



THE WHITE HOUSE  
PRESIDENT  
GEORGE W. BUSH

 [CLICK HERE TO PRINT](#)

For Immediate Release  
Office of the Press Secretary  
May 3, 2006

## Press Briefing by Scott McClellan and Homeland Security Advisor Fran Townsend

James S. Brady Briefing Room

 [Fact Sheet: Advancing the Nation's Preparedness for Pandemic Influenza](#)

 [In Focus: Pandemic Flu](#)

12:35 P.M. EDT



MR. McCLELLAN: All right, good afternoon, everyone. You should have our copies of the implementation plan for the pandemic influenza, and I've got our Homeland Security Advisor with me today, Fran Townsend, to give you an overview of that and then take your questions on it.

And with that, I'll just turn it over to Fran.

MS. TOWNSEND: Ladies and gentlemen, thank you. As you know, we -- the President has had us release today our implementation plan that relies on the national strategy for a pandemic influenza. The strategy was initially released in November of last year. And we assembled an interagency team led, on the Homeland Security Council side, by myself and Dr. Rajeev Venkayya, known to many of you. The team really assembled the best and brightest of health professionals throughout the interagency community, and we benefit from their expertise in the context of this report.

I should make clear, from the outset, that we do not know whether the bird virus that we are seeing overseas will ever become human -- a human virus. And we cannot predict whether a human virus will lead to a pandemic. Moreover, there is no way to predict how severe a pandemic would be. In the plan, we describe a wide spectrum of severity, and we are candid that we should understand and prepare the worst-case scenario.

This brings us to the next stage of our planning efforts. I have the privilege of releasing and describing to you the implementation plan that is relying on the strategy, as I've mentioned. As you know, the strategy was accompanied by a budget request the President transmitted to Congress for \$7.1 billion to support his strategy. Shortly after we released it, as I mentioned, we assembled an interagency team of health professionals and experts. The plan that they wrote, the plan that we have assembled, is a road map that the U.S. government will follow to translate the principles of the President's strategy into tangible actions by all federal departments and agencies.

The plan outlines how the federal government will invest the \$7.1 billion that was requested from Congress, including \$3.8 billion that has already been appropriated. This is not the beginning of our investment in pandemic preparedness. We have invested already over \$6 billion in public health and medical infrastructure since 2001. Many of those investments are directly relevant to pandemic preparedness. The plan is a comprehensive one divided into chapters addressing major considerations raised by a pandemic influenza: protecting human health, protecting animal health, international considerations, border and transportation security, public safety and security considerations, and then planning for considerations of institutional organizations. Each chapter describes the relevant considerations, roles and responsibilities of federal and non-federal entities, the specific actions the departments and agencies will take to address the pandemic threat, and expectations of our non-federal partners in this effort.

The plan contains over 300 specific actions for federal departments and agencies, because we think it is important to be able to measure and demonstrate the effectiveness of our efforts. Every one of the federal actions included in the plan included a measure of performance and a time line for implementation of that action.

Given the size of the document, it is worth highlighting some of the priorities that we have identified, including advanced international capacity for early warning and response, limiting the arrival and spread of the pandemic to the United States, providing clear guidance to all stakeholders, and accelerating the development of countermeasures.

We recognize that it is unusual for the government to provide this amount of detail about its plans, but we think it is essential to demonstrate to the rest of the world, our international partners, state and local governments, business, families, individuals, just how seriously we take this threat.

The implementation plan devotes a full chapter to the United States government's response to a pandemic, and describes in detail the actions we will undertake at each stage before, during and after a pandemic. It describes the policy decisions that we will confront and make throughout the response, recognizing that many of these decisions cannot be undertaken until we know the characteristics of the actual pandemic virus, if and when one emerges.

Finally, in Appendix A, we have offered practical advice to schools, elementary and university; business; private sector; families and individuals for them to consider in their preparations.

While the federal government has many responsibilities here, we cannot forget that a pandemic occurs because of the spread of the virus from one person to another. This means that individual actions are perhaps the most important element of our preparedness and response activities. We depend on everyone outside of the government to take this as seriously as we do, and to put systems in place to reduce the transmission of infection, and to put plans in place that will mitigate the impact of a pandemic on human health and the functioning of our communities. We also believe that our partners outside of government will complement our approach, the approach that we are taking to pandemic preparedness.

In addition to describing the actions we are taking, we provide a great deal of detail in the rationale

behind our approach and our framework for future decision making.

I'd like to take a moment to describe what the plan does not cover. It is important that -- to point out that there are things in the implementation -- that the implementation plan does not answer, and it is not intended to do so. For instance, it does not answer all the questions about vaccine and antiviral medication prioritization. We are actively discussing those issues across the government and incorporating the scientific epidemiologic and modeling data that is being developed in real time.

Another example is the specific interventions that we will undertake at our borders and ports of entry to slow the entry of disease. We recognize that we cannot make these decisions in a vacuum, and must consult with our international partners to ensure that we adopt a consistent approach.

