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4 EXAMINING THE U.S. PUBLIC HEALTH RESPONSE TO THE EBOLA
5 OUTBREAK
6 THURSDAY, OCTOBER 16, 2014
7 House of Representatives,
8 Subcommittee on Oversight and Investigation
9 Committee on Energy and Commerce
10 Washington, D.C.

11 The Subcommittee met, pursuant to call, at 12:02 p.m.,
12 in Room 2123 of the Rayburn House Office Building, Hon. Tim
13 Murphy [Chairman of the Subcommittee] presiding.
14 Present: Representatives Murphy, Burgess, Blackburn,
15 Gingrey, Scalise, Gardner, Griffith, Johnson, Long, Ellmers,
16 Upton (ex officio), DeGette, Braley, Schakowsky, Castor,
17 Welch, Green, and Waxman (ex officio).
18 Also present: Representatives Yarmuth, Matheson,

19 Sarbanes, Harris, and Meadows.

20 Staff present: Gary Andres, Staff Director; Charlotte
21 Baker, Deputy Communications Director; Sean Bonyun,
22 Communications Director; Leighton Brown, Press Assistant;
23 Rebecca Card, Staff Assistant; Karen Christian, Chief
24 Counsel, Oversight; Noelle Clemente, Press Secretary; Mary
25 Dannenfelser, Senior Advisor, Health Policy and Coalitions;
26 Brenda Destro, Professional Staff Member, Health; Andy
27 Duberstein, Deputy Press Secretary; Brad Grantz, Policy
28 Coordinator, Oversight and Investigations; Sydne Harwick,
29 Legislative Clerk; Brittany Havens, Legislative Clerk; Sean
30 Hayes, Deputy Chief Counsel, Oversight and Investigations;
31 Kirby Howard, Legislative Clerk; Charles Ingebretson, Chief
32 Counsel, Oversight and Investigations; Emily Newman, Counsel,
33 Oversight and Investigations; Krista Rosenthall, Counsel to
34 Chairman Emeritus; Macey Sevcik, Press Assistant; Alan
35 Slobodin, Deputy Chief Counsel, Oversight; Sam Spector,
36 Counsel, Oversight; Jean Woodrow, Director, Information
37 Technology; Ziky Ababiya, Democratic Staff Assistant; Peter
38 Bodner, Democratic Counsel; Brian Cohen, Democratic Staff
39 Director, Oversight and Investigations, and Senior Policy
40 Advisor; Lisa Goldman, Democratic Counsel; Elizabeth Letter,
41 Democratic Professional Staff Member; Karen Lightfoot,
42 Democratic Communications Director and Senior Policy Advisor,

43 and Nicholas Richter.

44 Mr. {Murphy.} Good afternoon. I convene this hearing
45 of the Subcommittee on Oversight and Investigations,
46 Committee on Energy and Commerce.
47 Ms. {DeGette.} Mr. Chairman, I can't see the witnesses.
48 Mr. {Murphy.} We will need to make sure that the media
49 is--when the witnesses speak and we are clear of the center
50 section.
51 Today, the world is fighting the worst Ebola epidemic in
52 history. CDC and our public health system are in the middle
53 of a fire. Job one is to put it out completely, and we will
54 not stop until we do. We must be clear-eyed and singular in
55 purpose to protect public health, and to ensure not one
56 additional case is contracted here in the United States. We
57 in Congress stand ready to serve as a strong and solid
58 partner in solving this crisis because there is no greater
59 responsibility for the U.S. government than to protect and
60 defend the safety of the American people.
61 The stakes in this battle couldn't be any higher. The
62 number of Ebola cases in western Africa is doubling about
63 every 3 weeks. The math still favors the virus, even with
64 the recent surge in global response.
65 With no vaccine or cure, we are facing down a disease
66 for which there is no room for error. We cannot afford to

67 look back at this point in history and say we should have
68 done more.

69 Errors in judgment have been made, to be sure, and it is
70 our immediate responsibility today to learn from those
71 errors, correct them rapidly and move forward effectively as
72 one team, one fight.

73 Let us candidly review where we stand. When the latest
74 Ebola outbreak in West Africa was confirmed months ago,
75 authorities thought it would be similar to the 1976 outbreaks
76 and quickly contained. That turned out to be wrong. By
77 underestimating both the severity of the danger and
78 overstating the ability of our healthcare system to handle
79 Ebola cases, mistakes have been made. What was adequate
80 practice for the past has proved to fall short for the
81 present.

82 The trust and credibility of the Administration and
83 government are waning as the American public loses confidence
84 each day with demonstrated failures of the current strategy,
85 but that trust must be restored, but will only be restored
86 with honest and thorough action.

87 We have been told: ``virtually any hospital in the
88 country that can do isolation can do isolation for Ebola.''
89 The events in Dallas have proven otherwise. Current policies
90 and protocols for surveillance, containment and response were

91 not sufficient. False assumptions create real mistakes,
92 sometimes deadly mistakes.
93 We must understand what went wrong so we can get a firm
94 handle on this crisis: Why was the CDC slow to deploy a
95 rapid response team at Texas Health Presbyterian Hospital?
96 Why weren't protocols to protect healthcare and hospital
97 workers rapidly communicated? What training have healthcare
98 workers received?
99 And there are things about Ebola we don't know. How long
100 does the virus live on surfaces or on certain substances?
101 How do healthcare workers wearing full protective gear still
102 get infected? Can it be transmitted from a person who does
103 not yet have a high fever? Both CDC and NIH tell us that
104 Ebola patients are only contagious when having a fever.
105 However, the largest study of the current Ebola outbreak
106 found that nearly 13 percent of confirmed cases in West
107 Africa did not have associated fever.
108 Now, I respect the CDC as the gold standard for public
109 health, but the need for strong congressional oversight and
110 partnership remains paramount. I want to understand why CDC
111 and the White House changed course on in 2010 on proposals
112 first introduced in 2005 that would have strengthened the
113 federal quarantine authority. We are here to work through
114 and fix these problems.

115 I restate my ongoing concern that Administration
116 officials still refuse to consider any travel restrictions
117 for the more than 1,000 travelers entering the United States
118 each week from Ebola hot zones.
119 A month ago, the President told us someone with Ebola
120 reaching our shores was unlikely and that ``we have taken the
121 necessary precautions to increase screening at airports so
122 that someone with the virus does not get on a plane for the
123 United States.''
124 Screening and self-reporting at airports have been a
125 demonstrated failure, yet the Administration continues to
126 advance a contradictory reason for this failed policy that
127 frankly doesn't make sense to me, especially if priority one
128 is to contain the spread of Ebola and protect public health.
129 It troubles me even more when public health policies are
130 based upon a stated concern over cutting commercial ties with
131 fledgling democracies rather than protecting public health in
132 the United States. This should not be presented as an all-
133 or-none choice. We can and will create the means to
134 transport whatever supplies and goods are needed in Africa to
135 win this deadly battle. We do not have to leave the door
136 open to all travel to and from hot zones in Western Africa
137 while Ebola is an unwelcome and dangerous stowaway on these
138 flights. I am confident we can develop a reasoned and

139 successful strategy to meet these needs.

140 The current airline passenger screening at five U.S.
141 airports through temperature taking and self-reporting is
142 troubling. Both CDC and NIH tell us that Ebola patients are
143 only contagious when having a fever, but we know this may not
144 be totally accurate.

145 A determined, infected traveler can evade the screening
146 by masking the fever with ibuprofen or avoiding the five
147 airports. Further, it is nearly impossible to perform
148 contact tracing of all people on multiple international
149 flights across the globe.

150 So let me be clear to all the federal agencies
151 responding to the outbreak. If resources or authorization is
152 needed to stop Ebola in its tracks, tell us in Congress. I
153 pledge, and I believe this committee joins me in pledging,
154 that we will do everything in our power to work with you to
155 keep the American people safe from the Ebola outbreak in West
156 Africa.

157 [The prepared statement of Mr. Murphy follows:]

158 *************** COMMITTEE INSERT ***************

|

159 Mr. {Murphy.} I now recognize the ranking member of the
160 committee, Ms. DeGette.
161 Ms. {DeGette.} Thank you, Mr. Chairman.
162 On Monday, the Director General of the World Health
163 Organization called the Ebola outbreak ``the most severe,
164 acute health emergency seen in modern times.'' She warned
165 that the epidemic ``threatens the very survival of societies
166 and governments in West Africa.''
167 This WHO assessment is no exaggeration. CDC predicts
168 that up to 1.4 million West Africans could be infected with
169 Ebola. Many more will die from treatable illnesses due to
170 the collapse of these countries' public health
171 infrastructures. This is a humanitarian crisis, and we have
172 a moral imperative to help in West Africa. But ending the
173 West Africa outbreak is also a U.S. national security
174 imperative because doing so is the best way to keep Ebola out
175 of the United States.
176 I was alarmed like all of us were when Thomas Duncan
177 flew to the United States while harboring Ebola, and even
178 more disturbed to learn of his discharge from the Texas
179 Presbyterian ER with a fever after reporting that he had
180 traveled from Liberia. Even worse, we learned this week that
181 two nurses treating Mr. Duncan, Nina Pham and Amber Vinson,

182 have contracted Ebola. I know, Mr. Chairman, we all join in
183 sending these women and their families our prayers.
184 These new cases raise serious questions. The Washington
185 Post wrote yesterday that Texas Presbyterian ``had to learn
186 on the fly how to control the deadly virus'' and that the
187 hospital was ``not fully prepared for Ebola.'' We need to
188 find out why this hospital was unprepared and if others are
189 too, and we need to make sure that the CDC is filling these
190 readiness gaps. We should be concerned about the appearance
191 of Ebola in the United States and the transmission to two
192 health care workers, but we should not panic. We know how to
193 stop Ebola outbreaks by isolating patients and tracing and
194 monitoring contracts. The U.S. health care system can
195 prevent isolated cases from becoming broader outbreaks, and
196 that is why I am glad Dr. Frieden is here with us and Dr.
197 Varga will be with us by video, because it would be an
198 understatement to say that the response to the first U.S.-
199 based patient with Ebola has been mismanaged, causing risk to
200 scores of additional people. I know both of these gentlemen
201 will be transparent and forthright in helping me to
202 understand how we can improve our response when yet another
203 person, and it will inevitably happen, shows up at the
204 emergency room with these kind of symptoms.
205 I appreciate the steps taken by CDC and Customs to begin

206 airport screenings. These steps are appropriate, and as some
207 call for cutting off all travel, as the chairman said, this
208 won't be reasonable to be able to stop anybody with Ebola
209 from coming into the United States, and we don't want to take
210 steps that would endanger Americans by interfering with
211 efforts to halt the outbreak in Africa.

