

Testimony

of

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Before the

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For a Hearing On

“Preparedness and Response to Public Health Threats: How Ready Are We?”

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Chairman Carper, Ranking Member Coburn, and distinguished members of the Committee I appreciate the opportunity to discuss U.S. Customs and Border Protection’s (CBP) role in the Federal government’s Ebola response.

The 2014 Ebola epidemic in West Africa is the largest in history – mainly focused on Liberia, Sierra Leone, and Guinea. In the midst of this crisis in West Africa, it is important to remember that the Centers for Disease Control and Prevention (CDC) has stated that the risk of a widespread Ebola outbreak in the United States is very low. CBP, as part of the Department of Homeland Security’s (DHS) overall strategy, is engaged on a daily basis with DHS interagency partners to prepare for and respond to Ebola and other potential threats to public health.

As you know, DHS is responsible for securing our nation’s borders and assisting the Department of Health and Human Services (HHS) in safeguarding the American public from communicable diseases that threaten to traverse our borders. In doing so, DHS is committed to ensuring that our responses to the Ebola epidemic are conducted consistent with established civil rights and civil liberties protections. DHS’s Office of Health Affairs (OHA) is at the intersection of homeland security and public health, better known as health security. OHA provides medical and health expertise to DHS components and senior leadership, and is helping to coordinate with components and provide them with medical advice regarding the Department’s efforts in preparing for and responding to Ebola. In today’s remarks, I will provide an overview of the Department’s efforts to protect the American people from Ebola, and CBP’s specific efforts within ports of entry to identify and respond to travelers who may pose a threat to public health.

As the Nation’s unified border security agency, CBP is responsible for securing our Nation’s borders while facilitating the flow of legitimate international travel and trade that is so vital to

our Nation's economy. Within this broad responsibility, CBP's priority mission remains to prevent terrorists and terrorist weapons from entering the United States. CBP also plays an important role in limiting the introduction, transmission, and spread of serious communicable diseases from foreign countries.

Targeting, Screening and Observation Protocols

Although we have recently seen a very small number of Ebola virus cases in the United States, the CDC believes that the U.S. clinical and public health systems will work effectively to prevent the spread of the Ebola virus, and CDC has provided support to those systems to prevent the further introduction, transmission and spread of communicable diseases into the United States. DHS has executed a number of measures to minimize the risk of those sick with Ebola entering the United States, and we take a layered approach to ensure there are varying points at which an ill individual could be identified. To this end, DHS is also focused on protecting the air traveling public and taking steps to ensure that travelers with communicable diseases like Ebola are identified, isolated, and quickly and safely referred to medical personnel.

CBP developed targeting rules that analyze advance passenger travel to identify travelers whose travel originated in or transited through Ebola-affected countries. Additionally, CBP collaborates with our international partners, to identify individuals traveling through key international gateways whose travel matches predetermined risk factors. This international engagement provides valuable opportunities and mutual benefits to expand our knowledge of individuals whose travel originated in, or transited through, an Ebola-affected country.

It is important to note that the CDC has worked closely with affected countries, and CBP has provided support and assistance, to ensure that all outbound travelers from the areas affected by the West Africa Ebola outbreak are screened for Ebola symptoms before departure from those countries. CDC provides "Do Not Board" recommendations to CBP and the Transportation Security Administration (TSA) regarding individuals who may be infected with a highly contagious disease, present a threat to public health, and should be prevented from traveling to the United States via commercial aircraft. TSA is performing vetting of all airline passengers coming to, departing from or flying within the U.S. to identify matches to the "Do Not Board" list and flag matched individuals' records in the Secure Flight system to prevent the issuance of a boarding pass. TSA is also supporting CDC requirements to identify all passenger reservations on flights where it has been determined that one or more passengers present an Ebola risk, such as when passengers have traveled from the affected African areas and have exhibited Ebola symptoms.

CBP and the CDC have closely coordinated to develop policies, procedures, and protocols to identify travelers to the United States who may have a communicable disease, responding in a manner that minimizes risk to the public. These pre-existing procedures – applied in the land, sea, and air environments – have been utilized collaboratively by both agencies on a number of occasions with positive results.

As a standard part of every inspection, CBP officers observe all passengers as they arrive in the United States for overt signs of illness, and question travelers, as appropriate, at all U.S. ports of entry. Officers look for overt signs of illness and can obtain additional information from the travelers during the inspection interview. If a traveler is identified with overt signs of a communicable disease of public health significance, the traveler is isolated from the traveling public and referred to CDC's Border Health Public Health Officers or state public health authorities for medical evaluation.

On October 21, DHS announced travel restrictions in the form of additional screening and protective measures at our ports of entry for travelers from Ebola-affected countries in West Africa. As of October 22, all passengers arriving in the United States who are identified as having recently traveled to, from, or through Liberia, Sierra Leone, or Guinea are required to fly into one of five airports – New York John F. Kennedy; Washington Dulles; Newark; Chicago O'Hare; and Atlanta International Airport. On November 17, Mali was included in the list of countries for which recent travel is being identified. CBP utilizes advance passenger information to identify those individuals who may have traveled to, from, or through an Ebola-affected country and are attempting to travel to the United States through a non-designated airport. In the event that such an individual is identified, CBP works closely with the airlines to route the traveler to one of the five designated airports with as little travel disruption as possible.