It was impossible to capture in a plan of this type the full spectrum of planning that we have asked every department and agency to undertake. Those details are captured in department and agency specific plans which were completed in draft form on March 31st. And I would encourage you, to the extent you have questions about specific department or agency implementation plans, to direct your questions to them.

The President has given clear direction to departments that their plans must show, first, how they are going to protect their employees and create a safe work environment; second, how they will identify and ensure continuity of operations at times of significant and sustained absenteeism; third, how they will support the overall federal response to a pandemic and undertake actions contained in the plan; and fourth, how they will communicate pandemic preparedness and response guidance to their stakeholders -- public, private, state, and local governments.

The administration takes this threat seriously. And therefore, the actions contained within this plan -- we take the actions contained in this plan seriously, which is the reason that we have assigned performance measures and aggressive time frames. No one should leave with the impression that this work is only beginning today. Many of these actions began weeks or months ago. In some cases, we have already made -- seen remarkable performance and results despite laying out very aggressive measures for action.

For instance, one of the actions in the plan is to expand the Medical Reserve Corps, a community-based program of volunteer health and medical providers, by 20 percent. That meant from 350 to 420 chapters in 2006. That objective was placed in the draft plan early in 2006, and the Medical Reserve Corps has already achieved it.

You will see additional concrete examples of progress in the coming weeks, including advancement in our vaccine efforts, which represent the foundation of our pandemic preparedness; translation of the recent modeling efforts to strategies for states and localities to protect their citizens during a pandemic; additional pandemic preparedness guidance for businesses, critical infrastructure providers, families, and individuals; expansion of a new office at the Department of State, the Avian Influenza Action Group, an interagency body that can rapidly gather information and deploy cross-government personnel, material and other capabilities to assess and respond to any international situation of concern.

These are just a few examples of the additional progress you can expect to see. We intend to track the implementation of action contained in this plan through the Homeland Security Council. And at the end of Chapter Two, you will find additional examples of actions we have already undertaken. This will be a dynamic process. We intend to update and revise the implementation plan on a regular basis as our preparedness, the state of technology, and our understanding of the threat evolves.

Congress has appropriated the first \$3.8 billion of the \$7.1 billion requested and necessary to support these efforts. We will work with Congress to secure the remainder of the necessary funds, including \$2.3 billion in fiscal year '07 and an additional \$1 billion in fiscal year '08, to achieve the objectives in international health surveillance and containment efforts, medical stockpiles, the domestic capacity to produce emergency supplies of pandemic vaccine and antiviral medications, and preparedness at all levels of government.

As you can see, we have taken an unprecedented level of activity to address this threat. But let me say a few words about the threat. First of all, a human pandemic has not begun, and we cannot say whether or not a pandemic will begin. Right now, it is relatively difficult for the current bird influenza virus to infect humans. Despite a widespread outbreak, the virus has only infected 205 people, and killed 113 of those infected. However, it is possible that if the virus undergoes genetic changes, it could signal the start of a human pandemic.

Given the pattern of history, which suggests that bird flu viruses played a role in pandemics over the past century, we cannot ignore the possibility that this virus could evolve into one that infects and is transmitted to humans. At present, scientists believe that there is a risk, that the virus is more likely to be acquired and be transmitted between human in areas where there is widespread outbreaks of virus and birds, and significant contact between infected animals and humans. These are the current circumstances in many parts of Asia, Africa and Europe.

If this develops into a circumstance where there is efficient human-to human transmission, we will take immediate action to prevent or to slow the spread of the infection, including entry and exit screening, restrictions on movement across borders, and consider the rapid deployment of antiviral medications in coordination with our international partners.

The key elements of an international response effort include, first, agreed epidemiological triggers for international response and containment, the rapid transparent reporting and sharing of samples, rapid response teams, stockpiles of countermeasures and logistical support for an international response.

Minimizing the opportunities for the virus to mutate, and helping other nations to prepare should a pandemic virus emerge is a global responsibility, and is also the first line of defense for the United States. The U.S. has pledged \$334 million to strengthen preparedness, response and containment abroad. We are working bilaterally with nations and also helping to improve the capacity of the World Health Organization and other international partners to lead the international response efforts.

To highlight the importance of this issue to international governments, in September of 2005, at the U. N. General Assembly, the President launched the International Partnership on Avian and Pandemic

Influenza to heighten awareness of the threat and to work to establish resources that will help prevent, detect, and limit the spread of animal and human pandemic influenza within and between national borders.

We will have to act fast to see if evidence that the virus is evolving into one that presents a greater danger to humans -- in other words, we cannot afford to be complacent. But rest assured, our investment now, regardless of whether there is a human pandemic based on the current avian flu, will serve to strengthen and better protect the American people not only from pandemic flu, but from bioterror and other public health emergencies.

While the human pandemic threat is unpredictable, the spread of influenza in birds is predictable. Nearly 20 countries have identified the virus in their bird populations since the start of February of this year. In addition, in 2006, the virus has been identified on two new continents -- Europe and Africa. It is possible, in fact likely, that the virus will appear in our wild bird population this year. As we speak, scientists are examining birds that have migrated to the U.S. from Asia and Europe to gain early warning of its arrival.

