



**STATEMENT FOR THE RECORD**

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**BEFORE THE**

**UNITED STATES SENATE  
COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS**

**SUBCOMMITTEE ON STATE, LOCAL, AND PRIVATE SECTOR PREPAREDNESS AND  
INTEGRATION**

***“PANDEMIC INFLUENZA: STATE AND LOCAL EFFORTS TO PREPARE”***

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Before the U.S. Senate

Committee on Homeland Security

Subcommittee on State, Local and Private Sector Preparedness

*“Pandemic Influenza: State and Local Efforts to Prepare”*

October 3, 2007

Mr. Chairman, Ranking Member Sununu and Members of the subcommittee:

Thank you for the opportunity to testify before the subcommittee to discuss State, local and private sector pandemic influenza preparedness and integration efforts. I am Dr. Til Jolly, Associate Chief Medical Officer for Medical Readiness, within the Office of Health Affairs at the Department of Homeland Security (DHS). Before I begin, I would like to take this opportunity to thank you and the Subcommittee on behalf of Secretary Chertoff for your continued willingness to work alongside the Department to provide leadership in protecting and ensuring the security of our homeland. I would also like to thank our Federal, State, local, tribal and private sector partners, including the Department of Health and Human Services (HHS) and others with whom we work every day.

To begin, I would like to take a few moments to review some basic facts about pandemics and their potential impacts on our nation. Pandemic influenza occurs when a novel strain of influenza virus emerges that has the ability to infect humans and cause severe disease, and when efficient and sustained transmission between humans occurs. This scenario creates unique challenges. Unlike other incidents, such as a hurricane or a bioterrorist attack, a pandemic is not a singular event, but is likely to

come in waves, each lasting weeks or months, passing through communities of all sizes across the nation and the world simultaneously. The complete event may last as long as 18 months. Based on projections modeled by HHS from prior pandemics, an influenza pandemic could result in 200,000 to 2 million deaths in the United States, depending on its severity. Further, an influenza pandemic could have major impacts on society and the economy, including our nation's critical infrastructure and key resources, as many of our nation's workforce could be absent for extended periods of time, either sick themselves or caring for loved ones at home.

DHS has been actively engaged with its federal, state, local, territorial, tribal, and private sector partners to prepare our nation and the international community for an influenza pandemic. As outlined in the Implementation Plan for the National Strategy for Pandemic Influenza, DHS is responsible for the coordination of the overall Federal response during an influenza pandemic. The Secretary designated the Office of Health Affairs to lead the coordination for pandemic preparedness including implementation of policies that facilitate compliance with recommended social distancing measures, development of a common operating picture for all Federal departments and agencies, and ensuring the integrity of the Nation's infrastructure, domestic security and entry and exit screening for influenza at the borders.

To date DHS has accomplished over 80% of the requirements outlined in the Implementation Plan. DHS recognizes the key role of HHS in its responsibility to lead the coordination of the public health and medical emergency response activities during a pandemic under Emergency Support Function (ESF)-8, including the deployment and distribution of vaccines, antivirals and other life-saving medical countermeasures from the Strategic National Stockpile. DHS also recognizes the Department of State's role to lead the coordination of international efforts including U.S. engagement in a broad

range of bilateral and multilateral initiatives that build cooperation and capacity to fight the spread of avian influenza and to prepare for a possible pandemic. The Department of Agriculture (USDA) conducts surveillance for influenza in domestic animals and animal products, monitoring wildlife in partnership with the Department of the Interior, and working to ensure an effective veterinary response to a domestic animal outbreak of highly pathogenic avian influenza.

In working with our partners, DHS has developed and implemented a number of initiatives and outreach to support continuity of operations planning for all levels of government, including State, local, tribal and private sector entities. I will highlight a few noteworthy accomplishments DHS has achieved with its partners and stakeholders.

