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Statement of Rep. Henry A. Waxman
Ranking Member, Committee on Energy and Commerce
Hearing on "Examining the U.S. Public Health Response to the Ebola Outbreak"
Subcommittee on Oversight and Investigations
October 16, 2014

Mr. Chairman, I'm pleased to have this opportunity to make an opening statement before we hear from the witnesses. I think we have to put all of this in perspective and not panic-everyone has said not to panic and then they made statements that "We're going to get tough, we're going to do something about it." Well, what do we need to do? First of all, we've got a problem in Africa. , if we don't act quickly, the Ebola outbreak in West Africa could spiral beyond our control.

On Tuesday, the World Health Organization estimated that soon there could be up to 10,000 new Ebola cases each week in West Africa. CDC has warned that the outbreak could infect as many as 1.4 million people by the end of January. We have a humanitarian responsibility to help end this outbreak.

I know we can meet this challenge. Dr. Frieden has compared the current Ebola outbreak to the AIDS epidemic – and in the 1980's and 1990's, I authored legislation and saw the federal government – and some of our nation's best scientists and doctors – work together to help control that epidemic. The world now faces the Ebola threat. And I support President Obama's plan to send military resources to Africa. We can end this outbreak – but there is lots of work to do.

This hearing will address important questions about the response in West Africa. Are we moving fast enough? Do responders have adequate resources? Are we effectively coordinating our response with other countries and international organizations?

Americans are concerned about three recent cases of Ebola in this country – Thomas Duncan, who entered the U.S. while harboring Ebola, and Nina Pham and Amber Vinson, the nurses who became ill while caring for Mr. Duncan. We should be concerned by these cases – and we should act urgently. But we should not panic.

Instead, we should learn from them and make sure they are not repeated. We need to find out what happened at Texas Health Presbyterian Hospital – and how CDC, state and local health officials, and hospitals can improve procedures moving forward.

We should also use these cases as a wake-up call to ensure the adequacy of the public health and preparedness safety net. We need to be prepared before a crisis hits – not scrambling to respond after the fact.

In the past decade, we faced two major public health and biodefense scares: the 2001 anthrax attacks and the 2009 pandemic flu. Both times, we increased public health investments and created new programs to develop vaccines and treatments. But as those crises faded, those investments did not last.

We now can see the cost of relaxing our vigilance.

We need to commit adequate funding to public health infrastructure – and we need to hold public health systems accountable to standards of preparedness. Based on what we know now, it appears that Texas Presbyterian would not have met those standards – though in fairness, I suspect that many, many hospitals all over the country would also have struggled to respond. This is a problem we must solve.

Mr. Chairman, before I run out of time, I want to acknowledge the healthcare workers and volunteers – those treating Ebola victims in the U.S. and those who have traveled to West Africa to help during this outbreak. It is dangerous work and they are putting themselves in danger to save lives. They deserve our thanks and praise.

I also want to thank all our witnesses. You have my confidence, and I appreciate you joining us today to provide answers about how to stop the current Ebola outbreak in Africa – and how to improve our public health systems to avoid the next crisis.