It is critically important for me to point out that the arrival of avian flu in our wild bird population will not necessarily represent a risk to our domestic poultry population. The poultry industry has excellent biosecurity practices in place that limit or nearly eliminate the likelihood of contact between poultry, wild poultry -- between domestic poultry and wild bird populations. The industry is also constantly on the lookout for any new infections in their bird populations, whether an avian influenza virus or something else. And when they find something -- and this has happened several times in the past with different viruses -- they take swift action to eradicate the infection.

Even if the avian flu virus were to make its way to our domestic poultry population, we can say with confidence that the risk to human health is exceedingly low, as long as people follow the usual practice of thoroughly cooking poultry before eating it.

Secretaries Johanns and Leavitt have spent a lot of time explaining what it means to have the virus here in birds, and the limited risk that poses to human health. It is a message worth repeating. We are not in the midst of a human pandemic, but we cannot predict when one will happen. This is why it is important for everyone to prepare. If the H5N1 avian bird flu virus appears in birds, it will not signify the start of a human pandemic, and will not necessarily represent a threat to our domestic poultry population. No matter what happens, properly cooked poultry kills the virus and eliminates the risk to human health.

I hope that I've been able to provide you sort of with an overview and some insight into our thinking, and the effort that went into drafting the report. And I look forward to taking your questions.

Q There's already some criticism that you're putting out a lot of steps that you already knew that you needed to take to prevent the spread and to prepare. Can you respond to the criticism of that, and why more of these 300 steps that are outlined have not been completed already?

MS. TOWNSEND: Many of them are underway and great progress has already been made. Additional

steps have to be taken. And for that reason, we set very specific guidelines and targets, objectives. I think it's a misnomer to say that we haven't been planning before this. You're sort of in a no-win. If we didn't put out a plan, that would have been the criticism. The fact is, we have a responsibility to the American people, as well as to state and local governments, to provide them with our expertise, our insight, our advice on how best to prepare, and then to work with them in advance of a crisis to ensure that we understand what they expect and will need from us, and to help them to minimize and mitigate against the spread of the disease.

Q Stockpile status -- how many doses have been manufactured, and who are the lead manufacturers? And where does that stand right now? And how much more is needed?

MS. TOWNSEND: I would say to you that there is no question, we do not have enough in the stockpile for every American. And the fact is, the President, concerned about that, met with manufacturers late last year to encourage them to return stockpile and production capacity to the United States.

There are a number of reasons for that -- liability, legal liability in the vaccine industry chief among them. The fact is that the plan incentivizes both the R&D technology that is moving from egg-based to cell-based technology to produce vaccine, and sort of working with the vaccine production manufacturers.

This is a serious, long-term issue. But you should also recognize that one of the reasons you don't have the vaccine is you can't produce it until you actually know the genetic makeup of the virus that is the basis of the pandemic. For example, Secretary Leavitt, as you know, came out and said, based on the current bird flu, we began vaccine production. That's mutated again and we're beginning a second stage of vaccine production, based on more recent developments evolving in the virus itself. We'll have to continue to do that, and that takes time.

Q How many doses do you have on the second stage of what's thought to be the virus -- on dosage, how many millions do we have?

MS. TOWNSEND: I don't have the number off the top of my head. I'd refer you to HHS, Secretary Leavitt, who is responsible for that.

Q Fran, thank you. Can you tell us a little bit, walk us through the chain of command? As we saw with Hurricane Katrina, you can have a plan, but if it's not implemented and there's not coordination, it might not work. As I understand it, the Health and Human Services Secretary would be the point person. But what's the chain of command, direct access to the President? What's the role of Secretary Chertoff, what's your role, U.S. military, Secretary Rumsfeld? How are you going to coordinate that within the government in a crisis?

MS. TOWNSEND: Okay, so is this one question or several? Okay. All right, let me start from the top down, because that's the easiest way to do this. The "who's in charge" -- I mean, essentially what you're asking me, Ed, is who's in charge. And the answer is, in a national crisis, the President of the United States is in charge. I am the President's staff, as are the rest of us here, and we will support the President in that.

Let's talk about operationally what happens. You remember from the Katrina report -- what we talked about in the Katrina report was, we ought to look to the people with the expertise to give us the best options for solutions to national problems. So in the case of a public health crisis, obviously, the President is going to rely, in terms of public health advice, on the Secretary of HHS.

That said, the Secretary of DHS, Secretary Chertoff, as the Homeland Security Secretary, has statutory authority and responsibility to coordinate an incident of national significance across the federal government. There's no question, if there were a severe pandemic, there would be activities and actions required by the federal government across not just in Health and Human Services, but across the federal government. And it would be Secretary Chertoff, who would be the President's incident manager to ensure the coordination across the federal government to support the response to a public health emergency.

Q Madam, what advice do you have for the travelers overseas? Let's say if I'm traveling to Asia, which country you think you should warn me not to travel? Or how this disease one can bring from overseas?

