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Authorizing Questions For the Record (QFR) Summary

House Committee on Energy and Commerce – Subcommittee on Oversight and Investigations

Hearing Date: October 16, 2014

Hearing Title: “Examining the U.S. Public Health Response to the Ebola Outbreak”

DHS Witnesses: John Wagner – CBP

Total QFRs Received: 5

Date Received: 11/13/2014

IQ/ECT Workflow: 1052769

QFR Breakdown by Sen. /Rep.:

1 question from Rep. Lujan (D-NM)
3 questions from Rep. Tonko (D-NY)
1 question from Rep. Gardner (R-CO)

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| Question#: | 1 |
| Topic: | Ebola cases |
| Hearing: | Examining the U.S. Public Health Response to the Ebola Outbreak |
| Primary: | The Honorable Ben Lujan |
| Committee: | ENERGY & COMMERCE (HOUSE) |

Question: The appearance of a handful of Ebola cases in the United States demonstrates the importance of robust investments in our nation's public health infrastructure. Unfortunately, the National Institutes of Health's budget has been largely flat for years. In addition, we've seen cuts to the Center for Disease Control and the Department of Health and Human Services' Hospital Preparedness program. Can each of you discuss if budget cuts have had any impact on our response to the Ebola outbreak in West Africa or impacted the handling of the cases here in the United States?

Response: DHS defers to HHS and other agency witnesses to address this question.

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| Question#: | 2 |
| Topic: | estimate |
| Hearing: | Examining the U.S. Public Health Response to the Ebola Outbreak |
| Primary: | The Honorable Paul Tonko |
| Committee: | ENERGY & COMMERCE (HOUSE) |

Question: It has been estimated that 100 to 150 people whose travel originated in or transited through Liberia, Sierra Leone, and Guinea arrive in the United States daily. Do you have an estimate as to how many are U.S. citizens?

Response: From June 1, 2014, through November 30, 2014, a total of 19,805 travelers arrived in the United States from Liberia, Sierra Leone, and Guinea. U.S. persons, either U.S. citizens (USCs) or Lawful Permanent Residents (LPRs), accounted for 14,204 (or 71.7 percent) of those travelers. Broken down further, 9,666 (or 48.8 percent) were USCs, and 4,538 (or 22.9 percent) were LPRs with passports issued in one of the Ebola affected countries.

Question: How many are traveling on a passport not issued by one of these three nations?

Response: From June 1, 2014, through November 30, 2014, a total of 19,805 travelers arrived in the United States from Liberia, Sierra Leone, and Guinea. Of these, 5,601 (or 28.3 percent) were traveling on passports issued by countries other than Liberia, Sierra Leone, and Guinea, or the U.S.

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| Question#: | 3 |
| Topic: | screening individuals |
| Hearing: | Examining the U.S. Public Health Response to the Ebola Outbreak |
| Primary: | The Honorable Paul Tonko |
| Committee: | ENERGY & COMMERCE (HOUSE) |

Question: Your testimony references a multi-layered approach to screening individuals. Can you explain the various layers to the screening that a traveler will pass through before entering the United States?

Response: Ensuring the safety of the American public is of paramount concern. U.S. Customs and Border Protection's (CBP) approach ensures there are multiple points at which an infected individual can be identified by systematically employing a number of layered and pre-planned measures to minimize the risk of introducing Ebola Virus Disease (Ebola) to the United States.

1. Closest Point of Source:

CBP's first line of defense is to inhibit the spread of Ebola from the closest point to the source of infection. DHS, through authorities implemented by the Transportation Security Administration and CBP, will deny boarding to passengers who have been identified by the CDC or other appropriate medical authority to have a communicable disease that constitutes a public health threat, and therefore should be prevented from traveling via commercial aircraft. Additionally, officials in Guinea, Liberia, Mali and Sierra Leone have instituted exit screening of all individuals departing the respective countries to identify potentially symptomatic travelers prior to departure. At present, there are no direct commercial flights from the affected countries to the United States. Governments at major transit points along routes from the affected countries to the United States, including Nigeria, Senegal, Ghana, Morocco, France, Belgium, and the UK, have also implemented screening to identify potentially symptomatic travelers on arrival.

