



STATEMENT FOR THE RECORD

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BEFORE THE

**UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON HOMELAND SECURITY**

**SUBCOMMITTEE ON EMERGING THREATS, CYBERSECURITY, AND SCIENCE AND
TECHNOLOGY**

**“BEYOND THE CHECKLIST: ADDRESSING SHORTFALLS IN NATIONAL PANDEMIC
INFLUENZA PREPAREDNESS”**

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Committee on Homeland Security
Subcommittee on Emerging Threats, Cybersecurity, and Science and Technology
Beyond the Checklist: Addressing Shortfalls in National Pandemic Influenza Preparedness
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Mr. Chairman, Ranking Member McCaul and Members of the Subcommittee:

Thank you for the opportunity to testify before the Subcommittee to discuss the progress of the National Strategy for Pandemic Influenza and its Implementation Plan. I am Dr. Til Jolly, Associate Chief Medical Officer for Medical Readiness, within the Office of Health Affairs at the Department of Homeland Security (DHS). Before I begin, I would like to take this opportunity to thank you and Members of the full Committee on behalf of Secretary Chertoff for your continued willingness to work alongside the Department to provide leadership in protecting and ensuring the security of our homeland. I would also like to thank our partners at the Department of Health and Human Services (HHS) and others with whom we work every day.

To begin, I would like to take a few moments to review some basic facts about pandemics and their potential impacts on our nation. Pandemic influenza occurs when a novel strain of influenza virus emerges that has the ability to infect humans and to cause severe disease, and when efficient and sustained transmission between humans occurs. This scenario creates unique challenges. Unlike other incidents, a pandemic is not a singular event, but is likely to come in waves, each lasting weeks or

months, passing through communities of all sizes across the nation and the world simultaneously. The complete pandemic cycle may last as long as 18 months. Based on projections modeled by the Department of Health and Human Services from prior pandemics, an influenza pandemic could result in 200,000 to 2 million deaths in the United States, depending on its severity. Further, an influenza pandemic could have major impacts on society and the economy, including our nation's critical infrastructure and key resources, as many of our nation's workforce could be absent for extended periods of time, either sick themselves or caring for loved ones at home.

The Implementation Plan for the National Strategy for Pandemic Influenza was released over a year ago by the President's Homeland Security Council to guide our nation's preparedness and response to an influenza pandemic. DHS has been actively engaged with its federal, state, local, territorial, tribal, and private sector partners to prepare our nation and the international community for an influenza pandemic. As outlined in the Implementation Plan DHS is responsible for the coordination of the overall domestic Federal response during an influenza pandemic, including implementation of policies that facilitate compliance with recommended social distancing measures, development of a common operating picture for all Federal departments and agencies, and ensuring the integrity of the Nation's infrastructure, domestic security and entry and exit screening for influenza at the borders.

To date DHS has accomplished over 80% of the requirements outlined in the Implementation Plan. DHS recognizes the key role of HHS in its responsibilities to lead clinical disease surveillance and rapid detection during a pandemic, and, under Emergency Support Function (ESF)-8, to plan, prepare, mitigate and support the coordination of the public health and medical emergency response activities during a pandemic under ESF-8, including the deployment and distribution of vaccines and of antivirals and other life-saving medical countermeasures from the Strategic National Stockpile. DHS

also recognizes the Department of State's role to lead the coordination of international efforts including U.S. engagement in a broad range of bilateral and multilateral initiatives that build cooperation and capacity to fight the spread of avian influenza, to prepare for a possible pandemic, and to coordinate with our neighbors Canada and Mexico. The Department of Agriculture (USDA) conducts surveillance for influenza in domestic animals and animal products, monitoring wildlife in partnership with the Department of the Interior, and working to ensure an effective veterinary response to a domestic animal outbreak of highly pathogenic avian influenza.

In working with our partners DHS has developed and implemented a number of initiatives and outreach to support continuity of operations planning for all levels of government and private sector entities. I will highlight a few noteworthy accomplishments and responsibilities under the Implementation Plan particular to DHS.

