

ONE HUNDRED THIRTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**  
COMMITTEE ON ENERGY AND COMMERCE  
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October 1, 2014

The Honorable Fred Upton  
Chairman  
Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Joe Pitts  
Chairman  
Subcommittee on Health  
2125 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Tim Murphy  
Chairman  
Subcommittee on Oversight & Investigations  
2125 Rayburn House Office Building  
Washington, D.C. 20515

Dear Chairman Upton, Chairman Pitts, and Chairman Murphy:

On September 4, 2014, we requested that the Committee hold a hearing on the Ebola outbreak. We were therefore glad to see your statement yesterday that the Committee will be holding hearings on Ebola in the coming weeks. We look forward to working with you in a bipartisan way on this important public health issue.

Yesterday's announcement about an Ebola case in the United States should not be cause for panic. The Centers for Disease Control and Prevention (CDC) and other federal and local public health officials appear to be taking all of the appropriate steps to stop the disease and prevent its spread in our country. Still, there are many questions about the case in Dallas, including how the patient contracted the disease, why the Dallas hospital initially discharged the patient, and what measures are being taken to trace the patient's contacts. And the emergence of this case of Ebola should serve as a wake-up call regarding the need to address the ongoing public health disaster in Africa and to ensure that the domestic public health system is adequately prepared for Ebola cases or for other emerging public health issues.

We should address these issues in a thorough but time-sensitive and appropriate way. Our investigation should also be focused to ensure that we are not unnecessarily diverting the time or resources of public health leaders at a critical time.

We believe we should address key short-term questions about the response to the crisis, including:

1. Do CDC, USAID, other public health agencies, and U.S. military forces have adequate funding in place to address the immediate public health crisis in Liberia, Sierra Leone, and Guinea? How long will this funding last?
2. Are these agencies coordinating effectively with each other, with public health officials from affected countries, and with public health officials from other countries and non-governmental organizations providing assistance? What other factors may be slowing the pace of delivery of services in the affected countries, and what is needed to overcome these barriers?
3. Are CDC and other federal, state, and local officials adequately funded to address the costs – such as tracing, isolating, and diagnosing all potentially affected contacts – of the Dallas patient or any future potential patients with Ebola in the U.S.?
4. Are U.S. officials and officials in affecting countries adequately screening travelers to and from Africa to prevent importation of additional cases into the United States? Do Immigration and Customs Enforcement (ICE) officials have needs for additional diagnostic or other tools to prevent individuals with Ebola from entering the U.S. undetected?
5. Are hospitals and health providers adequately informed of CDC guidelines for assessing and treating potential Ebola patients who seek care? Are they following these guidelines? Do they have the equipment and material to effectively isolate patients and handle Ebola-contaminated medical waste?

We should also ensure that we are addressing important long-term questions so that we can learn the lessons from this case and improve the public health system's response to the next outbreak or other public health emergency. These questions include:

1. How have stagnant or declining budgets for U.S. public health agencies affected their ability to respond in this crisis? What budgetary changes are needed to ensure that these agencies have the resources necessary to prevent, detect, and respond to global or domestic public health emergencies?
2. Are there long-term plans in place to assist in rebuilding the public health systems of affected African countries and to address the secondary economic and humanitarian costs of the outbreak in these countries?
3. Do the agencies involved in the development of treatments and vaccines for public health emergencies and biological threats – including the Biomedical Advanced Research and Development Authority (BARDA), the National Institute of Allergy and Infectious Diseases (NIAID), the Defense Threat Reduction Agency (DTRA),


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and the Food and Drug Administration (FDA) – have the funding necessary to accomplish their goals? Do these agencies have appropriate processes in place to establish priorities for high-risk diseases? Do they have the necessary statutory authority to respond to the need for vaccines and treatments during public health emergencies?

4. Are federal regulations and policies related to hospitals and other medical facility emergency preparedness adequate to respond in the event of future emergencies? Are such regulations appropriately communicated to facilities and vendors involved in responding to such crises? Are additional tools necessary to improve the capacity of health providers and to ensure that they are following proper guidelines for infectious and emerging diseases like Ebola?

Our investigation and hearings should be aimed at understanding immediate needs and applying lessons learned to prevent future outbreaks from reaching the magnitude of the current epidemic. We look forward to working with you to meet these goals.

Sincerely,

  
Henry A. Waxman  
Ranking Member

  
Frank Pallone, Jr.  
Ranking Member  
Subcommittee on Health

  
Diana DeGette  
Ranking Member  
Subcommittee on Oversight  
and Investigations