

NATIONAL HEALTH SECURITY STRATEGY

OF THE

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For more information, contact:
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response
Hubert H. Humphrey Building, Room 638G
200 Independence Ave., S.W.
Washington, D.C. 20201
(202) 205-2882
www.hhs.gov

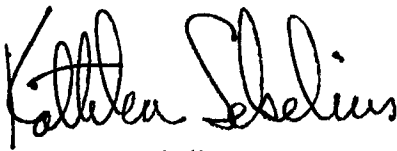
Our Nation, like all countries, faces many threats with the potential for large-scale health consequences, including disease outbreaks, natural disasters, and terrorist attacks. Preparing for and responding to these and other threats requires the commitment of, and cooperation among, all segments of society: government, the private sector, local communities, and international partners.

This document presents the Nation's first National Health Security Strategy (NHSS), which is intended to help galvanize efforts to minimize the health consequences associated with significant health incidents.¹ The NHSS was developed in consultation with a broad range of stakeholders, including representatives from local, state, territorial, tribal, and federal government; community-based organizations; private-sector firms; and academia. The statutory authority and requirements for the NHSS are provided under section 2802 of the Public Health Service Act.

The vision for health security described in the NHSS is built on a foundation of community resilience—healthy individuals, families, and communities with access to health care and with the knowledge and resources to know what to do to care for themselves and others in both routine and emergency situations.² Communities help build resilience by implementing policies and practices to ensure the conditions under which people can be healthy, by assuring access to medical care, building social cohesion, supporting healthy behaviors, and creating a culture of preparedness in which bystander response to emergencies is not the exception but the norm.

Community resilience is not possible without strong and sustainable public health, health care, and emergency response systems. This means that the health care infrastructure is capable of meeting anticipated needs and able to surge to meet unanticipated ones; ready to prevent or mitigate the spread of disease, morbidity and mortality; able to mobilize people and equipment to respond to emergencies; capable of accommodating large numbers of people in need during an emergency; and knowledgeable about its population—including people's health needs, culture, literacy, and traditions—and therefore able to communicate effectively with the full range of affected populations, including those most at risk, during an emergency.

Securing our Nation's health is a formidable task and must be a responsibility that is broadly shared among virtually all segments of society. The NHSS reflects current approaches and priorities for improving our Nation's ability to prevent, prepare for, respond to, and recover from a major health incident. However, the NHSS also acknowledges that achieving national health security is a long-term proposition, one that requires a process of continuous learning and improvement, strict accountability, a willingness to engage domestic and global partners, and an on-going commitment to measuring, evaluating, and improving our collective ability to recognize, confront, and resolve existing and emerging threats to our Nation's health.



Kathleen Sebelius
Secretary
Department of Health and Human Services
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¹ The term "health incident" is used throughout this document to refer to a wide range of natural and man-made phenomena that may have health consequences, including, but not limited to, infectious disease outbreaks, hurricanes, earthquakes, storms, tornadoes, tsunamis, hazardous material spills, nuclear accidents, biological and other terrorist attacks, and fires.

² Preparedness will be part of the *Healthy People 2020* outcomes (accessed online 9/30/09 at <http://www.healthypeople.gov>).

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Introduction

Over the past decade, our Nation has renewed its efforts to address large-scale incidents that have threatened human health, such as natural disasters, disease outbreaks, and terrorism, including the use of weapons of mass destruction (WMD). The responses to incidents such as the September 11, 2001, attacks and the 2001 anthrax attacks; the outbreak of Severe Acute Respiratory Syndrome (SARS); multiple hurricanes; and the 2009 H1N1 influenza outbreak have highlighted challenges while also providing valuable lessons to help the Nation prevent, protect against, respond to, and recover from future incidents.

Major progress has been made in improving the Nation's ability to address the public health and medical consequences of the full range of potential threats. For example, states and localities have developed and exercised emergency response and recovery plans; laboratory capacity has increased; disaster communication systems have improved; and plans have been put in place to deliver medical countermeasures to communities, if needed. Numerous local responses to health incidents have improved as a result of these efforts. In addition, U.S. government programs have been working with global partners to enhance capacity to rapidly detect and contain emerging health threats (including bioterrorist threats) and to increase capacity for rapid response to outbreaks and other health incidents, laboratory diagnostic testing, surveillance, and workforce recruitment and training.