MS. TOWNSEND: I want to be careful not to panic people. I think it's really important that we talk about -- based on facts and what we know. Obviously, the United States government has, based on science, created a planning assumption, a worst-case scenario. And that's our responsibility, to assume the worst knowing that anything short of that we will, then, be well prepared for.

We haven't seen a human-to-human transmission of the disease -- efficient human-to-human transmission. So what we know of the facts is, this is a bird virus now. The human infections are -- have been tied directly to exposure to infected birds in particular countries. And so that's -- and countries have been very transparent with the findings of infections in birds, and people. What I would say to you is, there's not a reason to panic now, but to be aware. And in Appendix A, as I mentioned, we talk about particular planning considerations that people should consider whether they're individuals, families, or organizations.

Q When the virus does arrive on the continent, what would you say to hunters? Are there any plans to restrict or ban duck hunting?

MS. TOWNSEND: I will tell you that in terms of the wild bird population, the Department of Interior, working with USDA and Secretary Johanns, have an extensive planning effort, also surveillance and detection, early warning. We expect, based on migration routes -- we look to Alaska and then down on through the continent in that path -- and we work with state and local officials who obviously have the greatest role in setting hunting requirements, licensing and restrictions.

Again, we have to understand the role of the federal government. In the federalist form of government, we give advice, we give guidance, we provide special capabilities, but we have to work with state and local authorities in terms of planning and preparedness and the actions that they will take to mitigate impact.

Q So you're going to tell the states to ban -- again, the duck example because it's a popular bird --

would you tell the states, then, to ban or restrict duck hunting?

MS. TOWNSEND: Is that possible? Yes, it's possible we could give that advice. But again, I'm reluctant to engage in hypotheticals -- what if it's a duck -- because I think it has very much to do with how pathogenic is it, how contagious is it, what are the particular qualities of the virus that appears, if it appears.

Q This is the worst-case scenario, and you say you don't want Americans to panic. But can you give us a general idea -- you've seen some of the headlines today: chaos ensues -- can you give us a general idea how you think this country would look if there's a severe outbreak, and what would happen?

MS. TOWNSEND: I think it's important to distinguish this from a terrorist attack or a natural disaster. I refer to those as a kinetic event. It happens, and it's sudden, and it's pervasive. In the case of the Gulf Coast, it was 93,000 square miles affected at one time. That is not the scenario you will face with a pandemic. It will not be a single moment in time event. It will unfold slowly, over days, weeks, months. It will not be in all places at the same time.

There's good news to that. It allows us to take mitigation measures both at the federal, state and local level, at the community and individual level, that can have a direct impact on how many people get sick, and how badly it affects the economy. And so that's the good news. And that's why you want to plan for the worst, knowing very well that that -- if it's not the worst-case scenario, we will have less of an impact on this country.

You are likely to see it arrive overseas first, which gives us opportunities at least in an hour period to consider measures at the border. And you wouldn't just take measures at a border. You would have a layered approach. You would consider screening measures at points of departure. We're working on education measures in flight, and then upon arrival. Those measures will be for a set period of time. There's only a set period of time that that's likely to help, because once you begin to see efficient human transmission in the United States, those sort of measures at the border become less important. And what you want to ensure is that communities are prepared to start taking measures right away.

Q In terms of chaos, in terms of what happens in this country if there is a severe outbreak here? You talk about the borders and trying to stop it, but I think the report says, once it was overseas it would probably be here within two months. So what happens -- assure Americans that there won't be chaos.

MS. TOWNSEND: And that's right. I mean, I think it's -- look, we deal with the science of this. I'm talking to scientists and doctors. We don't see -- the worst-case scenario that we anticipate in the report, it's not that we see it likely to happen; we think it's the worst case. Do I think that's going to result in chaos? No. And that's the whole purpose and whole point of doing a national planning effort.

Secretary Leavitt, for example, called in at the end of last year public health officials from around the country and talked to them about the importance of planning. He then has been on a 50-state tour to talk to them, to go to their states and talk to them about continuing efforts. We're working with them to strengthen their plans. The whole purpose of planning and preparation is to mitigate the uncertainty, to take the fear out of it so there's not chaos.

Q But some of it -- you have 40 percent of the workforce out in the most severe outbreak. You've got guidelines for people to stay three feet apart, which seems unworkable in areas of work -- I mean, how can it not be chaos with the economy --

MS. TOWNSEND: Good planning and preparation will avoid it being chaotic. It just will. And the answer is, we're communicating not only with government officials at the state and local level, but it's the whole purpose in communicating directly with the American people about steps they can take.

Q Speaking of good planning, you all have yet to spend even half of the amount of money that's been appropriated for this year. People have criticized the government for getting in line very slowly to get the antivirals from Roche. You haven't spent the money on expanding vaccine capacity. Why has it taken so long to spend the money that you already have in hand? And also, some in Congress said that you didn't even come up with the most recent supplemental request, that they had to sort of push the administration to come up with this newest \$3.3 billion request. So why has the administration, according to a lot of people, been so slow even to spend the money that you already have?

