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OF
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SENIOR OFFICIAL PERFORMING THE DUTIES OF THE DEPUTY SECRETARY
U.S. DEPARTMENT OF HOMELAND SECURITY
REGARDING A HEARING ON
“CONFRONTING THE CORONAVIRUS: THE FEDERAL RESPONSE”

BEFORE THE
COMMITTEE ON HOMELAND SECURITY
U.S. HOUSE OF REPRESENTATIVES

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Washington, D.C.

Introduction

Chairman Thompson, Ranking Member Rogers, and distinguished Members of the Committee. It is my honor to appear before you today along with my CDC colleague RADM Redd to testify about the work the Department of Homeland Security (DHS) is doing to respond to the current outbreak of Coronavirus Disease 19, known as COVID-19.

Let me first say that I am very proud of the work that the men and women of DHS and our partners at the Department of Health and Human Services (HHS) and across the government are doing to contain the spread of the disease, slow the spread of the disease, and to prepare and provide for a domestic response. The Department's top priority is the safety and security of the American people, and we are committed to an aggressive, proactive, and preemptive whole-of-government response in fulfillment of our mission. As required by Congress, in 2018, President Trump signed the first ever "National Biodefense Strategy" to build upon our ability to rapidly respond to and limit the impacts of bioincidents like the one we are facing now. We are seeing that strategy pay dividends as we implement a whole-of-government response to this disease.

Additionally, the operational coordination and cooperation between HHS and DHS dates back to a 2005 Memorandum of Understanding (MOU) enhancing preparedness against the introduction, transmission, and spread of quarantinable and serious communicable disease into the United States. Our combined experience and long-standing relationship, continues to be beneficial today. Across the air, land, and maritime domains, DHS has taken and continues to take proactive measures to address COVID-19.

Protecting Americans through our Efforts at Air Ports of Entry

DHS is taking action at airports of entry to support HHS in slowing the spread of the novel coronavirus. DHS is working to decrease the workload of public health officials, expedite the processing of U.S. citizens returning from China, and, above all, ensure that resources are focused on the health and safety of the American people.

On January 31, 2020, the Secretary of Health and Human Services declared COVID-19 a public health emergency in the United States, and the President signed a Presidential Proclamation using his authority pursuant to Section 212 (f) of the Immigration and Nationality Act to suspend the entry into the United States of foreign nationals who pose a risk of transmitting the virus. As of 5 p.m. Eastern Standard Time on February 2, 2020, foreign nationals, other than immediate family of U.S. citizens and lawful permanent residents and other individuals falling within narrow exceptions to the Proclamation, who were physically present in the People's Republic of China, excluding Hong Kong and Macau, within the previous 14 days has been denied entry into the United States. On February 29, 2020, President Trump expanded this Proclamation to also include most foreign nationals who have been in Iran within the previous 14 days.

DHS, including U.S. Customs and Border Protection (CBP) and the Transportation Security Administration (TSA), continues to work very closely with our partners at the Centers for Disease Control and Prevention (CDC) to route all admissible persons who have been in

mainland China and Iran in the previous 14 days to one of 11 designated airports of entry where the Federal Government has focused public health resources.

Any admissible person who has been in Hubei province, China in the previous 14 days is subject to up-to-14 days of mandatory quarantine where CDC has made arrangement with state and local authorities to ensure they are provided proper medical care and health screening. Any admissible person who has been in the rest of mainland China or Iran within the previous 14 days undergoes proactive entry health screening at one of these airports and, if they are asymptomatic, up-to-14 days of self-monitoring to ensure they have not contracted the virus and do not pose a public health risk.

DHS continues to closely monitor the spread of the virus and is taking actions to ensure an appropriate response. We are working very closely with airlines and our partners in South Korea and Italy to implement exit screening procedures in those locations for travelers coming to the United States.

