



STATEMENT FOR THE RECORD

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BEFORE THE

U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ON HOMELAND SECURITY  
SUBCOMMITTEE ON EMERGING THREATS, CYBERSECURITY  
AND SCIENCE AND TECHNOLOGY

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Chairwoman Clarke, Ranking Member Lungren, Members of the Subcommittee:

Thank you for the opportunity to appear before you today to discuss the President's Fiscal Year (FY) 2010 budget request for the Office of Health Affairs (OHA) within the Department of Homeland Security (DHS). I am happy to share with you the progress our office has made towards promoting the medical and health security of the Nation.

OHA is beginning its third year in operation. We have accomplished much in a relatively short amount of time and in the face of significant challenges such as the recent H1N1 influenza outbreak and national food contamination events. Let me start off by saying how much we appreciate the support of this Committee and its staff. As a result of this support, the Department is better able to protect the American people and our DHS workforce than it was just two years ago.

I would like to report on the progress that OHA has made in leading the Department's efforts in protecting our Nation from the threats of a bioterrorist attack and a pandemic, as well as OHA's progress in leading the Department's efforts to ensure full integration of our Nation's medical readiness capabilities and protecting the health and safety of the Department's workforce.

### **The OHA Mission and History**

Today I represent an OHA workforce of nearly 250 dedicated individuals, devoted to our mission and our role as the Department's principal authority for medical and health security issues. As the Committee is aware, OHA has its beginnings in Secretary Chertoff's creation of the position of Chief Medical Officer (CMO) within the Preparedness Directorate in 2005 as part of his Second Stage Review. This position was created to provide the Secretary with a medical adviser for health related security issues that may arise during a catastrophic incident.

Congress recognized the Presidentially appointed, Senate confirmed position of CMO in the "Post-Katrina Emergency Management Reform Act of 2006" (PKEMRA), Title VI of P.L. 109-295 ("The Department of Homeland Security Appropriations Act of 2007"), and as part of the consequent reorganization, the Secretary established OHA on March 31<sup>st</sup>, 2007. This new Office was established to fill gaps the Department identified in the areas of weapons of mass destruction (WMD) and biodefense operations; planning and readiness; and the health and safety of the DHS workforce.

The following are examples of key gaps now being addressed by OHA:

- **Biodefense:** Principal agent for all the Department's biodefense activities, including its obligations under Homeland Security Presidential Directive-9 (Food and Agro-Defense) and Homeland Security Presidential Directive-10 (Biodefense);
- **Contingency Planning:** Responsible for subject matter expert-driven contingency planning for bioterrorism and other catastrophic scenarios involving threats to the health of the

population, from threat awareness through surveillance and detection, prevention and protection, response, and physical, psychological, and environmental recovery;

- **Occupational Health and Safety:** Consistent policies, metrics or standards for occupational health issues and operational medical support for its diverse workforce; and
- **Alignment with the Interagency:** Structured the Chief Medical Officer in the DHS organization consistent with other Federal partners.

It is important to note that OHA:

- Fulfills its incident management duties under Homeland Security Presidential Directive (HSPD)-5, *Management of Domestic Incidents*;
- Supports Critical Infrastructure protection under HSPD-7, *Critical Infrastructure Identification, Prioritization, and Protection*;
- Promotes medical readiness planning under HSPD-8, *National Preparedness*;
- Discharges the Department's responsibilities for biodefense under HSPD-9;
- Protects the safety of the public by supporting the Medical Countermeasures process under HSPD-18, *Medical Countermeasures and Weapons of Mass Destruction*, and providing an integrated biosurveillance capability, and working with the interagency on medical response issues under HSPD-21, *Public Health and Medical Preparedness*, and
- Provides medical expertise to the Secretary and the FEMA Administrator, serving as the DHS point of contact to State, local, Tribal and territorial governments and the private sector on medical and health matters and leads the Department's biodefense mission, all under the PKEMRA.

### **FY 2010 Budget Requests and Achievements**

The President is requesting \$138 million for FY 2010 to further the objectives of the OHA mission. OHA's strategic objectives for FY 2010 include:

- leading the Department's responsibilities for biodefense;
- developing, testing, and evaluating automated detection equipment called "Gen-3" for deployment. Gen 3 offers the near real-time warning of a release of an aerosolized biological agent;
- enhancing the security of the Nation's food and agriculture supply;
- initiating activities to increase coordination of medical readiness across Federal, State, local, Tribal and territorial governments and the private sector;
- working across DHS to protect the health and safety of the Department's mission critical workforce from a pandemic influenza or biological attack so that they would continue to protect the Nation during times of crisis; and
- providing medical oversight for the Department's medical activities.

