



U.S. DEPARTMENT OF HOMELAND SECURITY

FISCAL YEAR 2011

HOMELAND SECURITY GRANT PROGRAM

**SUPPLEMENTAL RESOURCE:
OFFICE OF HEALTH AFFAIRS OVERVIEW**



U.S. DEPARTMENT OF HOMELAND SECURITY

A. OHA Background and Mission

Established on March 31, 2007 the Office of Health Affairs (OHA) is the Department of Homeland Security's principal health and medical authority. OHA is led by the Assistant Secretary for Health Affairs and Chief Medical Officer, Dr. Alex Garza. OHA provides medical, 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 activities; providing medical and scientific expertise to support DHS preparedness and response efforts; and leading the Department's workforce health protection and medical oversight activities. OHA also serves as the primary DHS point of contact for state and local governments on medical and public health issues.

OHA employees possess extensive training and expertise in public health, epidemiology, medicine, intelligence analysis, policy-making, planning, science of weapons of mass destruction (WMD), agriculture, veterinary medicine, and prehospital medicine. OHA provides expertise and critical public health and medical information to DHS components and programs, as well as to other Federal departments and agencies. OHA supports the development of threat and risk assessments to guide preparedness activities, planning, and incident management. OHA also provides occupational and operational medicine, health, and safety guidance for the DHS Headquarters Offices and Components. OHA coordinates the activities of various Federal government entities to respond to health security threats of the Nation.

B. OHA Goals and Strategic Objectives

OHA's goals and objectives support the efforts of States, locals, and urban areas in enhancing our Nation's readiness to prevent, protect, respond and recover from health and medical impacts of all hazards. OHA's goals are as follows: Provide expert health, medical, and scientific advice to DHS leadership

- Build national resilience against health incidents
- Enhance national and DHS medical first responder capabilities
- Protect the DHS workforce against health threats

C. Federal, State, Local, and Tribal Partnerships

OHA recognizes that partnering with State, regional, local, tribal and private sector entities is critical for our National preparedness. OHA will continue to serve as a Federal resource and 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, and developing and implementing a multi-layered defensive strategy to protect the Nation from chemical and biological attacks by terrorists. Grantees are encouraged to work closely with OHA when developing or enhancing chemical or biological detection and response programs, pandemic influenza preparedness and planning activities, or enhancing medical surge and mass prophylaxis capabilities/ capabilities, to ensure that programs are effectively integrated into current and future Federal capabilities listed below.

Medical Surge and Mass Prophylaxis

OHA has the lead within DHS for planning and preparedness efforts for medical surge capacity. While it is understood and unanimously agreed that surge capacity is primarily an issue of healthcare provider availability, there are many areas in which grant funds can assist a State or jurisdiction in preparing. 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, regardless of causation.

OHA supports the need for improved preparedness of our first responder community to have the ability to surge, as well as to maintain the ability to continue operations in the face of a public health event, such as a pandemic. While much of surge preparedness involves planning and coordination of efforts at the State and local level, there are many areas in which funding could be utilized. Grantees should consult with their FEMA/Grant Programs Directorate's (GPD) Program Analyst and reference the Authorized Equipment List (www.rkb.us) for allowable equipment purchases.

It is strongly recommended that planners engage their local Metropolitan Medical Response System (MMRS) jurisdiction if one exists. Funding efforts should be coordinated with the MMRS to eliminate duplicity of plans and purchases.

Jurisdictions should consider utilizing grant funds to exercise local, sub-state and interstate regional plans. Grant funds can be utilized to purchase equipment which will be required to respond to and manage a public health event which might be in limited supply within your jurisdiction. 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 such as children (e.g. differing sizes of endotracheal tubes for ambulances, infant/pediatric ventilators, etc.), infirm and the aged. Also, special consideration should be given to promoting the inclusion of all members of a community, specifically children, aged and those community members with physical and cognitive disabilities in exercises held within

their local communities. Grantees should consult with their FEMA/GPD Program Analyst and the Authorized Equipment List (www.rkb.us) for allowable equipment purchases.

Pandemic Influenza (PI) Preparedness

OHA supports preparedness activities for pandemic influenza throughout the Federal interagency and within the Department of Homeland Security, as well as the efforts and activities of States, urban areas, regions, and the private sector. OHA is able to provide subject matter expertise to stakeholders as they refine their pandemic preparedness and response plans to reflect current federal guidance and changes in the science of diseases. Grantees are encouraged to contact OHA at grantscoordination@dhs.gov for additional information.

Further, OHA is able to provide the private sector including critical infrastructure and key resource (CIKR) partners with guidance and information that will enable them to better prepare to meet the challenges they are likely to face in a pandemic so they can protect their employees and their families while continuing to provide essential services. OHA provides planning and exercise expertise, and supports senior decisions makers by providing pandemic threat information using the best science available. OHA encourages grantees to develop and exercise pandemic influenza plans, and work with public health and medical partners to enhance response capabilities.