212 You know, there is no such thing as fortress America
213 when it comes to infectious diseases, and the best way to
214 stop Ebola is going to be to stop this virus in Africa.
215 Experts from Doctors Without Borders have told us that a
216 quarantine on travel would have ``catastrophic impacts on
217 West Africa.'' Also, earlier this week the Director of NIH,
218 Dr. Francis Collins, said had we adequately funded his agency
219 for over a decade, we would already have an Ebola vaccine.
220 His words are a reminder that key public health agencies have
221 faced stagnant funding for several years, hampering our
222 ability to respond to this crisis.

223 Mr. Chairman, 6 weeks ago when I first sent you a letter
224 to ask for this hearing, the scope of the problem in West
225 Africa was beginning to come into focus. Now the situation
226 is dire. Let us work together to make sure that we stop it
227 as quickly as we can.

228 With that, I yield the balance of my time to the
229 gentleman from Iowa, Mr. Braley.

230 [The prepared statement of Ms. DeGette follows:]

231 *************** COMMITTEE INSERT ***************

|

232 Mr. {Braley.} Thank you.

233 Our duty today is to make sure the Administration is
234 doing everything possible to prevent the spread of Ebola
235 within the United States. Our number one priority in
236 combating this disease must be the protection of Americans,
237 and we have to figure out the best way to do that.

238 My heart goes out to all those suffering from this
239 horrible epidemic, and I am very proud of the hard work done
240 by American troops, doctors, nurses and other volunteers to
241 combat this disease. Congress must come together, put aside
242 partisan differences and help stop this outbreak.

243 Today I hope to hear what steps the Administration is
244 taking to prevent the spread of Ebola and respond to the
245 outbreak. I am greatly concerned, as Congresswoman DeGette
246 has expressed, that the Administration did not act fast
247 enough in responding in Texas. We need to look at all the
248 options available to keep our families safe and move quickly
249 and responsibly to make any necessary changes at airports.

250 [The prepared statement of Mr. Braley follows:]

251 *************** COMMITTEE INSERT ***************

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252 Mr. {Murphy.} The gentleman's time is expired. I now
253 recognize the chairman of the full committee, Mr. Upton, for
254 5 minutes.
255 The {Chairman.} Well, thank you.
256 Let me first begin by thanking our witnesses and all of
257 the Members, Republicans and Democrats, for being here today.
258 You know, it is unusual to convene a hearing in D.C.
259 during a district work period, but on this issue, there is no
260 time to wait. I was likewise glad to see the President get
261 off the campaign trail yesterday to finally focus on the
262 crisis.
263 People are scared. We need all hands on deck. We need
264 a strategy, and we need to protect the American people, first
265 and foremost. It is not a drill. People's lives are at
266 stake, and the response so far has been unacceptable.
267 As chairman of this committee, I want to assure the
268 witnesses that we stand ready to support you in any way to
269 keep Americans safe, but we are going to hold your feet to
270 the fire on getting the job done, and getting it done right.
271 Both the United States and the global health community
272 have so far failed to put in place an effective strategy fast
273 enough to combat the current outbreak. The CDC admitted more
274 could have been done in Texas. Two health care workers have

275 become infected with Ebola even as nurses and other medical
276 personnel suggest that protocols are being developed on the
277 fly. And none of us can understand how a nurse who treated
278 an Ebola-infected patient, and who herself had developed a
279 fever, was permitted to board a commercial airline and fly
280 across the country.

281 It is no wonder the public's confidence is shaken. Over
282 a month ago, before Ebola reached our shores, we wrote to
283 Health and Human Services Secretary Burwell seeking details
284 for the preparedness and response plan here at home and
285 abroad, and it is clear whatever plan was in place was
286 insufficient, but I believe we can and must do better now.

287 We need a plan to treat those who are sick, to train
288 health workers to safely provide care, and to stop the spread
289 of this disease here at home and at its source in Africa.
290 This includes travel restrictions or bans from that region
291 beginning today. Surely we can find other ways to get the
292 aid workers and supplies in to these countries. From
293 terrorist watch lists to quarantines, there are tools used to
294 manage air travel to assure public safety. Why not here? We
295 can no longer be reacting to each day's crisis. We need to
296 be aggressive and finally get ahead of this terrible
297 outbreak.

298 The American people also want to know that our troops

299 and medical personnel who are courageously headed to Africa
300 to treat the sick will be protected. We want to know that
301 health care workers here in America have the training and
302 resources necessary to safely combat that threat as well.
303 So it is not just the responsibility of the United
304 States. The global health community bears the charge to
305 finally get ahead of the threat, develop a clear strategy,
306 train all those who are involved in combating this disease,
307 and eradicate this threat.
308 We have all heard the grave warnings that this will get
309 worse before it gets better. People are scared. It is our
310 responsibility to ensure that the government is doing
311 whatever it can to keep the public safe.
312 Diana DeGette and I have partnered together on the 21st
313 Century Cures initiative to help improve the research and
314 speed the approval of life-saving medicines and treatments,
315 and while much attention has been paid to how this effort can
316 help with diseases like cancer and diabetes, these same
317 reforms can also help in the development of treatments for
318 deadly infections like Ebola. We are all partners in this
319 effort to save lives.
320 I yield the balance of my time to Dr. Burgess.
321 [The prepared statement of Mr. Upton follows:]

322 *************** COMMITTEE INSERT ***************

|

323 Dr. {Burgess.} Thank you, Mr. Chairman, and my thanks
324 to the panel for being here today, and I think everyone here
325 agrees, we must fix this.
326 America's response to the Ebola virus disease outbreak
327 is not a political issue, it is a public health crisis and a
328 very dire one at that.
329 The frightening truth is that we cannot guarantee the
330 safety of our health care workers on the front lines. It has
331 been known for some time that health care workers have an
332 outsized risk in Western Africa. They have a 56 percent
333 mortality rate of those health care workers who catch this
334 disease. Two nurses have contracted Ebola in the United
335 States, and indeed, we have to learn from the current
336 situation in Texas and use any information we can gather to
337 better help prepare hospitals and protect our health care
338 workers on the front line. We are here today because we need
339 answers to these questions.
340 This past August, the Inspector General of the
341 Department of Homeland Security issued a report on personal
342 protective equipment and antiviral countermeasures. They
343 found that, and I am quoting here, ``The Department of
344 Homeland Security did not adequately conduct a needs
345 assessment prior to purchasing pandemic preparedness supplies

346 and then did not effectively manage its stockpile of personal
347 protective equipment and antiviral medical countermeasures.''
348 This just illustrates how unprepared we are. We have to get
349 this right.
350 I would like to yield the balance of my time to Ms.
351 Blackburn from Tennessee.
352 [The prepared statement of Dr. Burgess follows:]

353 *************** COMMITTEE INSERT ***************

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354 Mrs. {Blackburn.} Thank you, Dr. Burgess, and yes,
355 indeed, welcome to all of our witnesses.
356 Everyone has mentioned we are here to work with you to
357 protect Americans, and that includes the caregivers, and by
358 that I mean the men and women working on the front lines, the
359 Screaming Eagles of the 101st from Fort Campbell.
360 I will yield back my time and have further questions.
361 Thank you.
362 [The prepared statement of Mrs. Blackburn follows:]

363 *************** COMMITTEE INSERT ***************

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364 Mr. {Murphy.} The gentlelady yields back and time is
365 expired. I would now like to introduce the witnesses--I am
366 sorry. No, first I go to Mr. Waxman. I apologize.
367 Mr. {Waxman.} Thank you, Mr. Chairman. I am pleased to
368 have this opportunity to make an opening statement before we
369 hear from the witnesses.
370 I think we have to put all of this in perspective and
371 not panic. Everybody said not to panic, and then they made
372 statements like ``We are going to get tough. We are going to
373 do something about it.'' Well, what do we need to do?
374 First of all, we have got a problem in Africa, and this
375 is a serious outbreak that could spiral beyond our control.
376 On Tuesday, the World Health Organization estimated that soon
377 there could be up to 10,000 new Ebola cases each week in West
378 Africa, and CDC has warned that the outbreak could infect as
379 many as 1.4 million people by the end of January. So this is
380 a humanitarian crisis in Africa, and we have a responsibility
381 to help because if we don't help there, that outbreak is
382 going to continue to spiral out to other places, and sealing
383 people off in Africa is not going to keep them from
384 traveling. They will travel to Brussels, as one of the
385 people did, and then into the United States.
386 We can stop the epidemic from spreading in Africa or in

387 the United States if we isolate the patient and monitor the
388 contracts of that patient, and if we do that, we can stop it
389 there and we can stop it here.

