

National Infrastructure Protection Plan

Public Health and Healthcare Sector

Homeland Security Presidential Directive 7 (HSPD-7) identified 17 sectors of the U.S. economy and designated Federal Government Sector-Specific Agencies (SSAs) for each of the sectors. Each sector is responsible for developing and submitting Sector-Specific Plans (SSPs) and sector-level performance feedback to the Department of Homeland Security (DHS) to enable national cross-sector critical infrastructure and key resources (CI/KR) protection program development and gap assessments. SSAs are responsible for collaborating with public and private sector security partners and encouraging the development of appropriate information-sharing and analysis mechanisms within the sector. The Department of Health and Human Services (HHS) is the SSA for the Public Health and Healthcare Sector.

Sector Overview

The Public Health and Healthcare Sector constitutes approximately 15 percent of the gross national product. Operating in all U.S. States, Territories, tribal areas, cities, counties, and towns, the Public Health and Healthcare Sector is integral to the U.S. economy and plays a significant role in response and recovery across all other sectors in the event of a natural or manmade disaster.

The Public Health and Healthcare Sector is highly decentralized. Sector entities work together under varying circumstances (e.g., managing supplies, providing clinical care), however, other than in catastrophic events, healthcare tends to be localized. The Public Health and Healthcare Sector has interdependencies across multiple sectors, including:

 The Transportation Systems Sector for the movement of supplies, pharmaceuticals, workforce members, and emergency response units;

- The Agriculture and Food Sector for coordination of pandemic preparedness and other issues;
- The Energy Sector for continuity of operations, electricity to maintain medical device systems, and enabling protection programs;
- The Drinking Water and Water Treatment Systems Sector for the provision of healthcare, pharmaceutical operations, and sanitization;
- The Emergency Services Sector for coordination with first-responders; and
- The Information Technology and Telecommunications Sectors for critical information systems and security services.

Sector Partnerships

Immediately following the release of HSPD-7, HHS initiated private sector involvement in CI/KR protection

efforts. Starting in early 2004, HHS began working in partnership with DHS to implement the NIPP sector partnership model and risk management framework, and encouraged the formation of a Sector Coordinating Council (SCC). By the end of 2005, this group comprised several subgroups representing interest areas (e.g., Medical Material, Occupational Health, Health Professionals). These private sector affiliates provide valuable contributions to the SSP and, more broadly, to preparedness and response activities.

The Federal-level counterpart to the SCC is the Government Coordinating Council (GCC). The GCC includes representatives from a range of Federal departments and agencies (e.g., the Environmental Protection Agency, Department of Defense, Department of Veterans Affairs) as well as individual operating divisions of HHS.

CI/KR Protection Issues

Healthcare elements operate independently from each other, both functionally and geographically. The result is that there are no owners or operators that can speak for their industry as a whole on CI/KR protection matters.

In addition, the Public Health and Healthcare Sector places an emphasis on an all-hazards approach to CI/KR protection. The role of healthcare as a first-responder during catastrophic events has had a significant influence on how the various components of CI/KR are perceived within the sector. The sector's awareness of its criticality and the sensitivity of its data increases dramatically at the onset of a disaster; thus, priorities tend to be more closely aligned to response and recovery measures than to prevention and protection. This emphasis has created a shift in protection considerations across healthcare as follows:

- A primary focus is on the ability to prepare for surge capacity and the ability to deliver care across a broad range of incidents.
- The relatively large number of total assets, particularly
 hospitals and clinics, means protecting and preventing
 the damage or destruction of any one of them is less
 important than the ability to continue to deliver care
 during response to and recovery from such damage or
 destruction.
- Although there are many assets within the sector, only
 a select few are considered as likely direct targets of a
 terrorist attack. The sector's information technology
 systems are also not considered likely targets of major
 hacking events as there is no perceived financial gain.

Priority Programs

Within the Public Health and Healthcare Sector, protective programs have evolved as a result of the changing regulatory landscape, emergency response and recovery requirements, and the rapid advancements in technology coupled with growing potential threats from outsiders. Some of these programs are identified below:

- Vulnerability Assessments. Within HHS, vulnerability
 assessments are conducted for critical facilities.
 In addition, the Health Resources and Services
 Administration requires assessments of facilities receiving
 grants through the Bioterrorism Hospital Preparedness
 Program.
- HHS Biosurveillance Initiative. The Biosurveillance Initiative will serve to prevent the introduction and spread of disease caused by bioterrorism agents.
- Regulatory Landscape. The Health Insurance Portability
 and Accountability Act of 1996 Security Rule requires
 healthcare-covered entities to implement an appropriate
 risk management framework to ensure the protection of
 physical structures and the information systems that are
 maintained by healthcare organizations.
- Accreditation Organizations. The Joint Commission on Accreditation of Healthcare Organizations plays an important role in promoting effective protective programs across a broad front.



For questions or more information, please contact NIPP@dhs.gov or visit www.dhs.gov/nipp.