



**Statement of Jeh Charles Johnson, Secretary
U.S. Department of Homeland Security**

**Before the
United States Senate
Committee on Appropriations
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Chairwoman Mikulski, Ranking Member Shelby, and Members of this Committee, thank you for the opportunity to testify today about the role and responsibility of the Department of Homeland Security in our Government's response to the Ebola outbreak in West Africa.

DHS is committed to taking every necessary and appropriate step to ensure that the traveling public and the American people are safe. We have already taken a number of important and targeted actions to provide additional layers of protection to the protocols we already have in place to minimize the risk of Ebola in the United States.

DHS, through authorities implemented by the Transportation Security Administration (TSA) and U.S. Customs and Border Protection (CBP), will deny boarding to passengers whom the Centers for Disease Control and Prevention (CDC) or other appropriate medical authority have identified as potentially having a communicable disease, presenting a threat to public health, and should be prevented from traveling via commercial aircraft. We have in fact used this authority to deny boarding to prevent the spread of Ebola.

In the three affected countries – Liberia, Sierra Leone and Guinea – local authorities have themselves put in place enhanced screening of air passengers before they leave the country. The CDC is assisting with exit screening and communications in West Africa to prevent sick travelers from boarding planes.

It is my understanding that this enhanced screening has prevented a number of people who may have Ebola from leaving the country.

CDC has also issued guidance about Ebola virus infection for airline flight crews and cleaning and cargo personnel.

At present, there are no direct flights from Liberia, Sierra Leone and Guinea to the United States. To fly here, a commercial air traveler must transit in one of several airports, mostly in Europe. A number of these countries at which transit airports are located – specifically Belgium, Canada, France, Germany, the Netherlands and the United Kingdom – have also instituted enhanced screening of passengers arriving from the three affected countries.

Upon arrival into the United States, CBP routinely screen passengers for communicable diseases before they are admitted. In doing so, CBP officers observe all passengers arriving in the United States for overt signs of illness and, as appropriate, question travelers at all U.S. ports of entry. When a traveler exhibits overt signs of illness, CBP coordinates with the CDC and public health authorities to immediately assess the medical condition of the traveler.

When notified of an ill traveler prior to the arrival of a flight, CBP, CDC and other first responder personnel meet the flight and conduct a medical evaluation on board the aircraft. For situations identified within the port of entry, the assessment is conducted within designated areas that afford a safe environment for everyone.

At my direction, we have instituted enhanced screening measures at five U.S. international airports that have received about 94 percent of air passengers from Liberia, Sierra Leone, and Guinea, to augment the procedures already in place. The five airports are New York John F. Kennedy, Newark Liberty, Chicago O'Hare, Washington Dulles and Hartsfield-Jackson Atlanta. We began this enhanced screening at JFK Airport on October 11 and at the remaining four airports on October 16.

At these five airports, 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. The object 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 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, the passenger will be referred to tertiary screening in a separate area where CDC personnel conduct an evaluation. The CDC has surged staff to these airports to support this mission requirement.

To provide greater efficiency and centralization of our efforts at these airports, we took an additional step on October 22, in cooperation with the airlines and industry partners. At that time, DHS began directing airlines flying passengers who originated in one of the three affected countries to make first entry into the United States at one of the five airports with enhanced screening. This step ensures

that 100 percent of travelers who are identified as flying to the United States from the affected countries are screened with these enhanced measures.

If an air traveler wants to fly today to the United States from Liberia, Sierra Leone, or Guinea, 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. We recognize the inconvenience this may cause the few air travelers from West Africa not already scheduled to land at one of these five airports, but we believe this is a necessary and appropriate part of our layered approach to security and the protection of the American people.

So, what we have is that at every point – from the port of origin to the port of entry and ports in between – air travelers from Liberia, Sierra Leone and Guinea to the United States are being screened.

In addition to these added screening measures, DHS has also done the following:

CBP and TSA have posted messages from the CDC in appropriate languages at selected airport locations that provide awareness on how to prevent the spread of infectious disease, typical symptoms of Ebola, health signs to look for, and information for their doctors should they need to seek medical attention in the future.

CBP officers are also asking all passengers traveling on a passport from Liberia, Sierra Leone, and Guinea, regardless of where they traveled from, whether they have been in one of the three countries in the prior 21 days. If the traveler has been in one of the three 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.

All CBP officers are trained to identify the characteristics of potentially infected travelers and to employ CDC-developed protocols that assume every direct contact with body fluids is infectious. CBP also pre-positions protective equipment and safety supplies at all ports of entry and other locations where officers come into contact with the public.

The Coast Guard is also taking a proactive role to protect our seaports. 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. In consultation with the CDC, the Coast Guard is authorized to restrict a vessel's movement and prohibit entry into U.S. waters should there be concern about an individual with a communicable disease on board.

We are continually evaluating whether additional travel restrictions or screening and precautionary measures are necessary to protect the American people, and I will not hesitate to take any and all appropriate steps to protect the American public.

The projected cost for this Department's Ebola response activities in Fiscal Year 2015 is \$13.2 million. The majority of the cost, \$10.2 million, is for the enhanced medical screening personnel contract. The remainder is for personal protective equipment, overtime, and other support costs associated with the Department's response. At this point, the Department can manage these requirements within our Fiscal Year 2015 resources.

In closing, I would like to thank all our CBP and TSA officers, the Coast Guard, and other DHS personnel for their dedication to the Department's response to this challenge. I have spoken to them, and visited with them, and I am constantly impressed by their professionalism and commitment to duty. They set a calm and reassuring example for all of us.

Thank you for listening and I look forward to your questions.