OHA has conducted and supported a number of Federal exercises designed to increase Federal coordination, workforce protection capabilities, continuity of operations (COOP) preparedness, and overall readiness for a pandemic event. 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 absence rates. Maintaining and encouraging mental health throughout a public health event should also be emphasized in preparedness plans and training and exercise activities/services. OHA also collaborated with our DHS partners to provide feedback to States on the critical infrastructure aspects of the State pandemic influenza plans. OHA also promotes the use of grant funds to ensure that there is 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.

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.

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 States 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 local, State, and Federal 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. In support of these efforts, designated 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 capacities and 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>.

In support of 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. Therefore, 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.

Grantees are encouraged to work closely with DHS OHA and I&A to leverage available resources through the joint DHS/DOJ Fusion Process Technical Assistance Program, as well as available DHS personnel and technologies (i.e., I&A Intelligence Operations Specialists and the Homeland Secure Data Network [HSDN])—to support fusion and collaboration.

Funding from the State Homeland Security Program (SHSP), Urban Areas Security Initiative (UASI), Buffer Zone Protection Program (BZPP), Transit Security Grant Program (TSGP), Port Security Grant Program (PSGP), and Intercity Bus Security Grant Program (IBSGP) can/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 HSGP Guidance documents. Grantees are encouraged to contact OHA at grantscoordination@dhs.gov for additional information.

Detection and Surveillance

The BioWatch Program provides early detection of the aerosol release of biologic agents in select threat jurisdictions across the Nation. The Office of Health Affairs realizes that 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 a local jurisdiction by enabling procurement of materials not directly provided, such as phase 1 and 2 environmental sampling kits. In addition, planning activities could be leveraged by grant funds to facilitate development of State and Local initial response plans for a BioWatch detection event, and how these interface/support into all hazard response plans like those developed by the Metropolitan Medical Response System jurisdictions.

As DHS/OHA conducts test and evaluation on autonomous biological agent detection systems (a next generation BioWatch), an opportunity to use grant funds to procure tested systems will exist. BioWatch jurisdictions could use these funds to procure additional systems to enhance the local network, and non BioWatch jurisdictions can procure autonomous detection capability. Jurisdictions can also utilize grant funds to develop table top and operational exercises to test the developed plans. The BioWatch program will be able to offer limited support in regards to citing of these systems to maximize fraction of population protected, as well as support for planning and exercise development. 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) is the national Operations Center for and Manager of the National Biosurveillance Integration System (NBIS). NBIS is a national biosurveillance consortium of 12 Federal Member Agencies and plans to include state and local stakeholders as well as select private sector representatives. NBIC works collaboratively with key interagency partners to “connect the biosurveillance dots” that enhance the capability of the Federal Government to rapidly identify, characterize, localize, and track a biological event of potential national concern. NBIC’s mission under Public Law 110-53, “Implementing the Recommendations of the 9/11 Commission Act”, also includes the requirement to provide State and local entities with updated, integrated biosurveillance information to enhance the situational awareness and decision-making ability of governors and mayors. Further, NBIC includes biosurveillance information that State and local officials share with Federal entities in the national Biosurveillance Common Operating Picture (BCOP). OHA encourages use of grant funds to support the collection and reporting of relevant information using cutting edge technology to enable NBIS to provide a critical infrastructure or health security context to information traditionally gathered by NBIS

federal partners such as the Department of Health & Human Services and the Department of Agriculture. When viewed in its totality, information provided to or by NBIS through NBIC enhances advance warning of potential biological threats and key situational awareness to government decision makers at all levels.

OHA also encourages State, local and tribal agencies to develop new or customize existing situational awareness or 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 or a biological event of potential national concern being reported by NBIC. 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 is developing an end-to-end Chemical Defense Architecture (CDA) which is a compilation of reference, policy and technical information relating to the roles, responsibilities, interfaces, activities and end-products which form the basis of a coordinated nationwide defensive posture to prepare for, prevent and respond to catastrophic chemical incidents. The architecture is premised on principles of US domestic chemical defense policy and guidance as outlined in the Homeland Security Presidential Directive-22 (*Domestic Chemical Defense*) and the four pillars of domestic chemical defense; Threat Awareness, Prevention and Protection, Detection and Identification, and Response and Recovery. The CDD is sponsoring Chemical Detection Pilot Projects to facilitate the development of the CDA and provide test beds 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 initiative is focused entirely on the local preparedness and relationships with State and Federal partners that might assist during such an event. FEMA's Transit Security Grants Program funds should qualify for use to bring a pilot program to the community.

Food Defense and Agriculture Security

OHA's Food, Agricultural, and Veterinary Defense Branch (FAVD) supports the Department's efforts to enhance preparedness through capabilities development and facilitate the integration of the emergency medical services community into Federal, State, local, territorial, and tribal disaster preparedness activities. FAVD also 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 the efforts of other DHS Components, and coordinating those efforts with appropriate Federal Departments and agencies, tribal, state and local 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.