DHS continues to facilitate enhanced health screening of travelers entering the United States who have recently been in China or Iran. Travelers identified by CBP officers during their primary inspection are referred to a secondary screening area, where contractor personnel (through agreements by the DHS Countering Weapons of Mass Destruction Office (CWMD)) conduct enhanced entry screening. Travelers who have been in Hubei province, China within the previous 14 days or who exhibit symptoms consistent with COVID-19 are sent to CDC for tertiary screening and consideration for quarantine. Between February 2 and March 8, CBP referred 56,543 travelers for secondary screening by the CWMD contract personnel at the 11 funneling airports. Of these, 91 individuals required referral to the CDC for medical evaluation. At all ports of entry, CBP officers continue to remain alert and notify CDC and other public health officials when encountering passengers exhibiting signs of overt illness, regardless of their travel history.

We realize these actions could prolong travel times for some individuals; however public health and security experts agree these measures are necessary to contain the spread of the virus and protect the American people. To minimize disruptions, CBP and the air carriers are working to identify qualifying passengers before their scheduled flights.

DHS CWMD is currently supporting CDC's enhanced entry screening efforts through agreements with state, local, or private sector Emergency Medical Services, public health, and first responder personnel at all 11 designated airports of entry for passengers who have been in China or Iran within the previous 14 days. CWMD established this capability in response to the Ebola virus threat that was emerging in the Democratic Republic of the Congo last summer. These actions ensured a trained, vetted, and badged workforce was ready to rapidly deploy to support the CDC with airport screening operations. DHS was able to adapt this capability to quickly address the threat of COVID-19 and support CDC's enhanced health screenings in the national interest.

CWMD support includes the collection of passenger information allowing CDC to provide direct information to state and local public health officials to facilitate contact tracing efforts. CWMD's efforts have significantly increased the accuracy of the data collected.

Protecting Americans through our Efforts at Land and Sea Ports of Entry

CBP and the United States Coast Guard (USCG) continue their work to recognize, detect, and assist individuals arriving in the United States through our land ports and waterways who may be carrying the virus. In coordination with the CDC and USCG, CBP has measures already in place at all ports of entry to identify travelers with overt signs of illness who may be potentially infected with a communicable disease and to minimize the risk to the traveling public.

USCG continues to review all "Advance Notice of Arrivals" 96 hours in advance of the scheduled arrival of a ship in port in accordance with its current policies. The Captain of the Port will communicate any concerns stemming from sick or deceased crew or passengers to their Coast Guard chain of command and the cognizant CDC quarantine station, who will coordinate with local health authorities. This process has been working smoothly across the country.

To ensure continued facilitation of international trade, non-passenger commercial vessels that have been to China (excluding Hong Kong and Macau) or Iran or embarked crewmembers who have been in China (excluding Hong Kong and Macau) or Iran within the previous 14 days, with no sick crewmembers, may be permitted to enter the U.S. and conduct normal operations, with restrictions. Crewmembers on these vessels will be required under Captain of the Port authority to remain aboard the vessel except to conduct specific activities directly related to vessel cargo or provisioning operations.

At and between land ports of entry, CBP is identifying persons with recent (within 14 days) travel to China or Iran and making appropriate referrals to CDC or the local health system.

Monitoring the Disease

DHS and its Components were well-prepared to take proactive and preemptive action to mitigate the threat, minimize risk, and slow the spread of the virus by working closely with CDC and other interagency partners as cases of the virus in China began to increase. The National Biosurveillance Integration Center (NBIC) within DHS CWMD began tracking an outbreak of unidentified viral pneumonia in Wuhan, China on January 2, providing early situational awareness on what we now know is COVID-19. NBIC continues to generate and distribute daily updates to thousands of federal, state, and local partners to apprise them of the situation. NBIC further supports CDC and CBP operations by analyzing passenger travel data relevant to the movement of persons out of the impacted area. These interagency analyses of flight data, in conjunction with operational considerations, helped inform the selection of U.S. airports for enhanced health screening for coronavirus.