2. Passenger Travel Data:

CBP leverages advance passenger data to identify travelers destined to the U.S. that are traveling from or through Ebola-affected countries, have recently traveled to the Ebola-affected countries, or are traveling on a passport issued by one of the Ebola-affected countries. Such travelers are identified for additional questioning

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upon arrival in the United States and referral for enhanced screening, as appropriate.

3. Entry Point Control (Funneling):

On October 21, 2014, the Secretary for Homeland Security announced all passengers with itineraries originating in the Ebola-affected countries of Liberia, Sierra Leone, and Guinea would be required to enter the United States at one of the five designated airports performing enhanced screening protocols. The five designated airports are JFK Airport in New York, Chicago's O'Hare International Airport, Dulles International Airport in Virginia, Hartsfield Jackson International Airport in Atlanta, and Newark International Airport in New Jersey. CBP implemented measures to ensure that commercial air and general aviation passengers identified as having a travel nexus to one of the Ebola-affected countries within the previous 21 days are routed to make first entry into the United States at one of the five designated airports for screening. On November 17, DHS expanded these enhanced screening and funneling procedures to include travelers arriving to the United States from or traveling through Mali. On January 6, 2015 Mali was removed from the list of Ebola-impacted countries and enhanced screening for those passengers ceased.

At present, there are no direct commercial flights from the affected countries to the United States. If a traveler wants to fly to the United States from Guinea, Liberia, or Sierra Leone, the airlines will not permit the passenger to fly on a connecting flight to any U.S. airport other than one of the five with the enhanced screening. This is an appropriate part of our layered approach to security and the protection of the American people. This requirement has also been expanded to General Aviation.

4. Routine Screening:

Within CBP's broad responsibility, our priority mission remains to prevent terrorists and terrorist weapons from entering the United States. We also play an important role in limiting the introduction, transmission, and spread of serious communicable diseases from foreign countries. CBP works closely with CDC to

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recognize the signs and symptoms of international travelers who may be ill with a communicable disease that raises public health concerns, such as Ebola.

CBP and the CDC have closely coordinated to develop policies, procedures, and protocols to identify such travelers to the United States, 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.

CBP personnel review all travelers entering the United States for general overt signs of illnesses (visual observation, questioning, and notification to CDC as appropriate) at all U.S. ports of entry, including all federal inspection service areas at U.S. airports that service international flights, land-border crossings and seaports.

5. Enhanced Primary and Secondary Screening at All Ports of Entry:

The enhanced primary inspection consists of a thorough interview, examination of documents, and query through CBP systems to identify travelers who originated from or transited airports in the West African countries of Guinea, Liberia, and Sierra Leone. The primary CBP officer will observe the traveler for overt signs of illness. Any traveler identified as having travel nexus to affected countries or exhibiting overt signs of illness will be referred for secondary screening.

The goal of these procedures is 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 the passenger in the future. If there is reason to believe a passenger has been exposed to Ebola, either through personal contact, the questionnaire, temperature check, or overt symptoms, the passenger will be referred to tertiary screening in a separate area where CDC personnel conduct an evaluation. Contracted emergency medical technicians are utilized for enhanced screening services at the five designated airports.

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6. In the Maritime Context:

CBP works with the U.S. Coast Guard, CDC, and other federal, state and local port partners to ensure the safe and secure arrival of passengers and crews into U.S. ports, including those aboard cruise ships. All U.S. Ports of Entry, including all seaports, have protocols in place with respect to handling passengers and crews who may present a contagious illness. CBP Officers are advised to coordinate any possible potential isolation and response with local public health officials.

Before any vessel docks at a U.S. port, vessel operators are required to provide advance information about the vessel's last five ports of call, crew and passenger manifests, embarkation ports of crewmembers, and hazardous conditions to include any illness aboard. This is a mandatory requirement of large vessels, including cruise ships, which must notify the Coast Guard and CBP 96 hours before arrival to a U.S. Port. In consultation with the CDC and the Coast Guard, CBP can restrict a vessel's entry at U.S. ports, should there be concern about a possible virus presence on board.