390 So in Africa, we need to know, are we moving fast
391 enough, responders have adequate resources. Are we
392 effectively coordinating our response with other countries in
393 international organizations?

394 But here, people are scared, and we shouldn't make them
395 even more frightened. Put this in perspective. We have had
396 three recent cases of Ebola in this country: Thomas Duncan,
397 who entered the United States while harboring Ebola and who
398 flew through Brussels to get here; Nina Pham and Amber
399 Vinson, the nurses who became ill while caring for Mr.
400 Duncan. We should be concerned about these cases, and we
401 need to act urgently, but we need not to panic. What we have
402 to do is learn what we need to do, what mistakes we have made
403 and not repeat them. We want to find out what happened at
404 Texas Health Presbyterian Hospital, how CDC, state and local
405 health officials and hospitals can improve procedures moving
406 forward.

407 We should use this as a wakeup call to ensure the
408 adequacy of our own public health and preparedness safety
409 net. We need to be prepared before a crisis hits, not
410 scrambling to respond after the crisis.

411 In the past decade, the ability to fund research and
412 public health programs has declined here in the United
413 States. Since 2006, CDC's budget adjusted for inflation has
414 dropped by 12 percent. Funding for the Public Health
415 Emergency Preparedness Cooperative Agreement, which supports
416 State and local health department preparedness activities,
417 has been cut from $1 billion in its first year of funding in
418 2002 to $612 million in 2014. All of these were also subject
419 to the sequestration, and those who allowed that
420 sequestration to happen by closing the government have to
421 answer to the American people as well.
422 We need to commit adequate funding to public health
423 infrastructure. We need to hold public health systems
424 accountable to standards of preparedness. Based on what we
425 know, it appears that Texas Presbyterian would have not met
426 those standards, though in fairness, I suspect that many
427 hospitals all over the country would also have struggled to
428 respond. This is a problem we have to solve.
429 Mr. Chairman, before I run out of time, I want to
430 acknowledge the health care workers and volunteers, those
431 treating Ebola victims in the United States and those who
432 have traveled to West Africa to help during this outbreak.
433 It is dangerous work that they are doing. They are putting
434 themselves in danger to save lives. They deserve our thanks

435 and our praise.

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

441 I am ending my career at the end of this year, but I
442 have been through so many hearings where when there is a
443 crisis we have Congressmen sit and point fingers. Well, let
444 us point fingers at all of those responsible. We have our
445 share of responsibility by not funding the infrastructure.
446 In Africa, they have no infrastructure. We have to help them
447 develop it to deal with this crisis, but we shouldn't leave
448 ourselves vulnerable by these irrational budget cuts.

449 [The prepared statement of Mr. Waxman follows:]

450 *************** COMMITTEE INSERT ***************

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451 Mr. {Murphy.} The gentleman's time is expired. Thank
452 you.
453 I would now like to introduce the witnesses on the panel
454 for today's hearing. Dr. Thomas R. Frieden is the Director
455 of the Centers for Disease Control and Prevention. Dr.
456 Anthony Fauci is the Director of the National Institute of
457 Allergy and Infectious Diseases within the National Institute
458 of Health. Dr. Robin Robinson is the Director of Biomedical
459 Advanced Research and Development Authority within the Office
460 of the Assistant Secretary for Preparedness and Response at
461 the United States Department of Health and Human Services.
462 Dr. Luciano Borio is the Assistant Commissioner for
463 Counterterrorism Policy at the U.S. Food and Drug
464 Administration. Mr. John P. Wagner is the Acting Assistant
465 Commissioner of the Office of Field Operations within U.S.
466 Customs and Border Protection at the U.S. Department of
467 Homeland Security. And joining us today on videoconference
468 from Texas will be Dr. Daniel Varga, who is the Chief
469 Clinical Officer and Senior Vice President at Texas Health
470 Resources.
471 I will now swear in the witnesses. You are all aware
472 that the committee is holding an investigative hearing, and
473 when doing so has had the practice of taking testimony under

474 oath. Do any of you object to taking testimony under oath?
475 None of the witnesses say so, and Dr. Varga?

476 Dr. {Varga.} No.

477 Mr. {Murphy.} Thank you. The chair then advises you
478 that under the rules of the House and the rules of the
479 committee, you are entitled to be advised by counsel. Do any
480 you desire to be advised by counsel during your testimony
481 today? Thank you. Everyone answers no. In that case, would
482 you all please rise and raise your right hand and I will
483 swear you in.

484 [Witnesses sworn.]

485 Mr. {Murphy.} You are now under oath and subject to the
486 penalties set forth in Title XVIII, section 1001 of the
487 United States Code. We will call upon you each to give a 5-
488 minute opening summary of your written statement.

489 Dr. Frieden, you are recognized for 5 minutes.

|

490 ^TESTIMONY OF DR. THOMAS R. FRIEDEN, DIRECTOR, CENTERS FOR
491 DISEASE CONTROL AND PREVENTION; DR. ANTHONY FAUCI, DIRECTOR,
492 NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES,
493 NATIONAL INSTITUTES OF HEALTH; DR. ROBIN ROBINSON, DIRECTOR,
494 BIOMEDICAL ADVANCED RESEARCH AND DEVELOPMENT AUTHORITY,
495 OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND
496 RESPONSE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; DR.
497 LUCIANA BORIO, ASSISTANT COMMISSIONER, COUNTERTERRORISM
498 POLICY, U.S. FOOD AND DRUG ADMINISTRATION; JOHN P. WAGNER,
499 ACTING ASSISTANT COMMISSIONER, OFFICE OF FIELD OPERATIONS,
500 CUSTOMS AND BORDER PROTECTION; U.S. DEPARTMENT OF HOMELAND
501 SECURITY; AND DR. DANIEL VARGA, CHIEF CLINICAL OFFICER AND
502 SENIOR VICE PRESIDENT, TEXAS HEALTH RESOURCES

|

503 ^TESTIMONY OF THOMAS R. FRIEDEN

504 } Dr. {Frieden.} Thank you very much, Chairman Murphy,
505 Ranking Member DeGette, Chairman Upton and Ranking Member
506 Waxman. I very much appreciate the opportunity to come
507 before you to discuss the Ebola epidemic and our response to
508 it to protect Americans.

509 My name is Dr. Tom Frieden. I am trained as a
510 physician. I am trained in internal medicine, in infectious

511 diseases. I completed the CDC Epidemic Intelligence Service
512 training, and I have worked in the control of diseases,
513 communicable diseases and others, since 1990.
514 Ebola spread only by direct contact with a patient who
515 is sick with the disease or has died from it, or with their
516 body fluids. Ebola is not new, although it is new to the
517 United States. We know how to control Ebola, even in this
518 period. Even in Lagos, Nigeria, we have been able to contain
519 the outbreak. We do that by tried-and-true measures of
520 finding the patients promptly, isolating them effectively,
521 identifying their contacts, ensuring that if any contact
522 becomes ill, they are rapidly identified, isolated, and their
523 contacts are identified.
524 But there are no shortcuts in the control of Ebola, and
525 it is not easy to control it. To protect the United States,
526 we have to stop it at the source.
527 There is a lot of fear of Ebola, and I will tell you as
528 the Director of CDC, one of the things I fear about Ebola is
529 that it could spread more widely in Africa. If this were to
530 happen, it could become a threat to our health system and the
531 health care we give for a long time to come.
532 Our top priority, our focus is to work 24/7 to protect
533 Americans. That is our mission. We protect Americans from
534 threats, and in the case of Ebola, we do that by a system at

535 multiple levels. In addition to our efforts to control the
536 disease at the source, we have helped each of the affected
537 countries establish exit screening so that every person
538 leaving has their temperature taken. In a two-month period
539 of August and September, we identified 74 people with fever.
540 None of them entered the airport or boarded the plane. As
541 far as we know, none of them were diagnosed with Ebola, but
542 that was one level of safety.
543 Recently, we have added another level of screening
544 people on arrival to the United States. That identifies
545 anyone with fever here, and we have worked very closely with
546 the Department of Homeland Security and Customs and Border
547 Protection to implement that program, and I would be happy to
548 provide further details of it later.
549 We have also increased awareness among physicians
550 throughout the United States to think Ebola in anyone who has
551 fever and/or other symptoms of infection and who has been to
552 West Africa in the previous 21 days. We have established
553 laboratory services throughout the country so that not all
554 laboratory tests have to come to the specialized laboratory
555 at CDC. In fact, one of those laboratories in Austin, Texas,
556 identified the first case here.
557 We also have fielded calls from concerned doctors and
558 public health officials throughout the country. We found

559 more than 300 calls and only patient, Mr. Duncan, had Ebola,
560 but that is one too many, and we are open to ideas for what
561 we can do to keep Americans as safe as possible as long as
562 the outbreak is continuing.
563 We also have established emergency response teams from
564 CDC that will go within hours to any hospital that has an
565 Ebola case to help them provide effective care safety.
566 [Slide]
567 There is a lot of understandable concern about the cases
568 in Dallas. I have one slide, if we can show it, of the
569 contact tracing activities there, and I think we provided
570 copies for the members. The two core activities in Dallas
571 are to ensure that there is effective infection control and
572 to trace contacts. Here you see a timeline of exactly what
573 has happened in the identification of contacts. We have
574 followed each of the contacts. When any become ill or if any
575 become ill, we immediately isolate them so that we can break
576 the chain of transmission. That is how you stop Ebola. I
577 can go through the details when you wish.
578 We also are working to ensure that there is effective
579 infection control there, and I can go through the details of
580 that.
581 In sum, CDC works 24/7 to protect Americans. There are
582 no shortcuts. Everyone has to do their part. There are more