MS. TOWNSEND: Of the \$3.7 or .8 billion that is in the -- was in the emergency supplemental, we've already obligated \$1.8 billion of that. The rest of the money will be obligated before the end of the fiscal year.

And you'll be not surprised, I suppose, to hear me say that the administration needed no push from anyone to begin this pandemic preparedness. As I said at the beginning of the press briefing, our efforts, in terms of strengthening public health and preparedness, including for pandemic, go back to 2001 and include over \$6 billion. So it's hardly that we've been slow. There is an effort. There is a -- there has been a diminution of vaccine production capability in this country, and it's not something that you can do overnight. It does take planning; it does take obligating funds, and having the funds so that you can obligate them.

I can assure you, as you go through the details of the plan, you will see in fairly specific detail how we plan to spend the \$7.1 billion.

Q Back to the drug manufacturers, you mentioned the legal liability issue. What needs to happen in order for the drug makers to start racking up the vaccine?

MS. TOWNSEND: Well, part of it is reestablishing, if you will, strengthening vaccine production capability in this country, as it was mentioned by one of our colleagues. Some of that is now overseas. Secretary Leavitt has spent a good deal of time talking privately with the manufacturers. I'd leave to him to what extent he wants to discuss those discussions publicly. But the President has made very clear litigation reform and liability reform is high on the agenda, not least of all because of its impact -- the impact of liability litigation has had on the vaccine industry.

Q So do they need a waiver out of legislation -- is that what you're saying?

MS. TOWNSEND: These are ongoing talks between the Secretary of HHS, the Department of Justice,

and the vaccine manufacturers.

Q Yes, later in the report, it calls on limiting non-essential domestic travel. Could you define what that means for us and tell us who will decide what domestic travel is?

MS. TOWNSEND: Well, the reference to domestic travel is travel inside the borders of the United States, and -- not that I ever seem to get to take one, but imagine your average summer vacation. It would be limiting non-essential travel that you don't have to take inside the United States.

These are recommendations you'll see, as I mentioned, in Appendix A. We make all sorts of similar type recommendations to individuals to consider, in terms of limiting their exposure to the potential virus.

Q -- to the mall, I mean, going to see friends? Would it be local? And who would enforce it?

MS. TOWNSEND: It's not a question of enforcing it. Some of this -- it's hard to legislate common sense. Some of this is, if we were facing a real threat of a human pandemic inside the United States, some of our advice is to communities, to state and local governments, but some of it is to your average American. I have two small children, and if I thought that there was the risk of -- the spread of a pandemic, and that they would more at risk at the mall, I wouldn't be going to the mall if I didn't need to be there. And I imagine that as you talk to parents and people in their communities throughout the country, they feel the same way.

Q You touched briefly a couple of times on the potential for border restrictions. Can you elaborate on what that would mean, since we're told that a total shutdown of some borders would be impractical, in terms of stopping the spread.

MS. TOWNSEND: Not only impractical -- ineffective. We don't expect that shutting -- a tight shutdown of the borders would actually stop it from arriving here. So worse than impractical, it's ineffective. And of course, there are second- and third-order consequences in terms of our economy, given that we spend -- that there's trillions of dollars in international trade.

When you look at border restrictions, there's a period of time very early on in a potential pandemic where they may be effective not in stopping the arrival of the virus, but in buying us time, and slowing the spread of the pandemic to allow communities, frankly, and individuals to get better prepared if they haven't already.

And so we look at things like departure screening, on plane screening, and arrivals screening. We have done -- we have continued to do planning -- Department of Health and Human Services, as well as DHS -- for medical stations at some international airports. That plan is ongoing so that we could ramp it up quickly if there was an indication of the virus overseas.

Yes, sir.

Q Yes, after World War II, we had a hospital system here under Hill-Burton where we made an estimate of how many hospital beds you need per population. Now we've long gone away from that system, and hospitals have been working on a more for-profit motive. But given the fact of a dangerous pandemic, wouldn't it be necessary to again look at this situation to make sure that especially in the rural regions -- it may hit in the rural regions, not in the big city -- there are hospital facilities available to be able to take care of that, otherwise, you'll have to move people from -- over long distances, thus increasing the dangerous threat of pandemic. Have you looked at this, and have you drawn any conclusions with regard to that in your report? Or do you intend to?

MS. TOWNSEND: I wouldn't say -- I don't think that there are conclusions drawn in the report directly related to that. I'd have to -- I may be wrong. I don't think so. But what I would say to you is, this goes directly to our planning with state and local officials.

You know, I'm fond of saying, having been a local myself earlier in my career, rarely will the solution itself to the practical problem faced in a community come from inside the beltway, come from Washington. The answer is, what we can do is give advice and guidance, the kinds of planning assumptions that they ought to look at, their capacity and how to increase the capacity and how to increase the capacity to meet local need.

And that's the sort of advice and guidance we're giving. We're working with state and local officials through Secretary Leavitt, and we will continue to do as part of the planning effort.

