

Pan Flu Ready: A National Call to Action

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A National call to action is needed for pandemic readiness not unlike the mobilization of resources that prepared citizens and institutions to defeat the cyber bug that threatened the nation at the turn of the millennium.

An influenza pandemic will have crippling effects on the stability of America's infrastructure and the security of the homeland. It will equally place our most critical infrastructure assets at considerable risk for exploitation. As the three-year CDC Pandemic Influenza Emergency Supplemental Funding concludes, our critical sector partners have yet to attain a high level of readiness. What will it take to achieve pandemic readiness? Only a Y2K bunker mentality can ready the nation, as fear did for an unmitigated electronic bug at the turn of the century. It drove the nation to a Category 5 level of preparedness and the outcome on January 1, 2000...business as usual.

A National Call to Action

The hype that embedded cyber bugs would disrupt civilization at the turn of the century mobilized governments, multi-national corporations, and everyday users with planning and preparedness that eventually diverted the doomsday scenarios put forth by many prognosticators. Command centers were set up, business continuity plans put into place, and contingency plans detailed three deep responses. Much of this effort proved its investment in New York with the WTC attacks, saving lives in the aftermath. But it was the Y2K ready "call to action" in 1998 that resulted in a nonevent January 1, 2000 and prepared many for attacks unimaginable in September of 2001.

The United States Government responded to the Y2K threat by passing the Year 2000 Information and Readiness Disclosure Act, working with private sector counterparts in order to ensure readiness, and developing continuity of operations plans. The Y2K ready "call to action" was instituted with President William Jefferson Clinton's signing of Public Law 105-271, October 19, 1998. It provided immunity within reason, to individuals, businesses, corporations, and governmental entities that disclosed information of mitigated computer processes that readied those entities for the year 2000. It created an environment that encouraged disclosure to constituents, consumers, and the general public once an entity was certified "Y2K ready." Readers may recall receiving statements from banks, utility companies, cities, and towns stating they were ready for the year 2000. This campaign must be waged to ready our nation for a pandemic. This is the national call to action needed to establish a bottom-up strategy for pandemic readiness.

The challenge is that unlike Y2K, there is no predetermined date for arrival of the next pandemic. Consequently, well-meaning efforts give way to budgetary constraints, economic conditions, and other work priorities that would quickly become irrelevant if H5N1 human-to-human transmission were confirmed in a remote region of the world. Unlike Y2K, loss of life, human suffering and cascading effects will affect all of us.

The new administration must capitalize on work accomplished by state and federal partners but now expand this effort to local jurisdictions. The recommendation is that a national call to action be institutionalized and three objectives set:

- Target frontline critical infrastructure sectors
- Mandate continuity of operation plans for all critical infrastructure partners
- Fund the mandate for continuity of operations plan (COOP) readiness

Target frontline critical infrastructure sectors

“Local preparedness must be the foundation of our national response. Communities that fail to prepare - expecting the federal government to come to the rescue - will be tragically mistaken.”

*Michael Leavitt, Secretary
US Department of Health & Human Services
June 13, 2007*

Homeland Security Presidential Directive 7 established a national policy for Federal departments and agencies to identify and prioritize 17 critical infrastructures and to protect them from terrorist attacks. Those Federal departments with lead “protective” responsibilities are designated a Sector-Specific Agency (SSA) and are responsible for the development and maintenance of a Sector-Specific Plan.

In the context of this structure and the threat a pandemic, the structure and organization is in place at the federal level but we must connect the dots from state to local. The critical infrastructures within each SSA are built upon thousands of electrical power Co-ops, rural water authorities, and governmental jurisdictions. These organizations are the frontlines, where the pandemic battles will be waged and now is the time to prepare them for that challenge. As referenced above, Secretary Leavitt made it clear that during a pandemic, communities must be prepared and local preparedness is the foundation of response.