583 than 5,000 hospitals in this country. There are more than
584 2,500 health departments at the local level. We are there to
585 support. We are there with world-class expertise, and we are
586 there to respond to threats so that we can help protect
587 Americans, and we are always open to new ideas. We are
588 always open to data because our bottom line is using the most
589 accurate data and information to inform our actions and
590 protect health.
591 Thank you.
592 [The prepared statement of Dr. Frieden follows:]

593 *************** INSERT 1 ***************

|

594 Mr. {Murphy.} Thank you, Dr. Frieden. I now recognize
595 Dr. Fauci for a 5-minute summary of your statement.

|

596 ^TESTIMONY OF ANTHONY FAUCI

597 } Dr. {Fauci.} Thank you, Chairman Murphy, Ranking
598 Members DeGette and Upton, Ranking Member Waxman. You have
599 just heard about the public health aspects of Ebola virus
600 disease from Dr. Frieden. I appreciate the opportunity to
601 speak with you this morning for a few minutes on the role of
602 the National Institute of Allergy and Infectious Diseases in
603 research addressing Ebola virus disease.
604 Of note is that our activities actually started with the
605 tragic events of 9/11/2001, which were followed closely by
606 the anthrax attacks, which many of the members remember,
607 against the Congress of the United States and the press. It
608 was in that environment that a multifaceted approach towards
609 bioterrorism was actually mounted by the Federal Government,
610 one of which was the research endeavor to develop
611 countermeasures. We soon became very aware that naturally
612 occurring outbreaks of disease are just as much of a terror
613 to the American and world public as a deliberate bioterror.
614 [Slide]
615 You see on the slide a number of what we call Category A
616 pathogens from anthrax, botulism, plague, smallpox,
617 tularemia, but look at the last bullet, the viral hemorrhagic

618 fevers including Ebola, Marburg, Lassa and others. The viral
619 hemorrhagic fevers are particularly difficult because they
620 have a high degree of lethality and a high infectivity upon
621 contact with body fluids. Therapy is mainly supportive
622 without specific interventions, and we do not have a vaccine.
623 And so what is the role of the National Institutes of
624 Health--if we could advance the slide--the role of the
625 National Institutes of Health in the research endeavor?
626 [Slide]
627 As you can see on the slide, we do basic and clinical
628 research, and importantly, we apply and supply resources for
629 researchers in industry and academia to advance product
630 development. The end game of what we do are diagnostics,
631 therapeutics and vaccines. I am sorry. Could we get the
632 slide back on, the last slide? No, the previous one. I am
633 very sorry. Could we get it back? There. Right there.
634 [Slide]
635 This is a multi-institutional endeavor. As you can see
636 on the slide, the NIH is responsible for fundamental basic
637 research and early concept development, something that we did
638 relatively alone because of the lack of interest on the
639 industrial partners of making interventions. We partnered
640 with BARDA, who you will hear from shortly with Dr. Robin
641 Robinson, and then we partnered with industry as we have done

642 in a moment as I will tell you to ultimately in collaboration
643 with the FDA to get the approval of products. Next slide.
644 [Slide]
645 You have heard a lot about therapeutic interventions. I
646 would just like to spend a moment talking to you about a few
647 of them. First, it is important to realize that they are all
648 experimental. None of them have proven to be effective. So
649 when you hear about giving a drug that has a positive effect,
650 we do not know at this point, A< is it a positive effect, or
651 B, is it causing harm, and that is the reason why we need to
652 study these carefully at the same time we rapidly can make
653 them available to the people who need them.
654 The first one on the list is ZMapp. You have heard of
655 it. That was given to Dr. Brantley and Nancy Writebol. It
656 looks very good in animal models. It still needs to be
657 proven in the human. There are others such as the BioCryst
658 product, which is a nucleoside analog. You have heard about
659 the Tekmira drug which was developed in support by the
660 Department of Defense, which is also being used in others
661 that you will hear about such as Brincidofovir and
662 Balapiravir. These are just a few of those again that will
663 be going into clinical trials and that are actually being
664 used in an experimental way with compassionate use with
665 approval from the FDA in certain individuals.

666 [Slide]

667 Let me turn to this slide here, which is an important
668 one, slides regarding a vaccine. We have been working on an
669 Ebola vaccine for a number of years. We did the original
670 studies shown in an animal model to be quite favorable. We
671 are now right at the phase where we are in Phase I trials
672 that some of you may have heard of, started at the NIH in
673 September 2nd. A second vaccine was started just a couple of
674 days ago by the U.S. military in collaboration with the NIH.
675 When we finish those Phase I trials, namely asking is it safe
676 and does it induce a response that you would predict would be
677 protective, it is important to make sure it is safe. If
678 those parameters are met, we will advance to a much larger
679 trial in larger numbers of individuals to determine if it is
680 actually effective as well as not having a paradoxical
681 negative deleterious effect. The reason we think this is
682 important is that if we do not control the epidemic with pure
683 public health measures, it is entirely conceivable that we
684 may need a vaccine, and it is important to prove that it is
685 safe and effective.

686 I would like to close by making an announcement to this
687 committee because I am sure you will hear about it soon in
688 the press. This evening, tonight, we will be admitting to
689 the clinical studies unit, the special clinical studies unit,

690 at the National Institutes of Health Nina Pham, otherwise
691 known as nurse number one. She will be coming to the
692 National Institutes of Health, where we will be supplying her
693 with state-of-the-art care in our high-level containment
694 facilities.

695 Thank you very much, Mr. Chairman.

696 [The prepared statement of Dr. Fauci follows:]

697 *************** INSERT 2 ***************

|

698 Mr. {Murphy.} Thank you, Doctor. I now recognize Dr.

699 Robinson for 5 minutes for a summary of your statement.

|

700 ^TESTIMONY OF ROBIN ROBINSON

701 } Mr. {Robinson.} Good afternoon, Chairman Murphy,
702 Chairman Upton, Ranking Members DeGette and Waxman, and other
703 distinguished members of the subcommittee. Thank you for the
704 opportunity to speak with you today about our efforts by the
705 government on Ebola.
706 I am Dr. Robin Robinson, a former vaccine developer in
707 industry, and for the last 10 years a public servant working
708 on pandemic preparedness and many other biothreats.
709 BARDA was created by the Pandemic and All-Hazards
710 Preparedness Act in 2006. It is the government agency
711 responsible for supporting advanced developments and
712 procurement of novel and innovative medical countermeasures
713 such as vaccines, therapeutic drugs, diagnostics and medical
714 devices for the entire Nation. BARDA exists to address the
715 medical consequences of biothreats and emerging infectious
716 diseases. BARDA has supported medical countermeasure
717 development for manmade threats on a routine basis under
718 Project BioShield in responding to emerging threats like H1N1
719 pandemic in 2009 and the avian influenza H7N9 outbreak in
720 China last year.
721 Today we are immersed in responding to Ebola, which is

722 simultaneously a biothreat with a material thread
723 determination issued by the Department of Homeland Security
724 and an emerging infectious disease.

725 As you have said and my colleagues have said, when it
726 comes to Ebola as a biothreat and emerging infectious
727 disease, the best way to protect our country is to address
728 the current epidemic in Africa, the worst on record.

729 BARDA works with its federal partners to transition the
730 medical countermeasures from early development, as Dr. Fauci
731 said, into advanced development towards ultimate FDA
732 approval.

733 Since 2006, we have built an advanced development
734 pipeline of more than 150 medical countermeasures for
735 chemical, biological, radiological and nuclear threats, and
736 pandemic influenza. Seven of these products have been FDA
737 approved in the last 2 years, and today we are transitioning
738 several promising and maturing Ebola vaccines and therapeutic
739 candidates from early development under NIH and DoD support
740 into advanced development and ensuring that commercial-scale
741 manufacturing capacity for these product candidates is
742 available as soon as possible.

743 BARDA in concert with our federal partners utilizes
744 public-private partnerships with industry to ensure that we
745 have countermeasures to protect our citizens. Over the past

746 years, BARDA with NIH, CDC, FDA and our industry partners
747 have built a flexible and rapid response of infrastructure to
748 develop and manufacture medical countermeasures. As a result
749 of the Pandemic and All Hazards Preparedness Reauthorization
750 Act, improved framework for medical countermeasures
751 development has been forwarded to federal and industry
752 partners, and last year we made five new vaccine candidates
753 in record time for the H7N9 outbreaks in China. Currently,
754 we are working with a wider array of partners including both
755 small and large pharmaceutical companies, Canada, the U.K.,
756 West African countries, the World Health Organization and
757 others to make and evaluate the safety and efficacy of these
758 Ebola product candidates.
759 BARDA has established a medical countermeasure
760 infrastructure to assist product developers on a daily basis
761 to respond immediately in a public health emergency. We are
762 using a number of our core service system programs. There is
763 the Nonclinical Studies Network, our Centers for Innovation
764 and Advanced Development in Manufacturing, and our Fill
765 Finish Manufacturing Network to make these products available
766 as soon as possible. Additionally, our staff are onsite at
767 the manufacturer, people in plant, to provide technical
768 assistance and oversight to expedite product availability.
769 Additionally, we are working with CDC and others across