Nonetheless, many challenges remain. Emergency response efforts are sometimes disparate; and effective coordination is often lacking across governmental jurisdictions, communities, and the health and emergency response systems.³ Additional steps must be taken to ensure that adequate medical surge capacity and a sufficiently sized and competent workforce are available to respond to health incidents, a sustainable medical countermeasure enterprise sufficient to counter health incidents is fostered, and increased attention is paid to building more resilient communities and integrating the public, including at-risk individuals⁴, into national health security efforts. Moreover, considerable variation remains in the degree to which individual states, territories, tribes, and local jurisdictions are prepared to address large-scale health threats. At the same time, few evidence-based performance measures and standards exist to gauge the effectiveness of national health security efforts and progress toward goals⁵—that is, to assess the extent to

³The health system includes all parts of the health care delivery system (e.g., primary and hospital care, disaster medicine, and behavioral health care) and the public health system. The emergency services system includes police, fire, emergency medical services, and emergency management.

⁴ As defined in section 2802(b)(4)(B) of the PHS Act, at-risk individuals include “children, pregnant women, senior citizens and other individuals who have special needs in the event of a public health emergency, as determined by the Secretary.” For purposes of this document, the category of at-risk individuals also includes individuals who may need additional response assistance during an emergency, such as persons who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, or have pharmacological dependency. See also the definition in Appendix C Glossary of Key Terms.

⁵Section 319C-1(g)(1), of the Public Health Service (PHS) Act (42 U.S.C. 247d-3a(g)(1)), as amended by section 201 of the Pandemic and All-Hazards Preparedness Act (PAHPA), Public Law No. 109-417, requires that standards be developed to measure levels of preparedness with respect to activities carried out by recipients of the Centers of Disease Control and Prevention's Public Health Emergency Preparedness (PHEP) grants and the Assistant Secretary for Preparedness and Response's Hospital Preparedness Program (HPP) grants. “Not later than 180 days after the date of enactment of the Pandemic and All-Hazards Act, the Secretary shall develop or where appropriate adopt, and

which the Nation is prepared for the types of health incidents that we have experienced in the past and may have to confront in the future.

A Vision of National Health Security

The National Health Security Strategy (NHSS) is the first comprehensive strategy focusing specifically on the Nation's goals of protecting people's health in the case of an emergency. The purpose of the NHSS is to guide the Nation's efforts to minimize the risks⁶ associated with a wide range of potential large-scale incidents that put the health and well-being of the Nation's people at risk, whether at home, in the workplace, or in any other setting. In this context, *national health security is achieved when the Nation and its people are prepared for, protected from, respond effectively to, and able to recover from incidents with potentially negative health consequences.*

The NHSS is a national—not just federal—strategy, and therefore it requires the commitment of a broad range of stakeholders: all levels of government, as well as individuals, families, and communities (including the private sector, non-governmental organizations, and the academic and research sectors).⁷ Although the active and ongoing participation of the Nation's people is necessary to achieve national health security, it is neither reasonable nor realistic to expect that individuals, families, and communities can execute on their own all required actions to prevent, protect against, respond to, and rapidly recover from an incident. It is the responsibility of local, state, territorial, tribal, and federal governments to provide guidance and facilitate collaboration and coordination among individuals, families, and communities, including the private sector, to implement strategies to prevent, protect against, respond to, and recover from an incident. *Healthy People 2010*⁸ describes the relationships among these entities: While individuals are ultimately responsible for their own actions, their behavior is heavily influenced by the communities and neighborhoods in which they live. Policies and investments at the local, state, territorial, tribal, and federal levels guide and facilitate actions that all stakeholders must take to improve health, including preparedness for large-scale health incidents. Further, access to needed and appropriate health care is critical to improving and protecting the health of the Nation's people.

require the application of, measurable evidence-based benchmarks and objective standards that measure levels of preparedness with respect to [PHEP and HPP activities].” Section 2802(a)(2) of the PHS Act (42 U.S.C. 300hh-1(a)(2)), as amended by section 103 of PAHPA, requires that the NHSS include an evaluation of the progress made by federal, state, local, and tribal entities, based on the evidence-based benchmarks and objective standards that measure levels of preparedness established pursuant to section 319C-1(g)(1) of the PHS Act.

⁵ Risk is the multiplicative product of threat, vulnerability, and consequence; see CRS [Congressional Research Service] Report to Congress, “The Department of Homeland Security’s Risk Assessment Methodology: Evolution, Issues, and Options for Congress,” Order Code RL33858, February 2, 2007.

⁷ The Institute of Medicine (IOM) report, *The Future of the Public’s Health in the 21st Century* (Washington, D.C.: The National Academies Press, 2002), presents a comprehensive framework for how the government public health agencies, working with multiple partners from the public and private sectors as an intersectoral public health system, can better assure the health of communities.

⁸ *Healthy People 2010* provides a comprehensive set of disease prevention and health promotion objectives for the United States to achieve over the first decade of the new century, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, *Healthy People 2010* (accessed online 9/30/09 at <http://www.healthypeople.gov>).