Targeting all seventeen CI/KR (Critical Infrastructure/Key Resources) is overwhelming but priorities must be set, knowing the threat. In addition, there are interdependencies with other CI/KR that will be critical in light of our “just in time, just enough” economy to support response such as food stores, pharmacies, and transportation. An all hazards approach is all-inclusive but the impact of a pandemic calls for specific strategies. While all CI/KR are critical, the most essential during a pandemic are:

1. Public Health and Healthcare
2. Emergency Services: to include security, EMS, and emergency management
3. Utilities: to include Water and Energy Sector and communications sector

The Department of Health and Human Services is the Sector-Specific Agency and tasked with pandemic preparedness for public health and healthcare. This sector represents 15 percent of the gross national product and will be overwhelmed in a pandemic. It is vital that this sector be so well prepared that its transition to WHO Phase 6, US Stage 4 is seamless. This trigger is the point at which there is transition from *no* human-to-human transmission to a lab-confirmed human-to-human transmission of an H5N1 type virus.

Emergency Services Sector represents traditional first responders who provide public safety, emergency management, and emergency medical services. To maintain civil order during this period of shortages, high anxiety and fear, it is essential that this sector be prepared. A clear understanding of their role must be delineated, trained, and exercised. These roles are not traditional but include the delivery of public health orders for isolation and quarantine; security for vaccination clinics and/or antiviral distribution centers; triaging overwhelming numbers of callers seeking medical care and transport.

Utilities include the Water, Energy and Communications Sectors all essential to maintain the continuity of operations for CI/KR responding sectors. Telework becomes a key strategy (backbone for social distancing) but cannot take place without an energy sector prepared to deliver power. Water must be at the faucet to maximize infection control for entities that maintain essential services such as medical care, hospitals, government, and other services. Those who elect voluntary quarantine and home care must be assured that power will be there along with water as they care for family, friends, and self.

Interdependencies with other sectors are critical as mentioned above to sustain the continuity of operations of essential CI/KRs. These include agriculture and food, the transportation system, and especially the communications sector. A study by the Department of Homeland Security revealed the critical nature of communications and the extent to which it would congest at the local level underscoring its interdependency.

Mandate continuity of operation plans for all critical infrastructure partners

Continuity of operations plans for the federal executive branch dates back to the National Security Act of 1947. While guidelines have been amended over the years, it took FPC (Federal Preparedness Circular) 65, to require COOP for “*all Federal Executive Branch departments, agencies, and independent organizations.*” COOP must also become a standard operating procedure for a sector’s network of partners...from bottom-up!

The attacks of September 9/11 and the George W. Bush Administration’s activation of the federal COOP plan ushered in a resurgence of continuity of operations planning that found its way into pandemic preparedness guidance. In recent years, recipients of federal funding through the *Public Health Preparedness and Response Cooperative Agreement* (Cooperative Agreement AA154) have been urged to develop continuity of operations plans for their pandemic response efforts. But it must be understood that while COOP is the cornerstone for pandemic response, pandemic COOP departs from traditional

continuity of operations planning with its emphasis on high absenteeism rates, workplace safety (maximizing infection control practices), and human resource issues.

And we now have a plan for CI/KR assets in the context of a pandemic. In September 2006, the US Department of Homeland Security published its reference guidance for CI/KR sectors with an emphasis on COOP titled The Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources.

The partnership must be expanded to incorporate public/private partnerships with those of the Sector-Specific Agencies that represents them along with large private sector corporate partners. The private sector is essential because it has the reservoir of COOP technical assistance essential for the success of this endeavor. For example, large power companies must work with those electrical Co-ops that buy and distribute its power to ensure that they (the Co-ops) are equally prepared to maintain their essential operations in the event of high absenteeism during the pandemic.

The nature of the technical assistance must include consultation, facilitation, project management, and technical support services such as technical writing. This is not unlike that requested by state government contracts for COOP technical assistance. Remote, small utility providers (both electricity and water), and healthcare providers are limited in the resources to develop COOP and often lack the technical expertise. National and state associations have used the tools of pandemic preparedness and worked to educate its members of the impact a pandemic will have on the production of power and/or water. But while CDC funding has flowed through state departments of public health, the discipline of public health is not an efficient means for project management and COOP expertise though it is the expert in issues of a pandemic. Technical assistance would best be administered through the Sector-Specific Agency by bringing together local sector partners, association management organizations, and the corporate sector.