At these five airports, all travelers from the affected countries undergo enhanced screening measures consisting of targeted questions and a temperature check, through the use of non-contact thermal thermometers, seeking to determine whether the passengers are experiencing symptoms or may have been exposed to Ebola. Detailed contact information is also collected in the event the CDC needs to contact them in the future. If there is reason to believe a passenger has been exposed to Ebola, either through the questionnaire, temperature check, or overt symptoms, CBP refers the passenger to CDC for further evaluation. The CDC has surged staff to these airports to support this mission requirement.

In addition to these measures, CBP officers are asking all passengers traveling on a passport from Liberia, Sierra Leone, Guinea, and Mali, regardless of where they traveled from, whether they have been in one of the Ebola-affected countries in the prior 21 days. If the traveler has been in one of these countries in the prior 21 days, he or she will be referred for additional screening and, if necessary, CDC or other medical personnel in the area will be contacted pursuant to existing protocols.

The U.S. Coast Guard is also monitoring vessels known to be inbound from Ebola-affected countries, and is providing information to the Captain of the Port, District, and CDC representatives.

The CDC maintains Federal jurisdiction to determine whether to isolate or quarantine potentially infected arrivals. DHS personnel may be called upon to support the enforcement of the CDC's determinations, and we stand ready to help.

Information Sharing and Training

DHS has prioritized sharing information and raising awareness as important elements in combating the spread of Ebola, and CBP has a unique opportunity to deliver critical information to targeted travelers from the affected countries in ports of entry. Secretary Johnson recently directed CBP to distribute health advisories to all travelers arriving in the U.S. from the Ebola-affected countries. These advisories provide the traveler with information on Ebola, health signs to look for, and information for their doctor should they need to seek medical attention in the future.

CBP and TSA have posted messages from the CDC at select airport locations that provide awareness on how to prevent the spread of infectious disease, typical symptoms of Ebola, and instructions to call a doctor if the traveler becomes ill in the future.

We also share information with our nongovernmental and state and local partners. TSA is engaging with industry partners and domestic and foreign air carriers to provide awareness on the current outbreak, and has issued an Information Circular to air carriers reinforcing the CDC's message on Ebola and providing guidance on identifying potential travelers with Ebola.

OHA, through the National Biosurveillance Integration Center, is continuing to monitor the outbreak to coordinate information in response to the event. These reports on biological events are disseminated to more than 15,000 Federal, State, and local users, many of whom work in the public health sector or support 78 fusion centers across the Nation, helping to ensure that the most up-to-date information is available.

DHS is committed to ensuring that our own employees have up-to-date and accurate information. We have provided our own personnel with background information on the current outbreak, information on the regions of importance; symptoms of the virus and mode of transmission; and operational procedures and precautions for processing travelers showing signs of illness. CBP field personnel will be kept up to date on national, regional and location-specific information on Ebola preparedness and response measures through regular field musters.

All CBP officers and agriculture specialists receive public health training, which teaches personnel to identify symptoms and characteristics of ill travelers. CBP also provides operational training and guidance to frontline personnel on how to respond to travelers with potential illness, including referring individuals who display signs of illness to CDC quarantine officers and assisting CDC with implementation of its isolation and quarantine protocols. CBP officers are trained to employ universal precautions, an infection control approach developed by the CDC, when they encounter individuals with overt symptoms of illness or potentially contaminated items in examinations of baggage and cargo. Universal precautions assume that every direct contact with body fluids is infectious and requires exposed employees to respond accordingly.

DHS and CBP are implementing additional precautions and deploying additional personal protective equipment (PPE) to protect personnel at ports of entry. OHA and CDC have provided guidance to field personnel on the requirements of PPE, including proper procedures for putting on, taking off, and wearing PPE (which is available for employees at these airports along with

instructions for use). CBP has provided guidance to the field on baggage inspection for international travelers from impacted countries, proper procedures for inspection and handling of prohibited meat products, and proper safeguarding and disposal of garbage from all inbound international flights.

Enhanced Ebola screening training, required of all CBP officers and agriculture specialists, includes a web-based video course on the proper use of personal protective equipment differences in PPE requirements when in proximity of symptomatic versus asymptomatic travelers. CBP senior medical advisors, U.S. Public Health Service Federal Occupational Health, and CDC officials are providing onsite training on inbound enhanced screening for Ebola at select ports of entry. TSA also ensures that its employees are adequately trained and, where appropriate, are provided personal protective equipment. CBP is continuously engaged with CDC and other agencies involved in Ebola prevention and stands ready to meet future training needs as they arise. The health and safety of CBP employees is also our priority as we carry out this critical mission.

Conclusion

The Department of Homeland Security has worked closely with its interagency partners to develop a layered approach to identifying ill travelers and protecting the air traveling public. DHS and CBP are always assessing the measures we have in place and continues to look at any additional actions that can be taken to ensure the safety of the American people. I look forward to working with you to address this problem collaboratively. I will continue to closely monitor the Ebola developments, and will evaluate additional measures as needed.

Thank you for your time and interest in this important issue. I look forward to answering your questions.