The following programs highlight how OHA will utilize the proposed FY 10 budget request to meet these strategic challenges.

## **BioWatch**

BioWatch provides a capability for early detection and warning against biological attacks in over 30 of our Nation's highest-risk urban areas through placement of a series of biological pathogen detectors. Deployment of such technology is critical to our Nation's security as the detection of a biological pathogen, such as aerosolized anthrax, at the earliest stages of release is critical to successful treatment of the affected population. Early detection and warning of a biological attack is essential for the rapid identification of the bioagent, which allows for prophylactic treatment and prevention of casualties, provides forensic evidence to law enforcement on the source and nature of the attack, and demonstrates a spatial distribution of contamination and population exposure. Relying solely on symptomatic monitoring (syndromic surveillance) or post-exposure information provided from the healthcare and public health communities adds significant delays, resulting in increased casualties and loss of life, potentially in the tens of thousands. To date, this vital program has conducted over 5 million air samples without a false alarm, and has formed vital partnerships with State and local public health, laboratory, law enforcement, and environmental health entities to further its detection mission.

Early detection is critical to protecting the health of the Nation. With anthrax, for example, a one day delay in the post-exposure prophylaxis or treatment of exposed individuals could result in many thousands of unnecessary deaths. Early detection and rapid medical treatment is therefore essential to protecting the health of the American people during such an incident of bioterrorism.

If a post-exposure prophylaxis program is initiated early (as would be the case in a well-prepared BioWatch city), it will also reduce the economic impact of an anthrax attack. The cost savings estimates associated with early detection are \$15- 25 billion if exposed persons are treated on day zero, \$10-20 billion if treated on day one, \$10-16 billion on day two, and \$5-7 billion if treated on day three.<sup>1</sup>

In FY 2009, the OHA is utilizing its BioWatch program dollars to maintain Gen 1 and Gen 2 baseline detection capabilities (which requires manual collection of filters and laboratory analysis) and has deployed biodetection support to numerous National Security Special Events (NSSE) and Special Events. It is also providing subject matter expertise and reach-back to jurisdictions for BioWatch Actionable Results and continues to cultivate vital partnerships with State and local public health agencies and laboratories. In addition, FY 2009 funding has enabled DHS to initiate a field test program for prototype units for Gen-3 autonomous detectors.

The President requests \$94.5 million for BioWatch in FY 2010. This funding will enable DHS to continue to maintain and deploy capability to support BioWatch jurisdictions and for NSSEs and special events, and maintain subject matter expertise and reach-back support necessary to assist local jurisdictions in the event of a BioWatch actionable result (BAR). FY 10 proposed funding would also be used to complete the Gen-3.0 prototype unit field testing (to include characterization and

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<sup>1</sup> Kaufmann AF, Meltzer MI, Schmid GP. The Economic Impact of a Bioterrorist Attack: Are Prevention and Postattack Intervention Programs Justifiable? *Emerging Infectious Diseases*. 1997;3:83-94

jurisdictional tests), perform data analysis, and verify the performance of one or more autonomous detection technology platforms in preparation for large scale procurement and system wide deployment.

OHA's goal is to complete all testing and evaluation for a larger deployment of automated detectors beginning in FY 2011 to decrease detection times from attack to as little as 4 to 6 hours.<sup>2</sup> It is imperative, however, that the Nation maintain the operation of Generation (Gen) 1 and Gen 2 detection units until such time that the Gen 3 system is fully operational. Without the detectors currently in operation, the Nation has no ability to detect biological attacks until affected individuals start to present symptoms in our Nation's emergency departments and physicians' offices – by that point, we will have lost valuable time and ability to effectively employ medical countermeasures, resulting in needless loss of life.

### **National Biosurveillance Integration Center (NBIC)**

The Secretary placed NBIC under the authority of OHA at the beginning of FY 2007, and reestablished NBIC as the entity where other Departments and agencies come together to monitor and analyze potential biological threats to the Homeland. Later that year, Congress authorized NBIC in Section 1101 of the "Implementing Recommendations of the 9/11 Commission Act of 2007," (9/11 Act) P.L.110-53, to enhance the capability of the Federal government to identify and monitor biological events of national concern by integrating and analyzing data from human, animal, plant, food and environmental monitoring systems. The 9/11 Act also called on NBIC to disseminate alerts to Federal partners, States and localities to better enable them to prepare for and respond to such biological threats.