Q Can you give a concrete recommendation? I mean, you should know from a central point of view where there are gaps and where there are potential problems and be able to inform the local authorities of that and maybe provide some assistance --

MS. TOWNSEND: Absolutely --

Q -- just advice, saying --

MS. TOWNSEND: No, to the extent that we identify vulnerabilities or gaps, we are absolutely sharing those with state and local officials and working with them in terms of closing those gaps.

Q Can I follow on that? Here in Washington and in other cities, there are communities that are overrun with Canadian Geese. In Rockville, where the Institute of Health is, they had to a million crows and rookeries in the trees. Are those areas at increased risk? If we're sure that the bird flu will come to this country, shouldn't we be culling our birds at this time as a preventative act?

MS. TOWNSEND: You know, I wouldn't -- I don't really see that we need to do that as a preventive act now, prior to the arrival. I don't know what good that would do. The fact is, we look at migration routes. We've done this sort of very much based, rationally based on the science of it, put in surveillance and early warning, if you will, capability. And the poultry -- both poultry -- domestic poultry and wild bird populations, we have experience with this. This wouldn't be the first time we had this sort of problem with a virus in poultry. Particularly the domestic poultry industry is well aware of how to eradicate disease and infection in their population and has a lot of experience at doing it very effectively.

In the back.

Q Getting back to the domestic travel question. Can you provide a little detail about the set of circumstances that would have to arise where these travel restrictions, domestic travel restrictions might be imposed and how that might work?

MS. TOWNSEND: You know, the reason that we don't address that specifically in the report is because it's -- a lot of this has got to do with -- we've laid out what we think the issues are where we'll confront and the order in which we will -- we are most likely to confront them. But it's difficult to answer that in the hypothetical. It will depend on where it's from and how contagious the disease is. Do we see a localized outbreak or do we see it spread across states widely across the country? It's just -- it's near impossible for me to answer that hypothetically.

Q And on that, if I could. What triggers the implementation of the plan? Is it the first transmission from human-to-human? What is it that starts the process?

MS. TOWNSEND: What you'll see, as part of the graphic I think that was provided in the pre-briefing package, we have -- WHO divides the pandemic roll out into six phases. We have used WHO's six-stage planning process in terms of the outbreak of a pandemic. We have broken that into subcategories, and we very specifically tied actions to stages in the pandemic. And I'd encourage you to look in the sheet.

This graphic in particular lays out both the WHO stages of a pandemic and then maps that against our subcategories and how we will behave in the event of a pandemic outbreak.

Q I'd like to follow on his question about your advice to local communities. HHS has made it clear, repeatedly, that they consider the best planning to be at the local community hospitals, the state and local public health departments. But those departments and the hospitals, almost to the department and the hospital, have said, thanks for your advice, we appreciate it; we do not have -- do not have the resources to buy the ventilators, to buy the surge capacity, to buy all of the extra things that we're being told -- and the antivirals -- that we're being told that we need. Hospitals were here in Washington a couple of weeks ago -- Hopkins, Stanford, top hospitals in the country -- each one of them, all together, said the advice is great, there's no way for us to pay for it on our margins.

So that being the case, what is the advice for those hospitals, those public health communities to actually prepare?

MS. TOWNSEND: Well, just as you have a personal budget, I have a personal budget, the federal government has a budget, so do state and local communities. And it's a matter of setting priorities. We believe that this should be a priority for resource allocation and for planning, for policy implementation and planning. We believe those hospitals -- it's more that they need to do than simply buying things, whether it's antivirals and vaccine or ventilators, that's all very important, don't misunderstand me. But there are policies and procedures they need to put in place, in terms of essential personnel -- policies for absenteeism, how they will staff emergency rooms -- and all that planning needs to be done now

while they look at the resource implications and plan for those, as well.

Q May I follow on the phases? In the dark old days, there was quarantine for people with leprosy, polio, tuberculosis. Do you envision a quarantine aspect to any of those phases?

MS. TOWNSEND: There is certainly recommendations here that there should be what the medical community calls social distancing -- that is, communities to take steps, both at the individual level and the community level, to decrease the number of public gatherings; the potential for school closings. And we do tie those sorts of recommendations to various stages in pandemic implementation.

MR. McCLELLAN: Let's do two more, and then Fran's going to need to leave.

MS. TOWNSEND: Let's get to people who haven't gone.

Q What fraction of the vaccine, the antiviral stockpile, whatever its size, is the administration prepared to send overseas for containment of an outbreak outside the United States?

MS. TOWNSEND: I don't remember the number off the top -- I don't remember the number off the top of my head. In fact, what we've done is made commitments based on dollar commitments, and I don't remember, standing here, what it is. We can get that -- we can get that for you, though.

But what we've said is, the President has said, both at the U.N., and he's continued to raise individually and bilaterally meetings with heads of state, the importance of this. And this is not just -- the international commitment is just that. All countries have to understand that it's in the international community's interest to contribute to the stockpiles, but this is not solely a U.S. burden. We will be good international partners, and we will contribute, but every country needs to contribute.

Yes, ma'am, last one.

Q Thank you. How soon are you going to let the general public know what you're doing and what's going on, because a lot of the people are very afraid, they don't know -- there's going to be another New Orleans hurricane problem, or are you going to do it via television, radio, or how?