770 the Federal Government and internationally with our modeling
771 efforts to look at the Ebola outbreak as it becomes epidemic
772 and also what possible impacts interventions may occur.
773 BARDA supports large-scale production of medical
774 countermeasures and response measure for public health
775 emergencies like the H1N1 pandemic and H7N9 outbreaks. Today
776 we are assisting Ebola vaccine and therapeutic manufacturers
777 with scaled-up production. Specifically, we are supporting
778 the development and manufacturing of ZMapp monoclonal
779 antibody therapy for clinical studies at one manufacturer,
780 expanding overall manufacturing capacity of ZMapp by
781 enlisting the help of other tobacco plant-based
782 manufacturers, and working on alternative Ebola monoclonal
783 antibody candidates to expand production capacity. Pending
784 the outcome of ongoing animal challenge studies, BARDA is
785 prepared to support advanced development of additional
786 promising therapeutic candidates that Dr. Fauci talked about
787 to treat Ebola patients.
788 On the vaccine front, BARDA is working with industry
789 partners to scale up manufacturing of three promising Ebola
790 vaccine candidates, one of which we will make an announcement
791 today, from pilot scale to commercial scale for clinical
792 studies in Africa next year. In addition to BARDA's efforts
793 in the Ebola response, we are supporting a number of other

794 response activities including supporting health care system
795 preparedness, developing policies and guidance on patient
796 movements, repatriation, standards of care and clinical
797 guidance, supporting the logistical aspect of deploying U.S.
798 public health service officers to West Africa, and ongoing
799 coordination and communication with national and
800 international communities responding to the threat.
801 Finally, we face significant challenges, as has been
802 discussed, in the coming weeks and months with the Ebola
803 epidemic continuing and as these medical countermeasures are
804 manufactured and evaluated, but bottom line is that my
805 colleagues here and our industry partners will use all of our
806 collective capabilities here and abroad to address today's
807 Ebola epidemic and to be better prepared for future Ebola
808 outbreaks and bioterrorism events going forward.
809 I want to thank the committee and subcommittee for your
810 generous and continued support over the past decade and the
811 opportunity to testify. Thank you.
812 [The prepared statement of Mr. Robinson follows:]

813 *************** INSERT 3 ***************

|

814 Mr. {Murphy.} Thank you, Dr. Robinson. Dr. Borio, you

815 are recognized for 5 minutes.

|

816 ^TESTIMONY OF LUCIANA BORIO

817 } Dr. {Borio.} Thank you. Good afternoon, Chairman
818 Murphy, Ranking Member--
819 Mr. {Murphy.} If you could just please pull the
820 microphone as close to you as possible. Thank you.
821 Dr. {Borio.} Good afternoon, Chairman Murphy, Ranking
822 Member DeGette and members of the subcommittee. Thank you
823 for the opportunity to appear before you today to discuss
824 FDA's actions to respond to the Ebola epidemic, a tragic
825 global event. My colleagues and I at the FDA are determined
826 to do all we can to help end it as quickly as possible.
827 The desire and need for safe and effective vaccines and
828 treatments is overwhelming. FDA is taking extraordinary
829 steps to be proactive and flexible. We are leveraging our
830 authorities and working diligently to expedite the
831 development and manufacturing availability of safe and
832 effective medical products for Ebola. We are providing FDA's
833 unique scientific and regulatory advice to companies to guide
834 their submissions. We are reviewing data as it is received.
835 These actions help advance the development of investigation
836 of products as quickly as possible, and for example, in the
837 case of the two vaccines that Dr. Fauci mentioned, FDA took

838 only a few days to review the applications and to allow the
839 studies to proceed. As a result, the vaccine candidate being
840 co-developed by the NIAID and GlaxoSmithKline began Phase I
841 clinical testing on September 2nd and the vaccine candidate
842 being developed by NewLink Genetics began similar clinical
843 testing on October 13th. We are also partnering with the
844 U.S. government agencies that support medical product
845 development including NIAID, BARDA and the Department of
846 Defense.

847 Because of FDA's longstanding collaboration with the
848 DoD, FDA was able to authorize the use of the Ebola
849 diagnostic test under our emergency authorization within 24
850 hours of request. We authorized the use of two additional
851 diagnostics tests developed by the CDC and these tests of
852 course are essential for an effective public health response.

853 In addition, we are supporting the World Health
854 Organization. Our scientists are providing technical advice
855 to the WHO as it works to assess the role of convalescent
856 plasma in treating patients with Ebola.

857 I recently participated in a consultation focused on
858 Ebola vaccines in Geneva, which included dozens of experts
859 from around the world as well as affected and neighboring
860 countries in West Africa. Participants agreed that promising
861 investigational vaccines must be evaluated in scientifically

862 valid clinical trials and in a most urgent manner. FDA is
863 working closely with our government colleagues and the
864 vaccine developers to support this goal.
865 It is important to note, though, that while we all want
866 access to immediate therapies to cute or prevent Ebola, the
867 scientific fact is that these investigational products are in
868 the earliest stages of development. There is tremendous hope
869 that some of these products will help patients but it is also
870 possible some may hurt patients and others may have little or
871 no effect. Therefore, access to investigational products
872 should be through clinical trials when possible. They allow
873 us to learn about product safety and efficacy, and they can
874 provide an equitable means for access.
875 FDA is working with our NIH colleagues to develop a
876 flexible and innovative clinical trial protocol to allow
877 companies and clinicians to evaluate multiple investigational
878 Ebola products under a common protocol. The goal is to
879 ensure accrual of interpretable data and generate actionable
880 results in the most expeditious manner. It is important for
881 the global community to know the risks and benefits of these
882 products as soon as possible.
883 Until such trials are established, we will continue to
884 enable access to these products when available and requested
885 by clinicians. We have mechanisms such as compassionate use,

886 which allow access to investigational products outside of
887 clinical trials when we assess that the expected benefits
888 outweigh the potential risks for the patient.

889 I can tell you that every Ebola patient in the United
890 States has been treated with at least one investigational
891 product. Because FDA is such a--Ebola is such a serious and
892 often rapidly fatal disease, FDA has approved such requests
893 within a matter of a few hours and oftentimes in less than
894 one hour.

895 There are more than 250 FDA staff involved in this
896 response, and without exception, everyone has been proactive,
897 thoughtful and adaptive to the complex range of issues that
898 have emerged. We are fully committed to sustaining our deep
899 engagement and aggressive activities to support the robust
900 response to the Ebola epidemic.

901 Thank you, and I will take your questions later.

902 [The prepared statement of Dr. Borio follows:]

903 *************** INSERT 4 ***************

|

904 Mr. {Murphy.} Thank you, Dr. Borio. Mr. Wagner, you

905 are recognized for 5 minutes.

|

906 ^TESTIMONY OF JOHN WAGNER

907 } Mr. {Wagner.} Thank you, Chairman Murphy, Ranking
908 Member DeGette and distinguished members of the subcommittee
909 for the opportunity to discuss the efforts of U.S. Customs
910 and Border Protection in deterring the spread of Ebola by
911 means of international travel.
912 Each day, about 1 million travelers arrive in the United
913 States. About 280,000 of them arrive at our international
914 airports. CBP is responsible for securing our Nation's
915 borders while facilitating the flow of legitimate
916 international travel and trade that is so vital to our
917 Nation's economy.
918 Within this broad responsibility, our priority mission
919 remains to prevent terrorists and terrorist weapons from
920 entering the United States. However, we also play an
921 important role in limiting the introduction, transmission and
922 spread of serious communicable diseases from foreign
923 countries. We have had this role for over 100 years, and in
924 coordination with the CDC, we have had modern protocols in
925 place for well over a decade that have guided response to a
926 variety of significant health threats.
927 CBP officers at all ports of entry assess each traveler

928 for overt signs of illness. In response to the recent Ebola
929 virus outbreak in West Africa, CBP in close collaboration
930 with CDC is working to ensure that frontline officers are
931 provided the information, training and equipment needed to
932 identify and respond to international travelers who may pose
933 a threat to public health.

934 All CBP officers are provided guidance and training on
935 identifying and addressing travelers with any potential
936 illness including communicable diseases such as the Ebola
937 virus. CBP officer training includes CDC public health
938 training, which teaches officers to identify through visual
939 observation and questioning the overt symptoms and
940 characteristics of ill travelers. CBP also provides
941 operational training and guidance on how to respond to
942 travelers with potential illness including referring
943 individuals who display signs of illness to CDC quarantine
944 officers for secondary screening as well as training on
945 assisting CDC with implementation of its isolation and
946 quarantine protocols.

947 Additionally, CBP provides training for its frontline
948 personnel by covering key elements of CBP's Bloodborne
949 Pathogens Exposure Control Plan, protections from exposure,
950 use of personal protective equipment, other preventive
951 measures and procedures to follow in a potential exposure

952 incident. We are committed to ensuring our field personnel
953 have the most accurate, updated information regarding this
954 virus since the outbreak began. CBP field personnel have
955 been provided a steady stream of guidance starting with
956 initial information on the current outbreak at the beginning
957 of April this year with numerous and regular updates since
958 then.

959 Information sharing is critical, and CBP continues to
960 engage with health and medical authorities. Since January of
961 2011, CDC's Division of Global Migration and Quarantine has
962 stationed a liaison officer at our national targeting center
963 to provide subject-matter expertise and facilitate requests
964 for information between the two organizations.

965 Starting October 1st this year, CBP began providing
966 Ebola information notices to travelers entering the United
967 States from Guinea, Liberia and Sierra Leone. This tearsheet
968 provides the traveler information and instructions should he
969 or she have a concern of possible infection.