DHS produced and released the *Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources (Guide)*. Tailored to national goals and capabilities, and to the specific needs identified by the private sector, this business continuity guidance represents an important first step in working with the owners and operators of critical infrastructure to prepare for a potentially severe pandemic outbreak. The *Guide* has served to support business and other private sector pandemic planning by complementing and enhancing, not replacing, their existing continuity planning efforts. With that in mind, the Federal government developed the *Guide* to assist businesses whose existing continuity plans generally do not include strategies to protect human health during emergencies such as those caused by pandemic influenza or other diverse natural and manmade disasters.

DHS is currently leading the development of specific guides for each of the 17 critical infrastructure and key resource sectors. These include agriculture, food, and water, public health, emergency services, telecommunications, banking, defense systems, transportation, energy resources, and others.

These guides are being developed utilizing the security partnership model and in collaboration with our Federal and private sector partners.

In coordination with other Federal departments and agencies, DHS is developing a coordinated government-wide planning forum as part of the Incident Management Planning Team. An initial analysis of the response requirements for Federal support has been completed. From this analysis, a national plan defining the federal concept for coordinating response and recovery operations with our partners at the state, local, tribal and private sector during a pandemic has been developed and is currently undergoing interagency review. Utilizing this planning process, a coordinated federal border management plan has been developed and is currently in review. State, local, tribal, territorial, and private sector partners provided critical input, along with our Federal interagency partners.

DHS has conducted or participated in federal and state interagency pandemic influenza exercises which have focused on varied issues related to preparedness. These exercises have included:

- FEMA's Determined Accord series for continuity of operations with federal, state, local, tribal, territorial entities.
- Several Customs and Border Protection exercises – addressing transportation and border challenges.
- A U.S. Fire Administration tabletop exercise for development of best practices models and protocols for EMS, 911 Call Centers, Fire Services, Emergency Managers, Law Enforcement and Public Works. This will allow for further integration of a unified Federal, state, local and private sector emergency response capabilities.
- HHS sponsored regional National Governors Association Pandemic Influenza exercises, CDC sponsored state and local exercises, and DoD pandemic influenza exercises.

- Multiple workshops and forums have been conducted with the owners and operators of critical infrastructure and key resources.

Consistent with his role under Homeland Security Presidential Directive – 5, Secretary Chertoff pre-designated Vice Admiral Vivien Crea, the Vice Commandant of the U.S. Coast Guard, as the National Principal Federal Official (PFO) for pandemic influenza and has pre-designated five regional PFOs. Likewise, our partners have pre-designated Infrastructure Liaisons, Federal Coordinating Officers, other senior health officials, as well as Defense Coordinating Officers. Vice Admiral Vivien Crea and the Regional PFOs have participated in several training sessions regarding pandemic preparedness duties, and have held two orientation sessions to date. These sessions included updates from the Departments of State, Agriculture, HHS and DoD, as well as various components within DHS. Additionally, the PFO teams are conducting outreach both nationally and in their specific regions to establish a more formalized exercise and training program, which is being developed by DHS.

On an ongoing basis, DHS participates in interagency working groups to develop guidance including community mitigation strategies, medical countermeasures, vaccine prioritization, and risk communication strategies. These groups bring together a wide range of federal partners to discuss coordination, outreach to local communities, and other issues related to pandemic preparedness.

In closing, significant progress has been made to support State, local, tribal and private sector entities as well as the private sector for the development of policies and strategies to address an influenza pandemic. In fact, September was National Preparedness Month, which encourages all Americans to prepare for emergencies and take the necessary actions for all-hazards. Many of these accomplishments can be incorporated into an all-hazards framework to promote the national culture of preparedness. DHS looks forward to continuing its partnership with the federal interagency, state,

local, tribal, territorial, and private sector stakeholders to complete the work of pandemic preparedness and to further the nation's ability to prepare for, respond to, and recover from all-hazards.

Thank you again for the opportunity to testify on behalf of the Department of Homeland Security on these issues of critical importance to our nation's security and well-being. I am happy to answer any questions you might have.