While Federal partners continue to operate their respective surveillance programs, NBIC is charged with synthesizing and analyzing information collected from these member agencies and other information sources in order to identify and monitor biological threats. No other place in government serves to integrate this information from across the spectrum of public and private, domestic and international, open and protected sources.

In FY 2009, NBIC continued to encourage all Federal partner agencies to be actively engaged in NBIC, and reached out to State, local, tribal, and territorial partners via existing DHS relationships, State and local Fusion Coordination Center representatives, and Protective Security Advisors (PSAs). OHA also finalized two additional NBIC Memorandums of Understanding (Department of Commerce and the Veterans Administration respectively) and encouraged NBIC Member Agencies (NMAs) to enter into Interagency Agreements to support placement of detailees to serve at NBIC to provide in-depth subject matter expertise and analytic perspectives to support the analysis and reporting on biological events.

For FY 2010, the President requests \$8 million, an amount equal to the FY 2009 enacted level.

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<sup>2</sup> Such a large scale deployment of new technology would take place only after rigorous third party evaluation and testing and Departmental review.

With those funds NBIC will continue to provide the visual analytic and decision support capabilities of the Biological Common Operating Picture (BCOP) by providing access to in-depth scientific data, situational awareness, digital and analog depictions, and modeling and simulation results in a User Defined Operational Picture (UDOP). UDOP will provide a full, comprehensive electronic picture with assessments of current biological events and trends and their potential impacts on homeland security. In addition, funding will be used to link the BCOP and the Biosurveillance Common Operating Network into an integrated IT architecture, supported by life-cycle management, and make it exportable to NMAs. This funding will also upgrade systems infrastructure to implement data-sharing services, provide access to additional data resources across the biological and surveillance communities, and offer proper protection of data for all NBIC partners.

### **Rapidly Deployable Chemical Detection System**

OHA's Rapidly Deployable Chemical Detection System (RDCDS) provides for the detection of a potential chemical release. It is part of a larger effort to provide leadership and direction to a comprehensive chemical defense program.

In FY 2009, RDCDS funding is being used to continue to validate intelligence information on chemical compounds believed to be of interest to terrorists and conduct primary field experiments based on findings, conduct a market survey and evaluate chlorine gas detection equipment, and collaborate with the EPA to provide aerial surveillance and support during natural or manmade disasters.

The President requests \$2.6 million in FY2010 for RDCDS to further validate intelligence information on chemical compounds believed to be of interest to terrorists and conduct primary field experiments based on findings. In addition, RDCDS will procure, install, and validate equipment for aerial surveillance and detection of chlorine gas.

### **Food, Agriculture and Veterinary Defense**

OHA's Division of Food, Agriculture and Veterinary Defense (FAVD) serves as the Department's lead for HSPD-9, *Defense of United States Agriculture and Food*. It provides expertise to the Secretary on zoonotic, food, and agriculture threats to homeland security. This includes evaluating and coordinating DHS' research, grants, and veterinary preparedness and response activities. FAVD utilizes some of the Nation's premier leaders in veterinary medicine and agro-defense to support its activities.

In FY 2009, FAVD is completing the development of the Strategic Plan (for Federal Bio Planning Against Biological Attacks) for catastrophic Foreign Animal Disease (Foot and Mouth Disease) and Food Contamination Scenarios. It is also participating in the development of CONOPS, OPS Plan and Tactical Plan (for Federal Bio Planning Against Biological Attacks) for Foreign Animal Disease (Foot and Mouth Disease) and Food Contamination Scenarios. In addition, FAVD is developing a Preparedness and Response Toolkit which will enable State, local, Tribal, and territorial organizations to measure their preparedness and response capabilities against established food and agricultural catastrophic scenarios, develop exercises to test their response, and facilitate the

implementation of lessons learned from exercises and/or events as a means to improve capability. Additionally, the self evaluations will be used to develop national standards that are based on real world experiences of the State, local, and Tribal and territorial organizations.

