

ONE HUNDRED THIRTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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MEMORANDUM

November 17, 2014

To: Subcommittee on Oversight and Investigations Democratic Members and Staff
Fr: Committee on Energy and Commerce Democratic Staff
Re: Hearing on “Update on the U.S. Public Health Response to the Ebola Outbreak”

On Tuesday, November 18, 2014, at 1:00 p.m. in room 2123 of the Rayburn House Office Building, the Subcommittee on Oversight and Investigations will hold a hearing on the response to the ongoing Ebola outbreak in West Africa and on the readiness of hospitals and public health systems for cases of Ebola that appear in the United States.

I. THE ONGOING EBOLA OUTBREAK IN WEST AFRICA

The Ebola outbreak began in late 2013 with a case in Guinea and by April 2014 had appeared in a small number of cases in both Liberia and Sierra Leone.¹ Local health officials were unable to effectively respond, and World Health Organization (WHO) officials were similarly slow.² By July 2014, the number of cases was beginning to grow exponentially.³

As of November 12, 2014, the Centers for Disease Control and Prevention (CDC) reported that the ongoing Ebola outbreak in West Africa has infected 14,098 individuals (8,715

¹ *Ebola: Mapping the Outbreak*, BBC News (Oct. 10, 2014) (online at www.bbc.com/news/world-africa-28755033).

² *Out Of Control: How The World’s Health Organizations Failed to Stop the Ebola Disaster* Washington Post (Oct. 4, 2014) (online at www.washingtonpost.com/sf/national/2014/10/04/how-ebola-sped-out-of-control/).

³ *Id.*

of which have been laboratory confirmed) and killed 5,160.⁴ These statistics significantly underestimate the actual number of cases, which many believe to be several times higher.⁵

The three most affected countries are Liberia, Sierra Leone, and Guinea. Liberia continues to have the highest number of total cases (6,822), but weekly case numbers have been declining in recent weeks.⁶ In Sierra Leone, however, steep increases in the number of new cases are continuing. A few cases have been seen in Nigeria, Senegal, and Mali. Both Nigeria and Senegal were declared Ebola free in mid-October. There have been two probable and two confirmed cases of Ebola, including four deaths, in Mali, and public health officials are particularly concerned about the failure to follow safe burial protocols during the burial of one of these victims.⁷

II. CONTROLLING THE SPREAD OF EBOLA

It is possible to control the spread of Ebola through a basic public health approach of diagnosing cases, isolating individuals who are ill and using effective infection control techniques while treating them, tracing all individuals who had contact with the infected individual, monitoring these individuals for symptoms, and isolating these additional individuals if they show signs of illness.⁸ The exponential growth of cases in Liberia, Guinea, and Sierra Leone, combined with collapsing public health infrastructure in these countries, had prevented these countries from successfully implementing these methods. In Liberia, however, with the help of international responders, some of these methods are being put in place and seem to be helping to stop the spread of the disease.⁹

⁴ Centers for Disease Control and Prevention, *2014 Ebola Outbreak in West Africa* (Oct. 10, 2014).

⁵ *No One Knows Exactly How Bad West Africa's Ebola Epidemic Is*, Vox (Oct. 9, 2014) (online at www.vox.com/2014/10/6/6889037/reporting-ebola-epidemic-virus-outbreak).

⁶ World Health Organization, *Ebola Response Roadmap Situation Report* (Nov. 12, 2014).

⁷ *Ebola Kills Nurse in Mali and Worse Spread is Feared*, NBC News (Nov. 13, 2014) (online at www.nbcnews.com/storyline/ebola-virus-outbreak/ebola-kills-nurse-mali-worse-spread-feared-n247021).

⁸ Centers for Disease Control and Prevention, *What is Contact Tracing?* (accessed Nov. 17, 2014).

⁹ Doctors Without Borders, *Ebola: Hard-Won Gains In Liberia Must Not Be Undermined, International Response Must Adapt To Changing Epidemic Pattern* (Nov. 10, 2014).

