



Ensuring Public Health Leadership

The current federal response plan for pandemic flu uses the framework of the National Response Plan (NRP), a multi-party effort that includes all federal agencies.³² An influenza pandemic would be deemed an Incident of National Significance — a categorization that would also be given to a terrorist attack or hurricane. The NRP names the Department of Homeland Security (DHS) as the agency responsible for coordinating the overall federal response. The Department of Health and Human Services (HHS) only would have authority over very traditional public health and medical issues, which are outlined in Emergency Support Function (ESF) #8 of the NRP — Public Health and Medical Services. Within the current response structure, it is unclear how the relationship between HHS and DHS would be operationalized in the event of an influenza pandemic — where one agency's power would end and the other's would begin.

The current response structure is problematic because HHS is named the primary federal agency for only ESF #8 — not for the entire federal response — even if the emergency requires public health expertise in every facet of the response, like what would be needed for pandemic influenza.³³ Responding to pandemic flu is much different than responding to a terrorist attack or a hurricane. Public health experts should determine when roads should be closed, when trade in certain goods should be suspended and other key response steps over which health agencies such as HHS do not traditionally have authority in decision-making. Therefore, public health officials — the Department of Health and Human Services — should have the formal authority to take the lead in the federal response to pandemic flu. However, should the situation migrate from a health to a non-health emergency, there should be a clear, orderly process in place to allow for a change of command.

Therefore, APHA recommends that:

1. HHS, not DHS, be the lead federal agency on issues related to domestic preparedness for and response to pandemic influenza, and should have wide authority to plan for a national response to the recurrent flu epidemics.
2. Cooperation and coordination between HHS and DHS be improved.
3. The National Response Plan be reworked or a different multi-party response framework be formulated to ensure that all actors at the federal, state and local levels are coordinated in their responses to pandemic influenza, as the NRP is an insufficient framework due to its lack of focus on public health leadership, preparedness and response.
4. DHS and HHS continue to provide training about the National Incident Management System (NIMS) to public health and response partners at the state and local levels to ensure familiarity with the system, as all emergencies involve the local level.
5. Congress appropriate new and additional resources to state and local levels to improve overall surveillance and response plans, including influenza preparedness efforts, including monies for states and localities to draft and vigorously test their systems and plans, including their pandemic influenza plans.