FAVD is working to achieve enhanced State and local incident management capabilities of food sector stakeholders by providing a set of tools and strategies to aid in planning and preparing to manage and respond to food-related threats. As part of this initiative, FAVD is developing a Food Sector-specific tool, known as the Food and Agriculture Readiness Measurement Tool, or FARM Tool. The purpose of the FARM Tool is to provide a resource to help States self-identify capabilities and preparedness gaps for a food emergency response and to justify funding allocations for food defense activities and improve incident management capabilities.

The Tool consists of a survey aligned to benchmarks related to emergency preparedness and response for the food sector. The survey results will help States to identify areas of strength and preparedness gaps based upon an individual State's current resources and practices. The Tool is comprehensive; thus, completion of the survey requires the participation, coordination and collaboration across State agencies, divisions, departments and programs.

Additionally, the Tool contains a library of resources. The survey reports will link identified preparedness gaps to strategic and operational information on emergency management best practices, in-depth educational information and resources, current training opportunities, and potential funding opportunities. This will allow State, local, and tribal managers to easily identify resources available to assist them in closing preparedness gaps. The resource library will also be searchable and accessible to any State or local officials, independent of completing the survey.

The Tool will guide a user through a series of questions organized into sections associated with a key indicator. These key indicators are the main components of food-specific and emergency management basic tenants. Once the survey is completed, the Tool will assess the responses and generate data. These reports will provide usable materials to help users in their efforts to improve their emergency management capabilities.

States will also have the option to share non-attributional data with the Federal government. If a State elects to share information with the Federal government, the Tool will generate a report for OHA. This report will contain data related to areas of preparedness and response organized by benchmark. This data in this national aggregate report will provide a sampling of national preparedness and gaps for food incident response and assist in identifying where the Federal government can focus resources to enhance food incident preparedness and capabilities.

In addition, FAVD has developed a Grants Guidance Tool in an effort to achieve enhanced State and local emergency management capabilities within the Food and Agriculture Sector. The Grants Guidance Tool provides information for State and local food and agriculture sector officials to assist them in understanding the DHS grants

program and to aid them in navigating the Homeland Security Grants processes both at the federal level and within their own State. The Tool focuses on discretionary grant applications and investment justifications for mandatory grant money awarded to States. The Tool is divided into three sections allowing users to directly access the information most relevant their organization's needs, including information on:

- understanding the grants process,
- locating potential grant opportunities,
- evaluating the applicability of grants to specific activities,
- tips on how to prepare successful grant applications; and,
- how to manage awards.

In addition, the Grants Guidance Tool contains case studies from State officials who have successfully received grant awards to enhance their food and agriculture sector. The Tool also provides a mechanism for States and locals to share best practices and lessons learned related to grants for the food and agriculture sector.

Additionally, FAVD is engaged in an effort to update the model Food Emergency Response Plan (FERP) developed by the National Association of State Departments of Agriculture (using USDA, FDA, and DHS funds in 2006). This planning model provides States a template to develop and implement a response plan specific to their State's emergency management structure to further their preparedness efforts, and is integral to the FARM Tool. Grants specifically directed to the integration/adaptation of the FERP into existing State and local response paradigm will be integral to achieving uniform capability across the Nation.

FAVD also hosts the Defense of Food and Agriculture Dashboard and Collaborative Portal on OMB MAX as part of their efforts to provide oversight and management of the Department's implementation of HSPD-9. The Dashboard and Portal are used to post report cards from each DHS component accounting for and detailing the initiatives and activities that each Agency is undertaking related to HSPD-9 responsibilities.

The President's Food Safety Working Group (FSWG) identified a number of tasks that are necessary in ensuring protection of consumers from potential foodborne illness. One of these, FSWG Task 42, focuses specifically on Economically Motivated Adulteration (EMA) of food products and on improving authorities' ability to proactively shift resources to identify and mitigate the potential economic and public health consequences of EMA events. As a result, FAVD, in a joint initiative between HHS FDA and USDA FSIS, is working with the DHS National Center for Food Protection and Defense to develop models and potential tools to improve detection of economically motivated adulteration of imported food products and solutions for mitigating EMA events. The data and solutions developed as a part of this initiative will enhance Federal, State and local regulatory agency and private sector response to food contamination stemming from economically motivated adulteration.

Finally, FAVD supports FoodSHIELD at NCFPD which provides a means to increase information sharing between Federal, State and local entities and which serves as a

digital platform to host the FARM and Grants Guidance Tools, share information about food outbreaks, recalls and other pertinent information through collaborative technologies.

E. Conclusion

During FY 20112011, OHA will continue to refine and expand program offerings and assistance to State, local and tribal stakeholder partnerships to coordinate delivery of medical surge, biosecurity, and food and agriculture security to enhance local capabilities to respond to and recover from public health and medical events regardless of causation. If you have any questions or comments for OHA, please send an email to grantscoordination@dhs.gov.