III. THE UNITED STATES AND INTERNATIONAL RESPONSE IN AFRICA

On September 16, 2014, President Obama announced that 3,000 troops would lead the U.S. response to the Ebola outbreak in West Africa.¹⁰ Service members – working in conjunction with USAID and CDC officials – have started to lead efforts to build 17 Ebola treatment units (ETUs) in Liberia and to provide equipment and training to local residents and staff in proper Ebola treatment and safe burial practices.¹¹ The first of the 17 ETUs is now active and ready to take patients, two are near completion, and seven more are under construction.¹² There are currently eight total ETUs operating in Liberia with a total capacity of 613 beds.¹³

Similar efforts – led by the U.K. and France – are underway in Sierra Leone and Guinea.¹⁴ The United Kingdom is taking the lead on the response efforts in Sierra Leone, and has committed a £230 million package of direct support to help contain, control, treat, and ultimately defeat Ebola.¹⁵ The domestic and international response in Guinea has been slower than in the other two most-affected countries.¹⁶ France has committed resources to combat the

¹⁰ *U.S. Troops Battling Ebola Get Off to Slow Start in Africa*, Wall Street Journal (Sept. 28, 2014) (online at online.wsj.com/articles/u-s-troops-battling-ebola-get-off-to-slow-start-in-africa-1411948064).

¹¹ *Liberia Anxiously Awaits Aid from U.S., Others in Fight Against Ebola*, Los Angeles Times (Oct. 4, 2014) (online at www.latimes.com/world/africa/la-fg-ebola-us-liberia-20141004-story.html).

¹² *Health Officials Reassess Strategy to Combat Ebola in Liberia*, New York Times (Nov. 12, 2014) (online at www.nytimes.com/2014/11/13/world/africa/officials-consider-scaling-back-of-ebola-centers-in-liberia.html).

¹³ World Health Organization, *Ebola Response Roadmap Situation Report* (Nov. 12, 2014).

¹⁴ *Britain Sends 750 Military Personnel to Combat Ebola*, Yahoo News (Oct. 8, 2014) (online at news.yahoo.com/british-troops-train-ahead-ebola-mission-leone-182147147.html) and *France Says Will Build More Ebola Treatment Centers in Guinea*, Reuters (Oct. 13, 2014) (online at www.reuters.com/article/2014/10/13/us-health-ebola-france-idUSKCN0I224W20141013).

¹⁵ UK Government, *How the UK Government is Responding to Ebola* (online at www.gov.uk/government/topical-events/ebola-virus-government-response/about) (accessed Nov. 14, 2014).

¹⁶ *Ebola is Getting Worse in Guinea and No One's Paying Any Attention*, Quartz (Oct. 17, 2014) (online at qz.com/282643/ebola-is-getting-worse-in-guinea-and-no-ones-paying-any-attention/).

outbreak in Guinea, and is now beginning to fulfill its commitment; the French Red Cross and the French aid agency Alima are both opening new Ebola centers in Guinea.¹⁷

The impact of the Ebola crisis in these countries is magnified by the broader impact on the already weak public health systems as a whole. With hospitals overcome or closed by Ebola, and many health providers becoming ill during the epidemic, routine medical problems are becoming deadly for thousands of West Africans.¹⁸

The international efforts, including implementation of safer burial practices and a campaign to educate the public appear to have led to some progress in fighting the disease, especially in Liberia.¹⁹ In addition to a decline in the rate of new cases, several ETUs have been reporting empty beds for over a month.

Sierra Leone and Guinea have not experienced the same progress.²⁰ In Guinea, some districts have experienced declines in new cases, while there has been growth in other districts. Moreover, the disease has been carried from Guinea into Mali on two separate occasions, causing concern that the outbreak could spread into other African countries.

Because of the unpredictability of this outbreak, experts are advocating flexibility in the response.²¹ Doctors Without Borders noted the need for mobile rapid response teams to reach remote villages.²² The organization also said that the international aid must be able to adapt rapidly to avoid undermining progress already made in the region.