Fund the mandate for continuity of operations plan readiness

“While attending the World Economic Forum in Dubai last month, I heard some of the world's leading economists detail in stark terms that we are in for a world of "financial hurt" for at least the next 3 to 5 years. It seems a dangerous new scenario has emerged: an influenza pandemic overlaid on the global just-in-time economy.”

*Michael Osterholm
CIDRAP Business Source
December 4, 2008 Briefing*

U.S. investments for pandemic preparedness are estimated at \$7.9 billion since 2004, with the bulk being authorized in the FY 2006 Pandemic Influenza Emergency Supplemental Funding. Most of these funds supported public health preparedness, vaccine development, and antiviral stockpiling. This is just the federal government investment. State governments have had little incentive to supplement pandemic preparedness costs other than matches for antiviral medications. And while major utilities, corporations, and financial institutions have made significant investments in pandemic preparedness, the actual expenditures are not known.

In contrast, The Office of Management and Budget estimated that over \$8.34 billion was spent by the U.S. to rid the nation of the Y2K bug. A 2001 Newsweek report estimated that \$100 billion was spent by the government and business community to ready systems for the 21st century and included the \$8.34 billion.

A 2007 report by the Financial Services Roundtable describes a pandemic as “*a mega-catastrophe*” and outlines several recommendations for the federal government to contain and minimize the risk of another pandemic. One recommendation calls for an additional \$10 billion to be spent by the U.S. Government for pandemic preparedness and target vaccine-production technologies and antiviral medications, subsidize production of pandemic-specific flu vaccine and ensure that private and public sector business continuity plans are in place, continually tested and monitored. The Financial Services Roundtable is made up of the 100 largest financial institutions in the United States.

As noted by Osterholm, compound the painful impact of a pandemic with the current economic crisis, a pandemic would cripple our nation and dramatically increase the vulnerability of our most critical infrastructures. A national “call to action” for pandemic readiness is needed on the scale that brought government, private sector, and citizens together in transparency, common cause, and single mission at the turn of the century.

Summary

How will we know when we have done enough? Did the authors of the National Security Act in 1947 know COOP would be revised and renewed to reflect current threats and expanded to serve as a requirement for all federal executive bureaus? Did Congress know in 1998 that Y2K planning would be leveraged to save lives in the worst attack on our nation? But funding is limited and the national appetite for such ventures will get satiated quickly. The time will come when interest in pandemic preparedness wanes.

We will know when we have done enough when priority critical infrastructures can state that they are “Pan Flu Ready.” This will mean COOP is in place, workers are educated, and essential supply and distribution vendors are set for pan flu compliance. It equally means infection control for the workplace is understood, robust plans for personal protective equipment are in place, preventative work practices are habit (cough etiquette, flu shot), and administrative as well as engineering considerations have been addressed.

And just as organizations leveraged their Y2K plans for response to the 9/11 attacks, so will pan flu ready critical infrastructures be able to leverage their preparedness for all hazards response and recovery. We see that annually along the coast with hurricane preparedness. Plans were not developed and shelved. Rather, those plans are constantly studied, exercised, and revised. Coastal states and communities benefit.

A report by the Commission on the Prevention of WMD Proliferation and Terrorism came out December 2008 and warned that the “United States can expect a terrorist attack using nuclear or more likely biological weapons before 2013.” COOP readiness will leverage local jurisdictional preparedness for not only pandemics but also emerging infectious diseases as well as biological attacks described by the bipartisan commission.

A national call to action must be forged to the extent that when a water utility states it is “pan flu ready,” then a universal icon can be used on their marketing, communications, and website to notify its constituents that it is ready for a pandemic. Likewise, an SSA can only be “Pan Flu Ready” when its constituents, public, and private partners have met readiness requirements. California campaigns for “Earthquake Ready” while coastal communities get “Tsunami Ready.” Now time has arrived for “Pan Flu Ready.”