970 In addition to visually screening all passengers for
971 overt signs of illness, starting October 11th CBP and CDC
972 began enhanced screening of travelers from the three affected
973 countries entering at JFK Airport, and today we expanded
974 these enhanced efforts at Dulles, Chicago O'Hare, Atlanta and
975 Newark. Approximately 94 percent of travelers from the

976 affected countries enter the United States through these five
977 airports. In coordination with CDC, these targeted travelers
978 are asked to complete a CDC questionnaire, provide contact
979 information and have their temperature checked. Based on
980 these enhanced screening efforts, CDC quarantine officers
981 will make a public health assessment.

982 Since the additional measures went into effect at JFK,
983 CBP has conducted enhanced screening on 155 travelers who
984 were identified in advance as being known to have traveled
985 through one of these three affected countries. An additional
986 13 travelers were identified by CBP officers as needing
987 additional screening during the course of our standard
988 interview process that is applied at all ports of entry. A
989 total of eight of these travelers have been sent to tertiary
990 screening by CDC, and it is important to note that so far all
991 passengers were examined and released.

992 While CBP officers receive training in illness
993 recognition and response, if they identify an individual
994 believed to be ill, CBP will isolate the traveler from the
995 public in a designated area and contact the local CDC
996 quarantine officer along with local public health authorities
997 to help with further medical assessment. CBP officers are
998 trained to employ universal precautions, an infection control
999 approach developed by CDC when they encounter individuals

1000 with overt symptoms of illness or contaminated items in
1001 examinations of baggage and cargo. When necessary, CBP
1002 personnel will take the appropriate safety measures based on
1003 the level of potential exposure. These procedures designed
1004 to minimize risk to our officers and the public have been
1005 used collaboratively by both agencies on a number of
1006 occasions with positive results. CBP will continue to
1007 monitor the Ebola outbreak, provide timely information and
1008 guidance to our field personnel, work closely with our
1009 interagency partners to develop or adopt measures as needed
1010 to deter the spread of Ebola in the United States.

1011 So thank you for the opportunity to testify today and
1012 the attention you are giving to this very important issue. I
1013 will be happy to answer any of your questions.

1014 [The prepared statement of Mr. Wagner follows:]

1015 *************** INSERT 5 ***************

|

1016 Mr. {Murphy.} Thank you. Now we are going to recognize

1017 Dr. Daniel Varga, Chief Clinical Officer joining us from

1018 Texas on videoconference. Dr. Varga.

|

1019 ^TESTIMONY OF DANIEL VARGA

1020 } Dr. {Varga.} Good afternoon, Chairman Murphy, Vice
1021 Chair Burgess, Ranking Member DeGette and members of the
1022 committee. My name is Dr. Daniel Varga. I am the Chief
1023 Clinical Officer and Senior Vice President for Texas Health
1024 Resources. I am board certified in internal medicine and
1025 have more than 24 years of combined experience in patient
1026 practice, medical education and health care administration.
1027 I am truly sorry I could not be with you in person
1028 today, and I deeply appreciate the committee's understanding
1029 of our situation and how important it is for me to be here in
1030 Dallas during this very challenging and sensitive time.
1031 Texas Health Presbyterian Hospital Dallas is one of 13
1032 wholly owned acute-care hospitals in the Texas Health
1033 Resources System. We are an 898-bed hospital treating some
1034 of the most complicated cases in north Texas in terms of--
1035 excuse me--in north Texas. Texas Health Dallas is recognized
1036 as a magnet designated facility for excellence in nursing
1037 services by the American Nurses Credentialing Center, the
1038 Nation's leading nursing credentialing program.
1039 Texas Health Resources is one of the largest faith-based
1040 centers not-for-profit health systems in the United States

1041 and the largest in north Texas in terms of patients served.
1042 Our mission is to improve the health of the people in the
1043 communities we serve, and we care for all patients regardless
1044 of their ability to pay. We serve diverse communities, and
1045 as such, as provide one standard of care for all regardless
1046 of race or country of origin.

1047 As the first hospital in the country to both diagnose
1048 and treat a patient with Ebola, we are committing to using
1049 our experience to help other hospitals and health care
1050 providers protect the public health against this insidious
1051 virus. It is hard for me to put into words how we felt when
1052 our patient Thomas Eric Duncan lost his struggle with Ebola
1053 on October 8th. It was devastating to the nurses, doctors
1054 and team who tried so hard to save his life, and we keep his
1055 family in our thoughts and prayers.

1056 Unfortunately, in our initial treatment of Mr. Duncan,
1057 despite our best intentions and a highly skilled medical
1058 team, we made mistakes. We did not correctly diagnose his
1059 symptoms as those of Ebola, and we are deeply sorry. Also,
1060 in our effort to communicate to the public quickly and
1061 transparently, we inadvertently provided some information
1062 that was inaccurate and had to be corrected. No doubt, that
1063 was unsettling to a community that was already concerned and
1064 confused, and we have learned from that experience as well.

1065 Last weekend, Nurse Nina Pham, a member of our hospital
1066 family who courageously cared for Mr. Duncan, was also
1067 diagnosed with Ebola. Our team is doing everything possible
1068 to help her win the fight, and on Tuesday her condition was
1069 upgraded to good, and as Dr. Fauci mentioned earlier, Nina's
1070 care continues to evolve. I can tell you that the prayers of
1071 the entire Texas Health system are with her. Yesterday, as
1072 has been noted, we identified a second caregiver with Ebola,
1073 and I can also tell you that our thoughts and prayers remain
1074 with Amber as well.

1075 A lot is being said about what may or may not have
1076 occurred to cause Nina and Amber to contract Ebola. We know
1077 that they are both extremely skilled nurses and were using
1078 full protective measures under the CDC protocols, so we don't
1079 yet know precisely how or when they were infected. But it is
1080 clear there was an exposure somewhere, sometime, and we are
1081 poring over records and observations and doing all we can to
1082 find the answers.

1083 You have asked about the sequence of events with regard
1084 to our preparedness for Ebola and our treatment of Mr.
1085 Duncan. Key events from our preparation timeline are
1086 attached to our submitted statement, but here is a brief
1087 overview. As the Ebola epidemic in Africa worsened over the
1088 summer, Texas Health hospitals and facilities began educating

1089 our physicians, nurses and other staff on the symptoms and
1090 risk factors associated with the virus. On July 28, an
1091 Infection Prevention Nurse Specialist at Texas Health
1092 received the first Centers for Disease Control and Prevention
1093 Health Advisory about Ebola Virus Disease and began sharing
1094 it with other Texas Health personnel. The Healthcare
1095 Advisory encouraged all healthcare providers in the US to
1096 consider EVD in the diagnosis of febrile illness--in other
1097 words, a fever--in persons who had recently traveled to
1098 affected countries. The CDC advisory was also sent to all
1099 directors of our emergency departments and signage was also
1100 posted in the EDs.

1101 On August 1, Texas Health leaders, including all
1102 regional and hospital leaders and the ED leaders across our
1103 system, received an email directing that all hospitals have a
1104 hospital epidemiologic emergency policy in place to address
1105 how to care for patients with Ebola-like symptoms. The email
1106 also drew attention to the fact that our electronic health
1107 record documentation in my departments included a question
1108 about travel history to be completed on every patient.
1109 Attachments to the e-mail included a draft THR epidemiologic
1110 emergencies policy that specifically addressed EVD, CDC-based
1111 poster to be posted in the ED, and the CDC advisory from
1112 7/28.

1113 The August 1 CDC Guidelines and Evaluation of US
1114 Patients Suspected of Having Ebola Virus Disease was
1115 distributed to staff, including physicians, nurses, and other
1116 frontline caregivers on August 1st and August 4th.
1117 Over the last 2 months, the Dallas County Health and
1118 Human Services Department communicated with us frequently as
1119 plans and preparatory work were put in place for a possible
1120 case of Ebola. We have also provided the August 27, 2014
1121 Dallas County Health Department algorithm and screening
1122 questionnaire.
1123 At 10:30 p.m. on September 25th, Mr. Duncan presented to
1124 the Texas Health Dallas Emergency Department with a fever of
1125 100.1, abdominal pain, dizziness, nausea and headache,
1126 symptoms that could be associated with many other illnesses.
1127 He was examined and underwent numerous tests over a period of
1128 4 hours. During his time in the ED, his temperature spiked
1129 to 103 degrees Fahrenheit but later dropped to 101.2. He was
1130 discharged early on the morning of September 26th, and we
1131 have provided a timeline on the notable events of Mr.
1132 Duncan's initial emergency department visit.
1133 On September 28th, Mr. Duncan was transported to the
1134 hospital by ambulance. Once he arrived at the hospital, he
1135 met several of the criteria of the Ebola algorithm. At that
1136 time, the CDC was notified. The hospital followed all CDC

1137 and Texas Department of State Health Services recommendations
1138 in an effort to ensure the safety of all patients, hospital
1139 staff, volunteers, nurses, physicians and visitors.
1140 Protective equipment included water-impermeable gowns,
1141 surgical masks, eye protection and gloves. Since the patient
1142 was having diarrhea, shoe covers were added shortly
1143 thereafter.

1144 We notified the Dallas County Health and Human Services
1145 Department, and their infectious disease specialists arrived
1146 on the site shortly thereafter. On September 30th, lab
1147 testing confirmed--

1148 Mr. {Murphy.} Doctor, could you--

1149 Dr. {Varga.} --the first case of the Ebola Virus
1150 Disease diagnosed in the United States at Texas Health
1151 Dallas. Later that same day, CDC officials were notified,
1152 and they arrived on campus October 1st. Physicians--

1153 Mr. {Murphy.} Doctor, one moment, please.

1154 Dr. {Varga.} --nurses--

1155 Mr. {Murphy.} Could you hold one moment, please? I
1156 know we are going way over time, and we do want to hear these
1157 details, but could you wrap it up? Because a lot of members
1158 want to ask you questions as well on some of these details,
1159 sir.

