



Testimony
Committee on Energy and Commerce
Subcommittee on Health
United States House of Representatives

**ASPR's Emergency Preparedness
Role in the 2009-H1N1 Flu Outbreak**

Statement of

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Good morning Chairman Pallone, Rep. Deal, and Members of the Subcommittee. I am RADM. W. Craig Vanderwagen, the Assistant Secretary for Preparedness and Response (ASPR) at the U.S. Department of Health and Human Services (HHS). I appreciate this opportunity to discuss the important role of ASPR in responding to the current 2009-H1N1 Flu outbreak. To put the more unique role of ASPR in this outbreak in the proper context, allow me to first provide a brief overview of my office's emergency response responsibility.

Over the past week you have seen extraordinary efforts on the part of the Department of Health and Human Services (HHS) and the rest of the Federal Government. Over the past 5 years, HHS and the U.S. Government made many investments in the nation's preparedness for pandemic influenza. While the sequence of these events has not matched those planning assumptions, the events of the past week have proven the value of those efforts, which included the development of community plans, the acquisition of medical countermeasures, the development of new diagnostics and the numerous exercises of response plans at all levels of government.

I would like to take this opportunity to acknowledge Secretary Napolitano and thank her for her continued leadership and support in this effort. I would also like to recognize our new Secretary, who engaged immediately in this issue upon her confirmation and is actively involved in leading the Department's response.

Today, I am joined by my colleagues who currently serve on the HHS team

leading the response, Dr. Anne Schuchat from the Centers for Disease Control and Prevention (CDC) and Dr. Joshua Sharfstein from the Food and Drug Administration (FDA).

The Assistant Secretary for Preparedness and Response is the Secretary's principal advisor on all matters related to Federal public health and medical preparedness and response for public health emergencies. ASPR assures a coherent HHS approach to public health and medical preparedness and response capability by leading and coordinating the relevant activities of the HHS Operating Divisions (e.g., Centers for Disease Control and Prevention, Food and Drug Administration, National Institutes of Health) on behalf of, and subject to the authority of, the Secretary.

ASPR also serves as the principal entity that coordinates interagency activities between HHS, other Federal Departments and Agencies, the White House (e.g., Homeland Security and National Security Councils), and State and local officials responsible for public health emergency and disaster medical preparedness. In the event of a public health emergency, such as the 2009-H1N1 Flu outbreak, or a medical disaster, HHS serves as the Federal Government's lead for Emergency Support Function (ESF) #8 – Public Health and Medical Services under the National Response Framework. As the Department's lead for ESF #8, ASPR works closely with the Department of Homeland Security's (DHS) Federal Emergency Management Agency (FEMA) to coordinate Federal assistance to

supplement State, Territorial, Tribal, and local resources in response to public health and medical care needs.

ASPR manages the Secretary's Operations Center (SOC) located at the HHS Headquarters building. This center serves as the Department's primary location to coordinate the overall public health and medical response effort.

The response and coordination of the H1N1 Flu outbreak is going well. Our investments over the past five years are coming to fruition. The United States Government (USG) efforts are currently focused on saving lives, slowing the transmission of the disease, and mitigating consequences of those affected. Using the guidelines prepared within our Pandemic Influenza playbooks and plans, we have been able to more clearly communicate our goals, objectives and strategies to our Federal, State and local partners.

As you know, the World Health Organization raised the worldwide pandemic alert level to Phase 5, which is characterized by confirmed person-to-person spread of a new influenza virus able to cause "community-level" outbreaks. Prior to WHO's recent action, HHS issued several key declarations including a nationwide Public Health Emergency Declaration, and four Emergency Use Authorizations (EUAs). These authorizations were issued to make certain diagnostics available to public

health and medical personnel, to allow for the use of certain antiviral products, and for the use of certain N95 respirators.

In response to requests received by affected States, HHS recently released antiviral medication from the Strategic National Stockpile to the States of California, Texas, Indiana, Arizona and New York. Additionally, HHS continues to evaluate community mitigation guidelines in those areas where cases have been confirmed through laboratory analysis. As this outbreak progresses HHS will continue to assess these and other guidelines to ensure that they are appropriately based upon the available science.

Over the coming days, HHS will continue to work with our Federal, State, local and International public health and medical partners to help address the needs of this outbreak. Many HHS assets from NIH, FDA, CDC, and ASPR/BARDA are working to develop a vaccine for this virus. HHS will work with several manufacturers to continue to prepare reference strains from which viral seeds for vaccine production and vaccine clinical trials can be made. HHS will continue to focus not only on the immediate response requirements but also those that might exist in the coming days or weeks.

At this point I will conclude my very brief remarks and will welcome your comments or questions.