The Science & Technology Directorate's (S&T) National Biodefense Analysis and Countermeasures Center has received an isolate of the virus and is collaborating with CWMD to produce data on environmental stability of the virus as well as decontamination strategies to inform DHS Component and interagency operations. Building on experience gained during the response to the previous Ebola outbreak, S&T has also developed and maintains a SARS-CoV-2 Master Question List (MQL), which tracks current knowledge and research efforts on the virus across the government and academia, providing situational awareness on these important efforts.

DHS Workforce Protection

The DHS workforce is our greatest asset, and every precaution is being taken to keep our workforce safe, especially for our USCG, TSA, CBP, and U.S. Immigration and Customs Enforcement officers and agents on the front lines. Ensuring that these individuals, and all DHS personnel remains safe and healthy is critical, and immediately upon the onset of COVID-19 as a global concern, the Department proactively took action.

The DHS Management Directorate has established a workforce protection command center to ensure that protective procedures are in place for the front-line workforces who may regularly encounter potential disease carriers and is working with all DHS components to assess their readiness. Some current precautionary measures for these officers include providing gloves, masks, and hand sanitizer.

Although the most recent CDC guidance does not recommend changes to routine security screening operations or respiratory protection, TSA is authorizing frontline personnel, whose security screening tasks require routine, close contact with the traveling public, to wear surgical masks if they choose to do so. CBP personnel have access to personal protective equipment (PPE) as part of their normal operations at all ports of entry and have been provided guidance in case of exposure to a contagion. CBP issued an updated Job Hazard Analysis on February 5, 2020, to all employees that outlines the current comprehensive PPE guidance, which includes guidance about wearing masks under the appropriate circumstances.

DHS continues to share information with the workforce on an ongoing basis. Our workforce protection command center is in close coordination with federal health partners and Component health and safety officials. Furthermore, the Chief Medical Officer (CMO) in DHS CWMD continues to advise DHS leadership on the ongoing health threat and its impact on workforce health.

Supporting the Interagency

As the lead federal agency for coronavirus response, HHS leads outreach to state, local, tribal and territorial public health and safety officials on the outbreak status and the U.S. public health response. In support of HHS, DHS provides information to ports of entry on the risks of COVID-19, advising that front-line personnel be alert for individuals who may have come from

an infected region. TSA has been working with select airlines to notify travelers on the risks of potentially contracting the communicable disease. CBP has posted travel notices at land border crossings informing passengers about the virus. Finally, the USCG has issued a Marine Safety Information Bulletin to maritime industry partners advising of required reporting of illnesses or deaths onboard arriving commercial vessels and delineating conditions whereby vessels may be denied entry into the United States.

CWMD, which includes the DHS CMO, continues to work with the USG interagency, state/local public health agencies, non-governmental organizations, the Governments of Mexico and Canada, and private industry partners/stakeholders on medical and public health coordination and information sharing.

Additionally, the Cybersecurity and Infrastructure Security Agency (CISA) has been assessing the National Critical Functions for potential impacts to infrastructure and systems from COVID-19 and is working closely with private sector owners and operators to identify issues of concern and ensure continuity of these critical assets in the event that COVID-19 reaches pandemic levels and the United States sees significant community spread.

Since February 12, DHS has been augmenting the HHS Secretary's Operations Center with personnel from FEMA, DHS HQ, USCG, CWMD, and CISA, who are assisting the HHS-led interagency response through increased support and coordination.

FEMA is providing support to HHS as the lead federal agency in the areas of incident management, resource planning, and Federal interagency coordination. Additionally, FEMA remains postured to support HHS with consequence management to anticipate any potentially necessary mitigation actions. This ongoing planning effort is similar to the experience with past outbreaks of Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS), caused by similar viruses.

Conclusion

The American public can be assured that DHS and its component agencies are taking decisive action to analyze the threat, minimize risk, and slow the spread of the virus by working closely with CDC health professionals and interagency partners involved in this whole-of-government effort.

I want to thank you, Chairman Thompson, Ranking Member Rogers, and the members and staff of this committee for the support you have shown the Department and the government's effort to respond to COVID-19.

I look forward to your questions.