IV. EBOLA CASES IN THE UNITED STATES

To date, ten Ebola cases have been treated in the United States. Eight of the victims contracted the disease in West Africa. In August 2014, Dr. Kent Brantly and Nancy Writebol, volunteers with international aid organizations, were flown to Emory University Hospital, treated with the experimental drug ZMapp, and released several weeks later. On September 5, 2014, Dr. Rick Sacra was flown to the Nebraska Medical Center, where he was treated with plasma from

¹⁷ *Guinea Is Seeing More Ebola Cases: Can The Trend Be Stopped?*, NPR (Nov. 7, 2014) (online at www.npr.org/blogs/goatsandsoda/2014/11/07/362062293/guinea-is-seeing-more-ebola-cases-can-the-trend-be-stopped).

¹⁸ *Why America's Health Care System Can Stop Ebola, Even Though Other Countries Couldn't*, Vox (Oct. 1, 2014) (online at www.vox.com/2014/10/1/6875623/ebola-wont-spread-in-the-us-because-the-key-to-stopping-it-is-a).

¹⁹ *The Shifting Ebola Epidemic*, New York Times (Nov. 15, 2014) (online at www.nytimes.com/2014/11/16/opinion/sunday/the-shifting-ebola-epidemic.html?_r=1).

²⁰ *Id.*

²¹ *Response to Ebola Needs Flexibility, Experts Say*, Associated Press (Nov. 13, 2014) (online at hosted.ap.org/dynamic/stories/A/AF_EBOLA_FLEXIBLE_RESPONSE?SITE=AP&SECTION=HOME&TEMPLATE=DEFAULT).

²² *Id.*

Dr. Brantly and another experimental drug, TKM-Ebola. He survived and was released in October. A third unknown doctor arrived at Emory University Hospital on September 8 and has been released. And Ashoka Mukpo, a camera operator for NBC News, was flown to the Nebraska Medical Center on October 1 and released later that month.²³

The sixth case was that of Thomas Eric Duncan, a Liberian citizen who traveled to the United States to visit family on September 20 and passed away on October 8.²⁴ To date, none of the individuals who had contact with Mr. Duncan before he was admitted to the hospital have become ill with Ebola, and they have passed the 21-day monitoring period for possible infection.²⁵ Two nurses who treated Mr. Duncan at Texas Presbyterian Hospital, Nina Pham and Amber Joy Vinson, subsequently contracted the virus.²⁶ Though both were initially treated in Dallas, they were later transported to the National Institutes of Health and Emory University Hospital, respectively, for treatment. Both have been declared Ebola free and have been released.

Dr. Craig Spencer became ill with Ebola after returning from working with Doctors Without Borders in Guinea.²⁷ He was treated at Bellevue Hospital in New York City and released last week. Dr. Martin Salia, another doctor who contracted the disease in West Africa, arrived at Nebraska Medical Center on November 16, but passed away the following day.²⁸ He had initially tested negative for Ebola while working in Sierra Leone and became critically ill before a positive Ebola diagnosis was made.

With the exception of the two nurses at Texas Presbyterian hospital, there have been no cases of Ebola transmitted in the United States. Ms. Vinson traveled by plane with a slight fever

²³ *Who Are the American Ebola Patients?*, CNN (Oct. 6, 2014) (online at www.cnn.com/2014/10/06/health/american-ebola-patients/).

²⁴ *Is the U.S. Prepared for an Ebola Outbreak?*, New York Times (Oct. 10, 2014) (online at www.nytimes.com/interactive/2014/10/09/us/is-the-us-prepared-for-an-ebola-outbreak.html) and *Ebola Patient's Temperature Spiked to 103 Degrees*, Associated Press (Oct. 10, 2014) (online at bigstory.ap.org/article/d0776696ea1e4dfca19e1effc2638d57/ebola-patient-arrived-er-103-degree-fever).

²⁵ *Ebola Quarantine Ends for Dozens of Dallas Residents*, Associated Press (Oct. 20, 2014) (online at www.cbsnews.com/news/ebola-quarantine-ends-duncans-family-seeks-normalcy/).

²⁶ *Amber Joy Vinson, Dallas Nurse Treated for Ebola, is Released from Hospital*, New York Times (Oct. 28, 2014) (online at www.nytimes.com/2014/10/29/us/ebola-outbreak-dallas-nurse-amber-joy-vinson.html).