If there is a concern about a communicable disease on board, CBP, in conjunction with the Coast Guard, manages the vessel's arrival in order to allow CDC to implement appropriate screening procedures and allow for decontamination if necessary. Based on the outcome of initial screening, CDC and the Coast Guard can order vessels into quarantine at special anchorages outside the port. CDC will determine if passengers and crewmembers require evacuation and coordinate with state and local partners if hospitalization is required.

These established procedures are yet another measure to ensure that vessels, cargo, and their passengers entering the United States will be appropriately screened for the safety of all.

Question: What screenings occur when a traveler is leaving Liberia, Sierra Leone, or Guinea?

Response: Since the beginning of August, CDC and the Department of State have been working with airlines, airports, ministries of health, and other partners to provide technical assistance to countries with Ebola outbreaks. CDC has helped affected countries screen departing travelers from these countries (exit screening).

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Exit screenings are conducted at airports in these outbreak-affected countries to look for sick travelers or travelers exposed to Ebola and to delay them from boarding an airplane until it is safe for them to travel.

DHS defers to the Department of State and/or the Department of Health and Human Services with regard to more specific information regarding screening of passengers leaving Ebola-affected countries.

Question: How do those procedures compare to the screenings at U.S. points of entry?

Response: The majority of travelers arriving from the Ebola-affected countries transit through major hubs in Western Europe including London, Brussels and Paris, as well as via Casablanca, Morocco. These countries conduct varying degrees of screening. During the week of October 19, DHS met with a range of European partners with direct flights from affected areas to discuss screening. We will continue to work with them to ensure we are doing everything necessary to protect the American and traveling public.

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| Question#: | 4 |
| Topic: | CBP officers |
| Hearing: | Examining the U.S. Public Health Response to the Ebola Outbreak |
| Primary: | The Honorable Paul Tonko |
| Committee: | ENERGY & COMMERCE (HOUSE) |

Question: You stated in your testimony that CBP officers receive training on protective equipment and universal precautions developed by the CDC. How often is that training administered?

Response: U.S. Customs and Border Protection (CBP), Office of Field Operations (OFO), in coordination with the Office of Training and Development (OTD) and Office of Human Resource Management (HRM), developed a comprehensive training plan for OFO frontline employees in response to the enhanced screening for Ebola. The training plan includes on-site training at the five airports conducting the enhanced screening and the immediate completion of computer based training courses on Blood Borne Pathogens and Tuberculosis Prevention. The successful completion of these computer based courses is part of each officer's annual training requirements. The DHS Office of Health Affairs deployed subject matter experts to select airports as the Department rolled out enhanced Ebola screening in October, working with CDC to train CBP agents on proper use and removal of personal protective equipment. Additionally, CBP has developed a subsequent instructional video on the donning and doffing of personal protective equipment for enhanced screening for Ebola. All training and instructional videos are updated, as necessary, and are provided to CBP OFO frontline employees.

Question: Have additional protocols or equipment been sent to CBP officers in light of the increased risk from Ebola?

Response: CBP OFO and HRM Occupational Health and Safety have implemented procedures for the procurement of appropriate PPEs for all OFO ports of entry. OFO Field Offices have been instructed to purchase and maintain a 60 day supply of the appropriate PPEs.

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| Question#: | 5 |
| Topic: | commercial flights |
| Hearing: | Examining the U.S. Public Health Response to the Ebola Outbreak |
| Primary: | The Honorable Cory Gardner |
| Committee: | ENERGY & COMMERCE (HOUSE) |

Question: During the hearing, Members asked you to provide additional information for the record, and you indicated that you would provide that information. For your convenience, descriptions of the requested information are provided below.

How many commercial flights, both passenger and cargo, fly to and from Liberia, Sierra Leone, and Guinea?

Response: There are no direct commercial flights, either passenger or cargo, from the three primary Ebola-affected countries of Guinea, Liberia, and Sierra Leone to the United States. This is also true for Mali, which has experienced a small number of infections to date. The majority of travelers arriving from the affected countries transit through major hubs in Western Europe, including London, Brussels and Paris, as well as via Casablanca, Morocco.