The President requests \$727,000 for FAV Defense for FY 2010, an amount equal to the FY 2009 enacted level. This funding provides for: 1) the completion of the development of the Defense of Food and Agriculture “Dashboard” and Collaboration Tool on the Office of Management and Budget (OMB) MAX Website, which has been recognized as a model for interagency collaboration; 2) the completion of the Preparedness and Response Benchmarking Tool Kit to enhance preparedness at the State, local, Tribal, and territorial level; and 3) the performance of gap analysis specific to FAV Defense arenas across internal, external and Federal, State, local, Tribal, territorial and private organizations to support the integration of a comprehensive program of food defense.

### **The Office of Medical Readiness**

The Office of Medical Readiness (OMR) is the area of our office that interfaces most closely with our Federal, State, local, Tribal and territorial partners. It develops policies and programs to enhance all hazards planning, exercises and training, promote integration of State and local medical response capabilities, align DHS emergency preparedness grants and support the medical first responder community. This Office is critical to the coordination of health and medical issues both within DHS and within the interagency as it relates to multidisciplinary, multi-jurisdictional planning, and coordination activities.

In collaboration with the Department of Health and Human Services, OMR developed and disseminated the Pandemic Influenza Vaccination Allocation and Targeting Guidance, which assists State, local, Tribal, and territorial communities in preparing for the allocation of vaccines to reduce a pandemic’s impact. Also, in collaboration with the Federal Interagency, OMR developed the National Strategy for border management during an Influenza Pandemic

For FY 2010, the President requests \$1.75 million for OMR. This funding will be used to initiate the implementation of the Medical Intelligence/Information Sharing Program in support of better integrating public health and healthcare communities with the homeland security intelligence community. In addition, funds will promote the representation of health security communities within the national network of State and Local Fusion Centers. It will also be used to support the interagency process for development of policies and guidance related to medical readiness for Weapons of Mass Destruction and natural disasters. In addition, this funding will be used to initiate a plan to provide guidance and technical assistance to States and local communities on medical and health issues related to medical readiness and response and to provide reachback technical assistance for Occupational Health for intra-DHS first responder forces, through our Office of Component Services.

### **Office of Component Services**

The Office of Component Services provides workforce protection guidance to the Secretary and Under Secretary for Management. The Office leads the development of strategy, policy,

requirements and metrics for the medical elements of the Department-wide occupational health and safety program. This Office also provides oversight for medical services rendered by or on behalf of DHS, including all Emergency Medical Services (EMS) personnel. The Office provides a forum for leaders of component medical officers to collaborate and share best practices and to participate in reviewing Departmental medical policy and procedure.

The Office of Component Services has led efforts to establish baseline reviews of the Department's occupational medicine services and health and safety programs for the Department's workforce. It has developed the requirements and an implementation plan for a comprehensive workers injury and disability management system, in conjunction with the DHS Chief Human Capital Officer; worked with the Department's Office of Safety and Environmental Programs on occupational safety and health policies; provided a travel medicine program to support internationally-deployed workforce; and identified key management level occupational health and safety metrics which can drive departmental implementation of occupational health principles.

In FY 2009, the Office of Component Services is using its funding to: 1) develop consultative services for Component leads on health issues; 2) develop cross-DHS Emergency Medical Services protocols, credentialing and quality assurance standards, 3) support international deployment health and wellness decisions, 4) support the Division of Immigration and Health Services (DIHS) with quality assurance and medical input, 5) promote wellness through newsletter and a internet based health information site, and 6) advise FEMA on safety and environmental health housing issues.

For FY 2010 activities, the President requests \$750,000 for the Office of Component Services. These funds will be used to: 1) augment Occupational Medical Services staff members to assist the Medical Director in the development of strategy, policy, requirements and metrics for the medical aspects of a department-wide occupational health and safety program; 2) provide health and medical consultation resources and assistance at a leadership level on a 24/7 basis; 3) assist Office of the Chief Human Capital Officer personnel with assessing position descriptions, physical evaluation programs (pre-placement, fitness-for-duty, return-to-work, etc.), performing post-incident analyses, and working with programs to improve return-to-work programs and to facilitate evaluation and treatment activities within Department of Labor guidelines and limitations; 4) work to define the requirements for job appropriate personal protective equipment, vaccinations, and post exposure prophylaxis; and 5) create a Departmental credentialing and medical oversight framework.

### **OHA's Activities Related to H1N1**

In addition to the OHA activities described above, OHA has played a critical role in the Department's response to the recent H1N1 influenza outbreak. The funding approved by Congress has enabled OHA to carry out these functions. OHA provided information, analysis and medical advice to the Secretary and the Department 24 hours a day/7 days a week on medical and health aspects of the incident. OHA is working with the Secretary and other DHS components to take steps to help protect the DHS workforce, specifically those at the border and working overseas.