²⁷ *Plenty of Hugs as Craig Spencer, Recovered New York Ebola Patient, Goes Home*, New York Times (Nov. 11, 2014) (online at www.nytimes.com/2014/11/12/nyregion/craig-spencer-new-york-ebola-patient-bellevue.html?_r=0).

²⁸ *Ebola-infected doctor is disease's second victim to die in the U.S.*, Los Angeles Times (Nov. 17, 2014) (online at www.latimes.com/nation/nationnow/la-na-nn-martin-salia-doctor-treated-for-ebola-in-nebraska-has-died-20141117-story.html).

just days before entering the hospital, and Dr. Spencer went bowling and took the New York subway immediately before his diagnosis, causing alarm and concern among those who were exposed to these individuals and among the general public. But all contacts of Mr. Duncan, Ms. Vinson, Ms. Pham, and Dr. Spencer have been tracked for over 21 days, and none has shown any symptoms of Ebola.

V. OBAMA ADMINISTRATION RESPONSE TO TEXAS EBOLA CASES

Mr. Duncan's appearance with Ebola at Texas Presbyterian Hospital and the transmission of Ebola to two of the nurses treating him revealed gaps in public health preparedness. In response, the Administration took several actions.

On October 17, President Obama designated Ron Klain as his "Ebola czar" to coordinate the federal government response in the United States to the Ebola outbreak.²⁹ Klain reports to the President's national security and homeland security advisers on efforts to detect, isolate, and treat Ebola patients in the U.S.

On October 20, the CDC issued updated guidelines for personal protective equipment (PPE).³⁰ The new guidance focused on three areas: improved training in how to don and doff PPE; no skin exposure; and observation during every step of putting on and taking off PPE.

In lieu of quarantines, the CDC has issued further guidance on monitoring those traveling from West Africa with potential exposure to Ebola, dividing asymptomatic individuals into four categories of exposure.³¹

1. "High risk" individuals are those who had contact with Ebola patients and bodily fluids when not wearing personal protective equipment (PPE). They are under direct active monitoring and are subject to controlled movement (excluded from travel on commercial conveyances and from public places).
2. "Some risk" individuals are those who had contact with an Ebola patient while wearing PPE or were exposed to Ebola in a household or community setting. They are under direct active monitoring, and the local public health authority has discretion to determine exclusion from commercial travel and public places.

²⁹ *Obama taps Ron Klain as Ebola Czar*, Washington Post (Oct 17, 2014) (online at www.washingtonpost.com/blogs/post-politics/wp/2014/10/17/obama-taps-ron-klain-as-ebola-czar/).

³⁰ Centers for Disease Control and Prevention, *Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing)* (Oct. 20, 2014).

³¹ Centers for Disease Control and Prevention, *Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure* (Nov. 3, 2014).

3. “Low risk” individuals are those who were in an affected region but had no known exposure to Ebola. They are not restricted on travel, but are subject to active monitoring at the discretion of the local public health authorities.
4. “No risk” individuals are those who have not been in the affected region in the past 21 days and have no known exposure to Ebola. They are not subject to any monitoring.

VI. TRAVEL RESTRICTIONS, ENHANCED SCREENING, AND QUARANTINES

Five airports, which account for 94% of incoming passenger traffic from West Africa, have implemented enhanced screening of incoming travelers from the region. On November 16, the CDC added Mali to the list of Ebola-affected nations for which entry screening will take place.³² The enhanced screening entails several steps: (1) initial screening by a Customs and Border Protection (CBP) official asking a series of health and exposure questions; (2) temperature assessment by trained medical staff; (3) additional evaluation by a CDC quarantine station public health officer if travelers present a fever, symptoms, or possible Ebola exposure; and (4) referral to the appropriate public health authority if further evaluation or monitoring is required. Those individuals with no fever or other symptoms and no known history of exposure will be given additional health information for self-monitoring. The process is meant to complement the exit screening protocols already in place in the affected West African countries.³³

Following Dr. Spencer’s hospitalization in New York City, New York Governor Andrew Cuomo and New Jersey Governor Chris Christie announced a mandatory quarantine policy for healthcare workers returning from West Africa who had been in contact with Ebola patients.³⁴ The CDC and other public health officials opposed the quarantine policies.³⁵ Doctors Without Borders released the following statement in response: “Forced quarantine of asymptomatic

³² Centers for Disease Control and Prevention, *Enhanced Airport Entry Screening to Begin for Travelers to the United States from Mali* (Nov. 16, 2014). There are no direct flights from Mali to the United States.

