

Statement by

Peter F. Verga

Principal Deputy Assistant Secretary of Defense

Office of the Assistant Secretary of Defense (Homeland Defense)

Before the 109th Congress

Committee on Homeland Security

United States House of Representatives

May 16, 2006

Introduction

Chairman King, Ranking Member Thompson, and distinguished members of the subcommittee: thank you for the opportunity to address you today regarding the Department of Defense's role in preparing for, and responding to, a possible outbreak of pandemic influenza.

On Monday, March 11, 1918, as the United States continued to mobilize for war in Europe, Army Private Albert Gitchell reported to the camp hospital at Fort Riley, Kansas, complaining of fever, sore throat, and a headache. By noon that same day, the camp's hospital had seen well over 100 soldiers with similar symptoms. By week's end, that number had jumped to 500. The influenza pandemic of 1918, which killed 675,000 people in the United States and 40 million people worldwide, had begun.

The effects of the 1918 influenza pandemic on the U.S. military were devastating. Of all the U.S. servicemen who died in Europe during World War I, approximately half of them, an estimated 43,000 servicemen, fell to the influenza virus and not to the enemy. As the servicemen gathered together to train for war, they unknowingly spread the virus that would eventually take so many lives. Entire units shipping out to Europe were already showing the effects of the virus while servicemen on the front became too sick to fight. The flu eventually devastated both sides of the conflict – some believe the virus killed more servicemen than the weapons of war.

The lessons from the 1918 worldwide influenza pandemic figure prominently in the extraordinary global planning efforts made in preparation for the potential threat from an avian influenza pandemic. On November 1, 2005, President Bush announced the publication of the *National Strategy for Pandemic*

Influenza. Additionally, on May 3, 2006, the Federal government published the *Implementation Plan for the National Strategy for Pandemic Influenza*, which details the Federal government's preparedness and response efforts for a pandemic influenza scenario. These documents provide a blueprint for a coordinated national response to an influenza pandemic.

My testimony today will focus on the Department of Defense's preparations for and response to a potential outbreak of avian influenza, which could have consequences similar to those of the catastrophic 1918 pandemic. I will also address ongoing preparations within DoD to respond more broadly to a pandemic influenza outbreak, and not just the current threat posed by the H5N1 strain of the avian influenza.

National Strategy for Pandemic Influenza and the Implementation Plan for the National Strategy for Pandemic Influenza

The *National Strategy for Pandemic Influenza* was developed to “guide our preparedness and response to an influenza pandemic with the intent of 1) stopping, slowing or otherwise limiting the spread of a pandemic to the United States; 2) limiting the spread of a pandemic and mitigating disease, suffering, and death; and 3) sustaining infrastructure and mitigating impact to the economy and the functioning of society.” The *National Strategy* uses three pillars to guide and enhance preparedness and further directs the development of Federal implementation plans in order to support the tenets of the *National Strategy*.

The three pillars of the *National Strategy* are:

- Pillar #1: Preparedness and Communication – These are activities that should be undertaken before a pandemic to ensure preparedness and the

communication of roles and responsibilities to all levels of government, segments of society, and individuals.

- Pillar #2: Surveillance and Detection – These are the domestic and international systems that provide continuous “situational awareness” to ensure the earliest warning possible of outbreaks among animals and humans to protect the population.
- Pillar #3: Response and Containment – These are the actions to limit the spread of the outbreak among humans and to mitigate the health, national security, social, and economic impacts of a pandemic.

In addition to the *National Strategy*, the Federal Government recently released the *Implementation Plan for the National Strategy for Pandemic Influenza*. This document provides a framework to the *National Strategy*, assigns preparedness and response tasks to Federal departments and agencies, and describes U.S. Government expectations of non-Federal entities, including State, local, and tribal governments, the private sector, international partners, and individuals. The *Implementation Plan* translates the *National Strategy* into over 300 tasks to achieve the goals of the *National Strategy*.

DoD’s Implementation of the *National Strategy for Pandemic Influenza*

Preparing for and responding to a pandemic or pandemic influenza, or any other threat, requires an active, layered defense. This posture is global in scope and seeks to integrate seamlessly U.S. government capabilities in the forward regions of the world, in the approaches to the U.S. territory, and within the United States. This effort will also include assisting partner countries to prepare for and

detect an outbreak, to respond should an outbreak occur, and to manage the key second-order effects that could lead to an array of challenges.

Under the *Implementation Plan*, Federal departments and agencies, including DoD, focus on four Federal planning priorities: (1) protection of the health and safety of personnel and resources; (2) determination of essential functions and services and the maintenance of each; (3) support the Federal Response to a Pandemic; and (4) effective communications. DoD's Implementation Plan addresses each of the planning priorities, in alignment with the three pillars of the *National Strategy*.