MS. TOWNSEND: Part of the -- you'll see as part of the detailed planning process, we talk about risk communications, and talking to the American people. Secretary Leavitt and Secretary Johanns have already done that. They have both met with all the major networks. We have tried to communicate not only with the media but with the American people and state and local communities.

We will be transparent. And that's why I said the planning and implementation process will be a dynamic one. We will update it. We have a website, [pandemicflu.gov](http://pandemicflu.gov), where people can get additional information as we continue to update implementation and planning efforts.

Thanks, everybody.

MR. McCLELLAN: Are there other questions?

Q Can you distinguish between this plan and the HHS plan? When we write about this, how -- we all wrote stories last fall when HHS's plan came out, it was the flu plan; now we're going to write another story that says, the flu plan came out. What's the difference between the two?

MS. TOWNSEND: Well, as I said -- think of it this way: there's the strategy, this is the implementation plan for the strategy, and then each of the departments and agencies has their implementation plan. HHS has a large role and responsibility in this, and so they, too, have a very detailed plan for their department and agency.

Thank you.

MR. McCLELLAN: All right, are there any other questions? We've got a congressional meeting starting here pretty quick.

Q A quick one on that, can I just ask you --

MR. McCLELLAN: On?

Q -- on the pandemic, just broadly speaking, the criticism from Democrats today has been --

MR. McCLELLAN: Well, I mean, we had Fran here to talk about the preparedness plan. But go ahead.

Q But just in general, they're saying that -- like, when Fran was asked about chaos, she said with proper planning and coordination, there won't be chaos. What Democrats are saying this morning and this afternoon is that with Katrina, there was planning, but it wasn't implemented. And how can you assure the American people that you can prevent --

MR. McCLELLAN: Well, I think the United States has been leading the way in working with our international partners to prepare for a possible pandemic. And that's why we are moving ahead with the implementation plan. We outlined the strategy back in November. And we have also been moving forward on getting the necessary funding in place to make sure we have the resources to address this possible outbreak.

Are there other questions -- we've got a congressional meeting coming up -- on different topics?

Steve, go ahead.

Q What are you hearing about the possibility that Senate Democrats will filibuster some of your judicial nominees, like Brett Kavanaugh?

MR. McCLELLAN: Well, my expectation is that Brett Kavanaugh's hearing -- I'm sorry, vote in committee is going to go forward this week. He is someone who is exceptionally well qualified. He is

someone who will apply the law in a fair and impartial manner. And I think that there are some Democrats that want to resort to some of the past old tricks. They are simply playing politics with judicial nominations.

And there was a bipartisan agreement that was reached to move forward on the nominees. We hope that Democrats are not going to break that good bipartisan process that was set up to move forward, because each nominee deserves a fair up or down vote. And Brett Kavanaugh is someone who has been praised by people on both sides of the political spectrum who know him, he is someone who is well qualified to serve on the D.C. Circuit Court of Appeals, and has good, diverse experience, not only from appearing before the courts, but also from his experience here as a senior aide to the President of the United States.

Q Scott, Vicente Fox's plan on -- this Friday I think it is -- to sign into a law a bill that essentially legalizes all type of narcotic drugs in his country, and concerns about the possible availability of those to the United States to people there. Any reaction from the White House on that?

MR. McCLELLAN: Well, I think that the State Department and our Office of National Drug Control Policy have been talking with Mexican officials about this. I don't want to jump ahead of where it is. The State Department has previously talked about our views on the situation and our concerns.

Connie, go ahead.

Q Thank you. Iran now says it's close to the 5 percent mark on enriching uranium, which is enough for electricity, but not nearly enough for weapons. Would the U.S., would the allies accept have Iran having electricity in nuclear energy, and not weapons --

MR. McCLELLAN: Well, we've talked about that previously. This isn't about whether or not they should have the right to civilian nuclear power, this is about the regime's defiance of the international community and failure to live up to its obligations. And that's why it's important to have an objective guarantee in place for a civilian nuclear program. It's a regime that has defied the international community and hid its activities for some two decades.

And that's why the Europeans were working to negotiate in good faith with the regime so that they could realize peaceful civilian nuclear power. And Russia even came forward with a proposal, which we expressed support for. And it would provide guarantees.

But what the regime needs to do is return to a suspension of its uranium enrichment and reprocessing activities, and come back and negotiate in good faith. Now they have shown that they are continuing to defy the international community, they're continuing to isolate themselves from the rest of the world. That's why we are moving forward with our partners in the Security Council and our friends and allies elsewhere to address this in a diplomatic way and to continue to keep the pressure on the regime to change its behavior. We are looking at moving forward on a Chapter 7 resolution at the Security Council, which would compel action by the regime.

And that's where we are at this point. And we're involved in ongoing discussions. There have been

discussions going on in Paris, there will be some additional discussions next week in New York. This evening the President will be welcoming Chancellor Merkel of Germany here to the White House, and this is a topic that they will be talking about. We all have a shared concern about the regime developing nuclear weapons under the cover of a civilian program.