DHS produced and released the *Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources (Guide)*. Tailored to national goals and capabilities, and to the specific needs identified by the private sector, this business continuity guidance represents an important first step in working with the owners and operators of critical infrastructure to prepare for a potentially severe pandemic outbreak. The *Guide* has served to support business and other private sector pandemic planning by complementing and enhancing, not replacing, their existing continuity planning efforts. With that in mind, the Federal government developed the *Guide* to assist businesses whose existing continuity plans generally do not include strategies to protect human health during emergencies such as those caused by pandemic influenza or other diverse natural and manmade disasters.

DHS is currently leading the development of specific guides for each of the 17 critical infrastructure and key resource sectors. These include agriculture, food, and water, public health, emergency services, telecommunications, banking, defense systems, transportation, energy resources, and others. These guides are being developed utilizing the security partnership model and in collaboration with our Federal partners.

In coordination with other Federal departments and agencies, DHS is developing a coordinated government-wide planning forum. An initial analysis of the response requirements for Federal support has been completed. From this analysis, a national plan defining the federal concept for coordinating response and recovery operations during a pandemic has been developed and will be undergoing interagency review. Utilizing this planning process, a coordinated federal border management plan has been developed and is currently in review. This process included state, local, tribal, territorial, and private sector stakeholder input, along with our Federal interagency partners.

DHS has conducted or participated in federal and state interagency pandemic influenza exercises which have focused on varied issues related to preparedness. These exercises have included:

- FEMA's Determined Accord series for continuity of operations with federal, state, local, tribal, territorial entities.
- Several Customs and Border Protection exercises – addressing transportation and border challenges.
- A U.S. Fire Administration tabletop exercise for development of best practices models and protocols for EMS, 911 Call Centers, Fire Services, Emergency Managers, Law Enforcement and Public Works. This will allow for further integration of a unified Federal, state, local and private sector emergency response capabilities.

- HHS sponsored regional National Governors Association Pandemic Influenza exercises, CDC funded and provided guidance for state and local exercises, and DOD pandemic influenza exercises.
- Multiple workshops and forums with the owners and operators of critical infrastructure and key resources.

Consistent with his role under Homeland Security Presidential Directive (HSPD) 5, Secretary Chertoff pre-designated Vice Admiral Crea, the Vice Commandant of the US Coast Guard, as the National Principal Federal Official (PFO) for pandemic influenza and has pre-designated five regional PFOs and 10 deputy PFOs. Likewise, our partners have pre-designated Infrastructure Liaisons, Federal Coordinating Officers, Senior Officials for health as well as Defense Coordinating Officers. VADM Crea and the Regional PFOs have participated in several training sessions regarding preparedness duties, and have held two orientation sessions to date. These sessions included updates from the Department of State, the Department of Agriculture, the Department of Health and Human Services, the Department of Defense, as well as updates from various DHS components and staff regarding their work to date. Additionally, the PFO teams have begun outreach both nationally and in their regions in advance of a more formalized exercise program which is being developed by DHS.

On an ongoing basis, DHS participates in interagency working groups to develop guidance including community mitigation strategies, medical countermeasures, vaccine prioritization, and risk communication strategies. These groups bring together a wide range of federal partners to discuss preparedness issues.

In closing, significant progress that has been made in national preparedness for pandemic influenza. In fact, September is National Preparedness Month, which encourages all Americans to prepare for

emergencies and take the necessary actions for all-hazards. Many of these accomplishments can be incorporated into an all-hazards framework to promote the national culture of preparedness. DHS looks forward to continuing its partnership with the federal interagency, state, local, tribal, territorial, and private sector stakeholders to complete the work of pandemic preparedness and to further the nation's ability to prepare for, respond to, and recover from all-hazards.

Thank you again for the opportunity to testify on behalf of the Department of Homeland Security on these issues of critical importance to our nation's security and well-being. I would be happy to answer any questions you might have.