Upon initial reports of H1N1 cases in Southern California, OHA stood up a Decision Support Cell (DSC) through its Office of Medical Readiness to support the National Operations Center (NOC).

This decision support cell served as a focal point for monitoring and coordinating OHA related operations. It was the central collection, analysis, and processing element for medical and health information and guidance for the Department, feeding into the NOC. The cell was staffed by physicians, toxicologists, epidemiologists, and public health and emergency management experts, as well as representatives from the National Biosurveillance Integration Center and the Intelligence and Analysis Directorate, who worked collaboratively to collect and analyze information and distribute analysis and guidance to the Secretary in support of her role as the Principal Federal Official, the NOC and other DHS components.

Each Office within OHA contributed to the H1N1 response.

- **The Office of Component Services** collaborated with DHS Components to inventory their respective countermeasure stockpiles, determine needs, and deploy additional countermeasures (antivirals and personal protective equipment), especially to border areas. Component Services working closely with the Management Directorate in developing guidance to DHS personnel on the use of personal protective equipment and on prophylactic antiviral dispensation.
- **The Office of Medical Readiness** set up and operated the DSC, fielding questions from Departmental leadership, the interagency, and States and locals, and managing the information flow into and out of OHA, through the NOC. OMR also supported other DHS components and Interagency partners in conference calls and meetings to provide updates, situational awareness and medical and health advice, and participated in White House activities to address the outbreak. In addition, OMR collaborated with CDC on the development and distribution of Travelers Health Alert Network (THAN) notices, which provide travelers entering and exiting U.S. ports and border crossings with information about the symptoms of H1N1 and direct travelers to the CDC website for updates.
- Three divisions within the **Office of Weapons of Mass Destruction** have contributed to the H1N1 response. NBIC is supporting the federal lead agencies with specific cross-domain analysis related to H1N1 and has generated comprehensive daily status reports based on integrating Federal, State, open source, and classified information sources on the status of the H1N1 influenza outbreak. BioWatch contract support at 27 public health laboratories has provided surge support for laboratory sample analysis. The Food, Agriculture and Veterinary Division is in frequent communication with USDA's Office of Homeland Security and the Animal and Plant Health Inspection Service (APHIS), and has provided to the DSC, NBIC, Department senior leadership information on: APHIS and CDC's recent development of a pilot surveillance project to better understand the epidemiology of swine influenza virus infections in swine and in humans; the current status of biosurveillance of swine diseases in the U.S.; and, the current status of agricultural imports and exports between U.S. and Mexico.

### **OHA and our Federal Partners**

OHA is designed to contribute to the health and security of the American people, in instances like the H1N1 outbreak, and in full coordination and collaboration with other DHS components and our Federal, State, local, Tribal, territorial, and private sector partners. OHA's responsibilities and activities enhance National planning for and response to the health consequences of catastrophic

incidents. This approach is consistent with the incident management coordination mandated by HSPD-5 and will ensure that the full, coordinated force of the Federal government is appropriately applied to management of incidents of any scale.

OHA works closely with all of the Department's components by supporting their occupational health and safety requirements, and coordinating with others to meet operational requirements. We have spent much of our time over the last two years collaborating with our Federal partners at the Departments of Health and Human Services, Defense, Agriculture, Commerce, Transportation, Justice and Veterans Affairs, the Environmental Protection Agency, the U.S. Postal Service and members of the Intelligence Community on a wide range of activities and initiatives. OHA has reached out to numerous State and local governments and non-governmental organizations, associations and private sector entities to advance the mission of a Nation prepared for health consequences of catastrophic events.

Though it has been over seven years since the attacks of September 11<sup>th</sup> and the anthrax mailings that followed soon thereafter, the risk of biological and chemical attacks still exists. To manage this risk, the OHA structure is fully aligned with the pillars of biodefense providing important contributions to threat awareness, surveillance and detection, prevention and protection, and response and recovery.

OHA is relatively small in size, but critical in its mission. The program dollars we receive are essential to give our dedicated personnel the resources they need to take action to protect the health of the Department and the Nation.

We appreciate the Committee's support for our budget so that we can fulfill the mandates of the President and Congress.

It has been my pleasure to serve in this office for the past almost three years. I thank you for your support of the critical role of OHA in the Department's homeland security mission. I look forward to answering any questions you may have.

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