Q On the EU summit in Vienna that the President is going to Austria, can that be seen as a part of the effort of the administration to get the EU into a kind of "coalition of the willing" against Iran?

MR. McCLELLAN: Well, we are already moving forward on a number of fronts with our friends and allies at the United Nations Security Council. This is a concern that the regime has with the international community. The international community is concerned about their continued defiance, and the international community is united in our goal to prevent the regime from developing a nuclear weapons know how or nuclear weapons. And that's why we are continuing to move forward on the diplomatic front. We're taking it a step at a time, but we think it's time for the Security Council to act and move forward on a resolution under Chapter 7 that would compel action by the regime. And this is something we'll continue to discuss with our friends in Europe and elsewhere.

Let me keep going. Sarah, go ahead.

Q Can I follow up? Can you give some details about the trip to Vienna? Is the President going to overnight in Vienna; how long --

MR. McCLELLAN: Well, we put out a statement earlier today, I made some remarks earlier today. That's where it is at this point, and we'll update you as we get closer to that trip on additional activities that might take place. But he looks forward to going to participate in the U.S.-EU summit in Vienna.

Q Thank you. Puerto Rico is broke, out of money. Schools are closed and most of the government is shut down. Does the President plan to ask Congress for more money, for money to bail out Puerto Rico and again make it solvent?

MR. McCLELLAN: I'll be glad to take your question and take a look into it.

Go ahead.

Q There are numerous reports about low-intensity operations ongoing in Iran from three different places -- PKK going over the border into Iraq, the MEK southern border of Iraq into Iran, and also certain operations from Balochistan involving also the Pakistanis. Does the U.S. have a policy, given also reports which I know you won't comment on, on possible special forces operations in Iran? Does U.S. policy, based on the notion that an enemy of our enemy is our friend, consider changing its policy towards the PKK or --

MR. McCLELLAN: Our policies haven't changed on those organizations. They remain the same. And you're bringing up organizations that we view as terrorist organizations.

Q We would never cooperate with them, in terms of --

MR. McCLELLAN: Our policy hasn't changed.

Q Scott.

MR. McCLELLAN: Goyal.

Q Question on U.S.-India nuclear agreement, civilian nuclear agreement. All over the United States, Indian-American leaders are here in town for the last two days and have been going into meeting after meeting. And this morning, they had a meeting at the White House, and Mr. Karl Rove, among others, spoke to the group. And also yesterday on the Capitol Hill, Senator John Kerry was speaking --

MR. McCLELLAN: Let's get to your question. I'm sorry to rush you, but we got a congressional meeting --

Q My question is that --

MR. McCLELLAN: -- that I think you all would prefer I be in so I can provide you information on that.

Q My question is that, what message you think President has for this group on this agreement, and also --

MR. McCLELLAN: Same message he said previously, and we want Congress to move forward on the agreement.

Q Thank you.

MR. McCLELLAN: All right --

Q Can you just -- on Medicare, the GAO report saying the 1-800 number is not really working?

MR. McCLELLAN: Well, first of all, let me point out that this report that you are referring to was a snapshot of one aspect of all efforts being used to communicate and sign seniors up for the new Medicare prescription drug benefit. It was a snapshot that was taken three months ago, in the January and early February time frame. And the Centers for Medicare and Medicaid Services has continued to take steps to make improvements to their communications tool. But there are a lot of communications tools. There's a website. There is outreach going on across the country, and enrollment sessions -- the 1-800-MEDICARE line, as well.

But the Centers for Medicare and Medicaid Services also has an ongoing monitoring program which takes a random sample of the calls coming in to make sure that they are being answered accurately. And they have found that 93 percent of the time, those calls from people wanting to sign up are being answered accurately. And Secretary Leavitt also said that -- I think this was earlier today -- that most of

the calls currently being -- are being answered in two to three minutes.

Now, this brings up a very good point. I think all of us -- both at the government and within the media -- have a responsibility to help educate seniors so that they know what is available for them. They have many more options now that are available so that they can choose the health care that best meets their individual needs and so that they can get access to prescription drug coverage that they have not had access to previously.

A typical senior is saving 50 percent or more on their savings. Surveys by groups like the AARP show that eight out of ten beneficiaries say they are satisfied with the new prescription drug benefit.

So I think you have to look at all those aspects, and we need to make sure that seniors continue to get good information about what is available so that they can sign up. The enrollment period ends May 15th, and that's why we're continuing to make a push to encourage seniors to take a look. There are now a number of options available to you so that you can get better quality of care and save a significant amount of money on your prescription drug benefits. And I think that's important to get across to seniors across America.

The goal has already been exceeded in terms of what we expected for this year. But we're pleased that seniors are happy with the coverage that they are getting, by and large. And where they're not, we'll continue to work with them to improve.

Q Thank you.

MR. McCLELLAN: Thank you.

END 1:26 P.M. EDT

---

**Return to this article at:**

<http://www.whitehouse.gov/news/releases/2006/05/20060503-6.html>



CLICK HERE TO PRINT