³³ Centers for Disease Control and Prevention, *Enhanced Ebola Screening to Start at Five U.S. Airports and New Tracking Program for all People Entering U.S. from Ebola-affected Countries* (Oct. 8, 2014).

³⁴ *Cuomo, Christie clarify policy on Ebola health worker quarantines*, CNN (Oct. 27, 2014) (online at www.cnn.com/2014/10/26/health/us-ebola/).

³⁵ *Obama assails Ebola quarantines, saying they are based on fear, not facts*, Washington Post (Oct. 28, 2014) (online at www.washingtonpost.com/national/health-science/amber-vinson-dallas-nurse-leaving-hospital-after-ebola-cure/2014/10/28/d37e7fae-5e95-11e4-8b9e-2ccdac31a031_story.html).

health workers returning from fighting the Ebola outbreak in West Africa is not grounded on scientific evidence and could undermine efforts to curb the epidemic at its source.”³⁶

VII. SUPPLEMENTAL BUDGET REQUEST

On November 5, the Administration announced a \$6.18 billion supplemental budget request to enhance the U.S. government response to the Ebola outbreak in West Africa and to improve domestic preparedness.³⁷

The funding request designates \$2.43 billion for HHS, including \$1.83 billion to CDC, \$333 million to the Public Health and Social Services Emergency Fund (PHSSEF), \$238 million to NIH, and \$25 million to FDA.³⁸ The funding for CDC will help state and local public health departments prepare and improve readiness in anticipation of potential Ebola cases. It will aid CDC in establishing its global health security capacity to help prevent, detect, and respond to future outbreaks in at-risk regions.

The PHSSEF funding would allow for rapid response for patients with highly-infectious diseases like Ebola, including training and support for 50 Ebola Treatment Centers throughout the United States. The PHSSEF funding includes support for the Biomedical Advanced Research and Development Authority (BARDA) to manufacture vaccines and therapeutics. The NIH funding would support clinical trials, and the FDA funding would assist the agency in development, review, and regulation of Ebola vaccines and therapeutics.

The funding request designates \$1.98 billion for the U.S. Agency for International Development (USAID).³⁹ The funding would expand emergency assistance and support humanitarian efforts in the affected region. It would assist in recovery in West Africa to prevent further spreading of the disease and increase preparedness for future outbreaks.

The supplemental budget includes \$127 million for the Department of State to expand medical support and evacuation capacity in the affected region.⁴⁰ It includes \$112 million for the Department of Defense to develop technologies to respond to the Ebola crisis. Finally, the request includes a \$1.45 billion Contingency Fund to ensure there are resources available to respond as the situation evolves.

³⁶ Doctors Without Borders, *Ebola: Quarantine Can Undermine Efforts to Curb Epidemic* (Oct. 27, 2014) (online at www.doctorswithoutborders.org/article/ebola-quarantine-can-undermine-efforts-curb-epidemic).

³⁷ The White House, *FACT SHEET: Emergency Funding Request to Enhance the U.S. Government’s Response to Ebola at Home and Abroad* (Nov. 5, 2014).

³⁸ *Id.*

³⁹ *Id.*

⁴⁰ *Id.*

VIII. WITNESSES

The following witnesses have been invited to testify:

Panel I

Thomas R. Frieden, M.D., M.P.H.

Director

Centers for Disease Control and Prevention

Nicole Lurie, M.D., M.S.P.H.

Assistant Secretary, Preparedness and Response

U.S. Department of Health and Human Services

Rear Admiral Boris Lushniak, M.D., M.P.H.

Acting Surgeon General

U.S. Department of Health and Human Services

Panel II

Ken Isaacs

Vice President, Programs and Government Relations

Samaritan's Purse

Jeffrey Gold, M.D.

Chancellor

University of Nebraska Medical Center

David Lakey, M.D.

Commissioner

Department of State Health Services

On behalf of the Association for State and Territorial Health Officials