

Testimony of

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Before**

**House of Representatives
Committee on Energy and Commerce
Subcommittee on Oversight and Investigations**

For a Hearing On

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

October 16, 2014

Chairman Murphy, Ranking Member DeGette, distinguished members of the Subcommittee, thank you for inviting me to speak with you today. I appreciate the opportunity to testify on U.S. Customs and Border Protection’s (CBP) role in the Federal government’s Ebola response.

The 2014 Ebola epidemic is the largest in history with devastating impacts in multiple West African countries – the hardest hit being Liberia, Sierra Leone, and Guinea. On September 30, 2014, Centers for Disease Control and Prevention (CDC) confirmed the first travel-associated case of Ebola in the United States. The patient had traveled from Liberia to Dallas, TX, connecting through the Brussels International Airport in Belgium and Dulles International Airport in Virginia. The patient did not have symptoms when he left Liberia, nor when he entered the United States, but developed symptoms approximately four days after his arrival. In the midst of this public health event, it is important to remember that the 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 its interagency partners to prepare for and respond to Ebola and other potential threats to public health.

As you know, CBP is responsible for securing our nation’s borders and safeguarding the American homeland at and beyond our borders. In today’s remarks, I will provide an overview of CBP’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.

Screening and Observation Protocols

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

CBP is continually providing updated guidance to its frontline personnel regarding Ebola, to include background on the current outbreak and impacted regions; origin, pathology, and mode of transmission; symptoms; and operational procedures and precautions for processing travelers showing signs of illness.

CBP is actively engaged with health and medical authorities at the national, state, and local levels. A CDC Quarantine Office liaison stationed at the CBP National Targeting Center continues to provide subject matter expertise and facilitate requests for information between the two organizations. Additionally, CDC provides "Do Not Board" notification to CBP regarding individuals who may be infected with a highly contagious disease, present a threat to public health, and should be prevented from traveling via commercial aircraft.

Once travelers arrive in the United States, they are subject to additional measures. As part of every inspection, CBP officers at all ports of entry – in the land, sea, and air environments – conduct surveillance of travelers, which includes routine visual observation during primary processing and notification to the CDC or U.S. public health officials, as appropriate. CBP officers are trained in illness recognition by the CDC. 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 Regional Quarantine Officers or local public health personnel for medical evaluation.

Additional Screening Measures

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, CBP is 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 has been working

with the CDC to implement additional entry screening measures for travelers entering the United States.

Specifically, CBP developed targeting rules that analyze advance passenger travel information provided by commercial airlines to identify travelers whose travel originated in or transited through Ebola-affected countries, which currently include Liberia, Sierra Leone, and Guinea.

A small number of U.S. airports receive the vast majority of travelers from the Ebola-affected countries. Beginning on October 11, at John F. Kennedy (JFK) airport in New York, CBP implemented enhanced screening of travelers from the three affected countries. These enhanced efforts roll out today at Dulles, Chicago O'Hare, Atlanta, and Newark.

In coordination with CDC, as mentioned above, CBP is implementing additional traveler screening processes when passengers traverse through primary screening. Travelers who originated from or transited through these countries and are entering the United States will be asked to complete a screening questionnaire, developed in conjunction with the CDC to further identify possible risks – even if the passenger does not display overt visual signs of illness. U.S. Coast Guard Corpsmen will assess travelers for fever until medical professionals can be contracted. Detailed supplemental contact information for each traveler will also be collected. If any of these procedures raise concerns regarding Ebola, the traveler will be referred to CDC personnel or local public health personnel for medical evaluation and assessment.

The CDC maintains jurisdiction to determine whether to detain, isolate, quarantine, or issue monitoring orders to potentially infected individuals. CBP personnel may be called upon to help with 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 United States from the Ebola-affected countries of Liberia, Sierra Leone, and Guinea. 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 the Transportation Security Administration 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.

CBP officers receive the CDC's public health training, which teaches officers 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 the CDC or local public health personnel, as

well as isolation and quarantine protocols. The health and safety of CBP employees is also our priority as CBP carries out this critical assignment. CBP officers receive training on personal protective equipment, which is available for employees at these airports along with instructions for use. 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 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.

Conclusion

CBP has worked closely with its interagency partners to develop a layered approach to identifying ill travelers and protecting the air traveling public. CBP is 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. We look forward to working with you to address any concerns. We will also continue to closely monitor the Ebola epidemic, and will evaluate additional activities as needed.

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