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Statement of Rep. Henry A. Waxman
Ranking Member, Committee on Energy and Commerce
Hearing on “Update on the U.S. Public Health Response to the Ebola Outbreak”
Subcommittee on Oversight and Investigations
November 18, 2014

Mr. Chairman, I am pleased that you are holding this hearing- this is a very important topic and it's appropriate for Congress to learn about it because the American people want to know what's happening and want some answers.

I picked up a couple of comments from the other side on having humility, learning from what's happened and hope we know better because of what we've learned. When we last had a hearing in October, there was a pronounced disconnect between what the public health experts were telling the Committee and the rhetoric of some Committee members.

Some members called for quarantines and travel bans that experts had determined would be harmful. Some claimed that the Administration's protocols for screening and tracking travelers would not work. Some even insinuated that immigrants with Ebola would soon be crossing the southern border or that Ebola had mutated and become transmissible by air. This hysterical rhetoric certainly induces a great deal of fear.

Mr. Chairman, none of those things were true. After the two cases were transmitted in Texas, CDC acted quickly and decisively to acknowledge gaps and revise protocols. It has now been 33 days since our last Ebola hearing, and since then, not one case of Ebola has been transmitted in the United States.

Only one traveler since then – Dr. Craig Spencer – has unknowingly brought a case of Ebola into the country, and it appears that our health care system responded effectively: Dr. Spencer knew how to immediately report his symptoms, was quickly isolated and safely transported to a hospital equipped to treat a patient with Ebola, and his close contacts were monitored.

The health experts told us that our public health measures could protect the public from Ebola, and it turns out they have been right.

So it's good that we have a chance today to show some humility and acknowledge that the fears that were expressed openly in the last hearing were not justified.

As I said in the first hearing, we should have a sense of urgency about the epidemic in

Africa: there is lots of work to be done to stop the ongoing humanitarian crisis there. And we should view the appearance of Ebola cases in the United States as a wake-up call about the need for us to invest in public health preparedness at the federal, state, and local levels.

President Obama is trying to address these challenges, and we should support those efforts. Because if we don't stop Ebola in Africa, it could travel to other places and spread: we've got to control the epidemic where it's happening.

On November 5, he submitted a \$6.2 billion emergency supplemental funding request to Congress to improve domestic and global health capacities in three critical areas: containment and treatment in West Africa; enhanced prevention, detection, and response to Ebola entering the US; and buttressing the U.S. public health system to respond rapidly and flexibly to all hazards in the future. It is critical that Congress support this request.

Mr. Chairman, there is ample precedent for an emergency public health supplemental appropriation of this magnitude.

In November 2005, the Bush Administration requested \$7.1 billion in emergency supplemental funding to speed up the development of a vaccine and fund state, local, and federal preparedness. Ultimately, a bipartisan Congress provided President Bush with over \$6 billion of this funding. In 2009, Congress provided the Obama Administration with nearly \$7 billion in emergency spending authority to combat the H1N1 influenza virus.

Congress did the right thing by making those investments. They saved lives and enhanced our nation's preparedness. And the Congress should do the right thing now.