an integrated chemical defense framework to protect against high-consequence events.

### Building resilience

OHA provides health and medical expertise to planning and exercise efforts that advance national preparedness and response capabilities for threats that have potential health consequences. The Anthrax Response Exercise Series (ARES), which we completed in partnership with FEMA last fall, is an example of this work. The workshops included federal, state, regional and local public health and emergency management professionals and were designed to help coordinate roles, responsibilities and critical response actions following a wide-area anthrax attack. This year, as well as in FY 2012, we plan to continue to build on the success of ARES by conducting workshops in additional high-threat cities.

OHA works directly with state and local leaders to develop capabilities to respond to health threats. We have done this by expanding local public health participation in, and coordination with, the national network of fusion centers; and by developing guidance for health and medical experts to better access federal grant and training programs to improve public health preparedness capability.

Additionally, OHA works to provide Department leaders with appropriate subject matter expertise both in steady state and during events which encompass public health, medicine, food defense, agricultural security, veterinary defense, pandemic influenza preparedness, and other threats. Our Food, Agriculture, and Veterinary Defense (FAVD) Branch initiative leads the coordination of the Department's programs to ensure the security of our nation's food, agriculture, human and animal health. FAVD experts support the Department's efforts to enhance preparedness through capabilities development and facilitate the integration of the emergency management services community into federal, state, local, territorial, and tribal food and agriculture sector disaster preparedness activities.

#### Emergency Medical Services

OHA coordinates the Department's medical first responder activities. This includes providing support to DHS personnel who perform operational medicine, including emergency medical services (EMS). DHS has thousands of medical personnel deployed throughout the country who provide care for wide-ranging and often remotely deployed personnel, from Border Patrol agents in the Southwest desert to personnel engaged in counternarcotics and counter-smuggling operations. OHA supports these personnel by developing health guidance and policy; providing medical countermeasures; collaborating with the DHS Management Directorate to provide occupational health protection for use in dangerous work environments; and facilitating health screening programs to help ensure that responders are able to support the Department's missions while minimizing health threats.

#### Workforce Health Protection

Finally, OHA works each day to build resilience within the Department and protect the DHS workforce against health threats by implementing activities that promote employee resilience. Initiatives include the development of medical guidance for DHS personnel,

the provision of standards and guidelines to DHS medical care providers, and the oversight of DHS quality improvement and medical training. Additionally, we provide guidance, protocols, and support to DHS components and offices for medical countermeasure storage and dispensing.

The FY 2012 budget request includes additional funding to support the *DHSTogether* employee and organizational resilience initiative to ensure that DHS employees have the tools and resources necessary to manage the stresses inherent in their occupations. *DHS Together* was introduced to employees a little over a year ago. During the initial training effort, approximately 190,000 employees received training about resilience and participated in a dialogue about methods to improve the workplace. Moving forward, OHA will utilize an overarching resilience framework that will unify existing activities and provide a platform for leadership to build a culture of support. This initiative will have a direct impact on the resiliency and wellness of the DHS workforce and provide the resources and information necessary to effectively manage the stress associated with work. The annual planning, production, and distribution of resilience training and information on a Department-wide scale will maximize participation and increase the program's ability to effectively improve the resilience of the workforce.

#### Conclusion

Thank you again for the opportunity to testify today regarding the strategic objectives of the Office of Health Affairs and the FY 2012 budget request. I look forward to your questions.