1160 Dr. {Varga.} Okay.

1161 Mr. {Murphy.} Thank you.

1162 Dr. {Varga.} In conclusion, I would like to underscore
1163 that we have taken all the steps possible to maximize the
1164 safety of our workers, patients and community, and we will
1165 continue to make changes as new learnings emerge. Moreover,
1166 we are determined to be an agent for change across the U.S.
1167 healthcare system by helping our peers benefit from our
1168 experience.

1169 Texas Health Resources is an organization with a long
1170 history of excellence. Our mission and our ministry will
1171 continue, and we will emerge from these trying times stronger
1172 than ever.

1173 Thank you for the opportunity to testify, and I'll
1174 obviously be glad to answer any questions from the committee.

1175 [The prepared statement of Dr. Varga follows:]

1176 *************** INSERT 6 ***************

|

1177 Mr. {Murphy.} Thank you. We will be recognizing each
1178 person on this committee for 5 minutes of questions. We will
1179 keep a strict time on this as well.
1180 Let me start off here with Dr. Frieden. A second nurse
1181 infected with Ebola took a flight to Cleveland after she
1182 registered a fever. We have a report that says she contacted
1183 the CDC and was told she could fly. Did she in fact call the
1184 CDC and ask for guidance on boarding a commercial flight as
1185 far as you know?
1186 Dr. {Frieden.} My understanding is that she did contact
1187 CDC and we discussed with her her report of symptoms as well
1188 as other evaluation.
1189 Mr. {Murphy.} Were you part of that conversation?
1190 Dr. {Frieden.} No, I was not.
1191 Mr. {Murphy.} Was there a pre-plan suggesting limiting
1192 her contacts with other persons?
1193 Dr. {Frieden.} The protocol for movement and monitoring
1194 of people potentially exposed to Ebola identifies as high
1195 risk someone who did not wear appropriate personal protective
1196 equipment during the time they cared for a patient with
1197 Ebola. On--
1198 Mr. {Murphy.} Well, let me you ask this. What
1199 specifically did she tell you? We know Mr. Duncan's medical

1200 team was under the same observation and travel--was not under
1201 the same observation and travel restrictions as people he
1202 came into contact with, so what specifically did she tell you
1203 her symptoms were or what was happening?
1204 Dr. {Frieden.} I have not seen the transcript of the
1205 conversation. My understanding is that she reported no
1206 symptoms to us.
1207 Mr. {Murphy.} All right. Let me ask another question
1208 here quickly. With regard to the new patient being
1209 transferred to NIH, will people who come into contact with
1210 her be under any travel restrictions? Dr. Fauci, perhaps you
1211 know that? I know--
1212 Dr. {Fauci.} Well, according to the guidelines that the
1213 people who will be coming into contact with her will be
1214 physicians, nurses and others who will be in personal
1215 protective equipment and therefore they are not restricted.
1216 Mr. {Murphy.} Why is she being transferred to NIH and
1217 away from Texas?
1218 Dr. {Fauci.} To give the state-of-the-art care in a
1219 containment facility of highly trained individuals that are
1220 capable of taking care of her.
1221 Mr. {Murphy.} Has her condition deteriorated or
1222 improved?
1223 Dr. {Fauci.} No, it has not. She--I have not seen the

1224 patient yet. I will when she gets here. But at this point
1225 from the report that we are getting from our colleagues in
1226 Dallas is that her condition is stable and she seems to be
1227 doing reasonably well. But I have to verify that myself when
1228 my team goes over.

1229 Mr. {Murphy.} And if other people come to Dallas or
1230 somewhere else, will they also be transferred to NIH?

1231 Dr. {Fauci.} We have a limited capacity of beds of
1232 being able to do this type of high-level care and
1233 containment. Our total right now is two beds. She will
1234 occupy one of them.

1235 Mr. {Murphy.} Thank you.

1236 Dr. Frieden, when we spoke on the phone the other day,
1237 you remained opposed to travel restrictions because, in your
1238 words, you said ``cutting commercial ties would hurt these
1239 fledgling democracies.'' Now, is this the opinion of CDC?
1240 Is this your opinion or does someone also advise you, someone
1241 within the Administration, any other agencies? Where did
1242 this opinion come from that that is of high importance?

1243 Dr. {Frieden.} My sole concern is to protect Americans.
1244 We can do that by continuing to take the steps we are taking
1245 here as well as--

1246 Mr. {Murphy.} Did someone advise you on that? Did
1247 someone outside of yourself, somebody else advise you that

1248 that is the position, we need to protect fledgling
1249 democracies?
1250 Dr. {Frieden.} My recollection is that conversation is
1251 that that discussion was in the context of our ability to
1252 stop the epidemic of the source.
1253 Mr. {Murphy.} But we can get supplies and medical
1254 personnel into the Ebola hot zones and so stopping planes--
1255 and I have you say this on multiple occasions, that we have
1256 1,000-plus persons per week coming into the United States
1257 from hot zones. Am I correct on that? Coming from those
1258 areas?
1259 Dr. {Frieden.} There are approximately 100 to 150 per
1260 day.
1261 Mr. {Murphy.} Okay. Now, I mean, the Duncan case has
1262 seriously impacted Dallas and northern Ohio but what I don't
1263 understand, if the Administration insists on bringing Ebola
1264 cases into the United States, clearly you have determined how
1265 many Ebola infection cases the U.S. public can handle. I
1266 mean, NIH can handle two of these beds. Do you know that
1267 number overall in this country how many we can handle?
1268 Dr. {Frieden.} Our goal is for no patients with Ebola--
1269 Mr. {Murphy.} I understand, but as long as we don't
1270 restrict travel and we are not quarantining people and we are
1271 not limiting their travel, we still have a risk, and so these

1272 issues of surveillance and containment I don't understand,
1273 and this is the question the American public is asking: why
1274 are we still allowing folks to come over here and why once
1275 they are over here is there no quarantine.

1276 Dr. {Frieden.} Our fundamental mission is to protect
1277 Americans. Right now, we are able to track everyone who
1278 comes in.

1279 Mr. {Murphy.} But you are not stopping them from being
1280 around other people, Doctor. I understand that, and I have
1281 respect for you, but my concern is the American public, and
1282 even so, they are not limited from travel, they are not
1283 quarantined for 21 days because they still show up with
1284 symptoms, they could still bypass all the questions that Mr.
1285 Wagner referred to, and this is what happened with the nurse
1286 who went to Cleveland. So I am concerned here. Is this
1287 going to be a maintained position of the Administration that
1288 there will be no travel restrictions?

1289 Dr. {Frieden.} We will consider any options to better
1290 protect Americans.

1291 Mr. {Murphy.} Thank you. I now give 5 minutes to Ms.
1292 DeGette.

1293 Ms. {DeGette.} Thank you, Mr. Chairman.

1294 Dr. Frieden, I have got some questions for you and Dr.
1295 Varga for you, and I would appreciate yes or no answers

1296 because I have a lot to move through and only a short amount
1297 of time.
1298 Dr. Frieden, in the spring of 2014, Ebola began
1299 spreading through West Africa causing increasing concern
1300 within the international public health community, correct?
1301 Dr. {Frieden.} Correct.
1302 Ms. {DeGette.} Ebola has an incubation period of about
1303 21 days and is not contagious until the person with the virus
1304 begins to be symptomatic beginning often with a fever,
1305 correct?
1306 Dr. {Frieden.} Between 2 and 21 days, yes.
1307 Ms. {DeGette.} Ebola is transmitted through contact
1308 with a patient's bodily fluids including vomit, blood, feces
1309 and saliva, and the virus concentrates more heavily as the
1310 patient becomes sicker, presenting increasingly greater risk
1311 to those who may in contact with them, correct?
1312 Dr. {Frieden.} Correct.
1313 Ms. {DeGette.} Now, the CDC has developed guidance for
1314 hospitals to follow if patients present with symptoms
1315 consistent with Ebola, and it distributed them to hospitals
1316 around the country in the summer of 2014, correct?
1317 Dr. {Frieden.} Correct.
1318 Ms. {DeGette.} Now, Dr. Varga, can you hear me?
1319 Dr. {Varga.} Yes, ma'am.

1320 Ms. {DeGette.} Your hospital received the first CDC
1321 Health Advisory about Ebola on July 28th, and this advisory
1322 was given to the directors of our emergency departments and
1323 signage was posted in your emergency room. Is that right?
1324 Dr. {Varga.} Yes, ma'am.
1325 Ms. {DeGette.} Now, was this information given to your
1326 emergency room personnel and was there any actual person-to-
1327 person training at Texas Presbyterian for the staff at that
1328 time? Yes or no.
1329 Dr. {Varga.} Was given to the emergency department.
1330 Ms. {DeGette.} Was there actual training?
1331 Dr. {Varga.} No.
1332 Ms. {DeGette.} On August 1st, your hospital received an
1333 email from the CDC specifying how to care for Ebola patients
1334 and advising intake personnel to ask a question about travel
1335 history from West Africa. Is that right?
1336 Dr. {Varga.} That is correct.
1337 Ms. {DeGette.} Now, on September 25th, almost 2 months
1338 after the first advisory received by the hospital, Thomas
1339 Eric Duncan showed up at Texas Presbyterian with a fever that
1340 spiked up to 103 and he told the personnel that he had come
1341 from Liberia. Despite this, the hospital sent him home. Is
1342 that right?
1343 Dr. {Varga.} That is not completely correct.