The top priority within DoD is the protection of DoD forces, which are composed of the uniformed military, DoD civilians, and contractors performing critical roles, as well as the associated resources necessary to maintain the readiness of the Total Force. Of equal importance is our ability to execute our primary mission of the defense of our homeland. Priority consideration is also given to protecting the health of DoD beneficiaries and family members, who rely upon military treatment facilities and on private health care providers.

In addition to the protection of DoD forces, DoD has a supporting role in the national and international response to a pandemic influenza. The *National Strategy* directs DoD, along with all other Federal departments and agencies, to examine ways to support a government-wide response to a pandemic. DoD is developing plans to utilize its medical surveillance and laboratory testing facilities abroad to provide early warning and tracking of a pandemic influenza. Potentially, the military could provide transportation of essential resources with its air and ground transportation assets. National Guard units and members - - to whom the *Posse Comitatus Act* does not apply when in State Active Duty or Title 32 status - - could provide security for the protection and distribution of pharmaceuticals.

Another potential support role for DoD could be the provision of surge medical capability such as health and medical care providers.

DoD has identified 19 critical tasks that the Department will perform to provide protection for its personnel, mission assurance, and support to civil authorities, both foreign and domestic, in response to a pandemic influenza outbreak. These tasks are already driving the shape and content of joint training, military exercises, and coordination with interagency partners. These tasks include:

- Medical intelligence
- Force Protection (including Force Health Protection)
- Biosurveillance, disease detection, and information sharing
- Interagency planning support
- Surge medical capability to assist civil authorities
- Medical care to U.S. forces
- Patient transport and strategic airlift
- Installation support to civilian agencies
- Bulk transport of pharmaceutical/vaccines/commodities
- Security in support of pharmaceutical/vaccine production and distribution
- Protect defense critical infrastructure
- Communications support to civil authorities
- Quarantine assistance to civil authorities
- Military assistance for civil disturbances
- Mission assurance: Defense Industrial Base
- Mortuary affairs
- Continuity of operations/government
- Support to international allies and non-governmental organizations
- Public affairs support to civil authorities

Additionally, the five geographic combatant commanders (U.S. Northern Command, U.S. Southern Command, U.S. Pacific Command, U.S. Central Command, and U.S. European Command) are developing more detailed plans to protect DoD personnel, ensure mission continuity, support local or host-nation authorities, and interagency partners. These commanders are synchronizing their plans at the regional level with our international partners, as well as with other Federal, State, and local authorities.

DoD's Pandemic Influenza Task Force

To better prepare for a potential pandemic, in November 2005, the Deputy Secretary of Defense directed that a pandemic task force be established within DoD. The Assistant Secretary of Defense for Homeland Defense (ASD(HD)) was named as the lead for the Pandemic Influenza Task Force (PITF). The Assistant Secretary of Defense for Health Affairs (ASD(HA)) has supported the effort as the Department's lead for force health protection and health and medical response. Additionally, the Office of the Assistant Secretary of Defense for Special Operations and Low Intensity Conflict (ASD(SO/LIC)) has provided policy oversight of the DoD pandemic influenza bilateral and multilateral international partnership capacity building program.

The ASD(HD) serves as the principal civilian advisor to the Deputy Secretary of Defense for all matters concerning pandemic influenza preparedness and response, as well as the official who coordinates all efforts of the Task force. These efforts include coordination of pandemic influenza preparedness, mitigation, and response policy within DoD and among appropriate interagency, international, governmental and non-government agencies and host nation partners.

The Task Force is charged with the coordination and implementation of policies and plans that will (1) prepare, prevent, and contain the effects of a pandemic on military forces, DoD civilians, contractors, family members, and beneficiaries; (2) ensure the Department protects American interests at home and abroad; and (3) render appropriate assistance to civilian authorities in the United States.

Conclusion

In a very unique and tragic way, Army Private Albert Gitchell continues to significantly influence DoD's efforts to respond to pandemic influenza. By understanding the effect of the 1918 influenza pandemic on the U.S. military, we can forecast the potential effects on our current operations and take prudent steps to minimize the potential impact on our fighting force, as well as our Nation.

Mr. Chairman, the extraordinary efforts that are underway to prevent an outbreak of pandemic influenza are a testament to superb coordination and cooperation that is ongoing among Federal, State, local, tribal, non-governmental organizations, international organizations, and our allies. The Department of Defense is prepared to both combat the spread of a potentially catastrophic influenza pandemic within the U.S. military establishment, and to provide support to national and international organizations in their efforts to fight this disease.

Thank you once again for this opportunity to testify before you today. I welcome any questions you may have.