1344 Ms. {DeGette.} Well, they did send him home, right?

1345 Dr. {Varga.} That is correct.

1346 Ms. {DeGette.} Now, 3 days later, on September 28th, he
1347 took a severe turn for the worst and was brought back by
1348 ambulance. The hospital staff, nurses and everybody else
1349 wore protective equipment. Is that right?

1350 Dr. {Varga.} That is correct.

1351 Ms. {DeGette.} And then eventually shoe covers were put
1352 on too. Do you know how long that took them to put the shoe
1353 covers on?

1354 Dr. {Varga.} I don't.

1355 Ms. {DeGette.} Now, because Ebola is highly contagious
1356 when the patient is symptomatic, the protective gear has to
1357 shield them from any contact with bodily fluids. Is that
1358 right, Dr. Frieden?

1359 Dr. {Frieden.} Correct.

1360 Ms. {DeGette.} Now, I have a slide I would like to put
1361 up, and I got it from the New York Times today. It is the
1362 photo of the people in the various protective gear. So the
1363 first one on the left shows what they are supposed to wear
1364 when they come in contact with--when they are not having
1365 contact with the bodily fluids. The second one shows what
1366 they are supposed to have with the bodily fluids. So I want
1367 to ask you, Dr. Varga, is what they were wearing at first

1368 before the Ebola was diagnosed, that first set of protective
1369 gear?
1370 Dr. {Varga.} I am sorry. I can't see the picture right
1371 now.
1372 Ms. {DeGette.} Okay. I was told you would be able to.
1373 Dr. Frieden, what should they have been wearing of that
1374 protective gear before the Ebola was diagnosed?
1375 Dr. {Frieden.} I can't make out the details, but the
1376 recommendations vary as to the risk including whether the
1377 patient is having diarrhea or vomiting and may expose health
1378 care workers to--
1379 Ms. {DeGette.} Well, this guy, he had diarrhea and
1380 vomiting. So in your testimony, people should have been
1381 completed covered. Is that right?
1382 Dr. {Frieden.} I would have to look at the exact
1383 details to know what the answer to that question would be.
1384 Ms. {DeGette.} So you don't know whether they should
1385 have been completely covered if the patient had diarrhea and
1386 vomiting and he had come from West Africa?
1387 Dr. {Frieden.} If the patient had diarrhea or vomiting,
1388 then additional covering is recommended under the CDC
1389 recommendations, yes.
1390 Ms. {DeGette.} Now, my other question that I want to
1391 ask--and I am going to have to get--Dr. Varga, I am going to

1392 have to get your testimony since you can't see my chart.

1393 Now, subsequently, a number of people, health care

1394 workers, were put into this group, this protective work. Is

1395 that right, Dr. Frieden? People who were being monitored.

1396 Dr. {Frieden.} So health care--

1397 Ms. {DeGette.} And on October 10th, Nina Pham presented

1398 with a fever, and she was admitted to the hospital. Is that

1399 right?

1400 Dr. {Frieden.} Yes.

1401 Ms. {DeGette.} And then on October 13th, Amber Vinson,

1402 who was self-monitoring, she presented with a fever and she

1403 was told by your agency she could board the plane. Is that

1404 right? I just have one more question.

1405 Dr. {Frieden.} That is my understanding.

1406 Ms. {DeGette.} Now, your--

1407 Dr. {Frieden.} I need to correct that.

1408 Ms. {DeGette.} Okay.

1409 Dr. {Frieden.} I have not reviewed exactly what was

1410 said but she did contact our agency and she did board the

1411 plane.

1412 Ms. {DeGette.} And she says she was told to board the

1413 plane. Now--

1414 Dr. {Frieden.} That may well be correct.

1415 Ms. {DeGette.} Now, your August 22nd protocols say

1416 people who are being monitored should not travel by
1417 commercial conveyances, don't they?
1418 Mr. {Murphy.} Time is expired. You can answer the
1419 question.
1420 Ms. {DeGette.} That is what they say.
1421 Dr. {Frieden.} People who are in what is called
1422 controlled movement should not board commercial airlines.
1423 Ms. {DeGette.} Right, and that is people who have close
1424 contact with these patients, right? That is what your
1425 guidelines say.
1426 Dr. {Frieden.} The guidelines say that people--health
1427 care workers with appropriate personal protective equipment
1428 don't need to be but people without appropriate personal
1429 protective equipment do need to travel by controlled
1430 transportation.
1431 Mr. {Murphy.} The gentlelady's time is expired. We do
1432 need to--
1433 Ms. {DeGette.} Mr. Chairman, I just ask for the record
1434 the interim guidance dated October 22nd, the interim guidance
1435 dated August 1st, and the interim--and the CDC Health
1436 Advisory dated July 28th be included in the record.
1437 Mr. {Murphy.} Without objection, we will include it in
1438 the record.
1439 [The information follows:]

1440 *************** COMMITTEE INSERT ***************

|

1441 Mr. {Murphy.} And Dr. Frieden, I need you and also the
1442 doctor in Texas to get back to this committee as a follow-up
1443 to her question because your comment you just made to us was
1444 that if she was wearing appropriate protective gear, she is
1445 okay to travel; if she was not, she should not have traveled.
1446 And you just told us we don't know. We need to find that
1447 out. It is an important question.

1448 I now recognize the chairman of the committee, Mr.
1449 Upton, for 5 minutes.

1450 The {Chairman.} Thank you again, Mr. Chairman.

1451 I think most Americans realize that it is--that you have
1452 21 days. If you go beyond 21 days, you are virtually no risk
1453 of Ebola if you go that far. But it is conceivable then that
1454 after 14 or 15 days, you in fact can still get Ebola. Is
1455 that correct?

1456 Dr. {Frieden.} Yes.

1457 The {Chairman.} So I want to go back to the restricting
1458 of travel, particularly by non-U.S. citizens, these 150 folks
1459 a day into the United States from West Africa. So the
1460 conditions as you talked about exit screening, all folks from
1461 there are exit screened, so it is perfectly conceivable that
1462 someone even after 14 days can exit screen, they are okay, no
1463 fever, and in fact, get to their destination, perhaps in the

1464 United States, and have the worst. Is that right?

1465 Dr. {Frieden.} Yes.

1466 The {Chairman.} So if our fundamental job is to protect
1467 the American public, the Administration, as I understand it,
1468 because I have looked at the legal language, the President
1469 does have the legal authority to impose a travel ban because
1470 of health reasons including Ebola. Is that not correct?

1471 Dr. {Frieden.} I don't have the legal expertise to
1472 answer that question.

1473 The {Chairman.} I saw language earlier today--we can
1474 share that with you--but he does, from what we understand,
1475 not only an Executive Order that former President Bush issued
1476 when he was President but also legal standing as well. So if
1477 you have the authority, and it is my understanding again that
1478 a number of African countries around West Africa, around
1479 particularly these three nations, in fact have imposed a
1480 travel ban from those three countries into their country. Is
1481 that not true?

1482 Dr. {Frieden.} I don't know the details of the
1483 restrictions. There are some restrictions.

1484 The {Chairman.} It is my understanding that they said
1485 no and including even Jamaica, as I read in the press earlier
1486 this week, has issued a travel ban from folks coming from
1487 West Africa. Are you aware of that?

1488 Dr. {Frieden.} I don't know the details of what other
1489 countries have done. I know some of the details, and some of
1490 them have been in flux.

1491 The {Chairman.} Well, I guess the question that I have
1492 is, if other countries are doing the same, and as you said,
1493 the fundamental job of the United States now is to protect
1494 American citizens, why cannot we move to a similar ban for
1495 folks who may or may not have a fever, knowing in fact that
1496 the exposure rate, 14 days or 15 days, is well within the 21
1497 days and in fact knowing 150 folks coming a day, not 100
1498 percent--you know, it is 94 percent in terms for screening
1499 from U.S. airports, it seems to me that this is not a
1500 failsafe system that has been put into place at this point.

1501 Dr. {Frieden.} Mr. Chairman, may I give a full answer?

1502 The {Chairman.} I look forward to it.

1503 Dr. {Frieden.} Right now we know who is coming in. If
1504 we try to eliminate travel, the possibility that some will
1505 travel overland, will come from other places and we don't
1506 know that they are coming in will mean that we won't be able
1507 to do multiple things. We won't be able to check them for
1508 fever when they leave--

1509 The {Chairman.} Do we not have--if I can interrupt you
1510 just for a second, do we not have a record of where they have
1511 been before, i.e., a passport or travel status as they travel

1512 from one country to another?

1513 Dr. {Frieden.} Borders can be porous--may I finish?

1514 The {Chairman.} Go ahead.

1515 Dr. {Frieden.} Especially in this part of the world.
1516 We won't be able to check them for fever when they leave. We
1517 won't be able to check them for fever when they arrive. We
1518 won't be able, as we do currently, to take a detailed history
1519 to see if they were exposed when they arrive. When they
1520 arrive, we wouldn't be able to impose quarantine as we now
1521 can if they have high-risk contact. We wouldn't be able to
1522 obtain detailed locating information, which we do now,
1523 including not only name and date of birth but email
1524 addresses, cell phone numbers, address, addresses of friends
1525 so that we can identify and locate them. We wouldn't be able
1526 to provide all of that information as we do now to State and
1527 local health departments so that they can monitor them under
1528 supervision. We wouldn't be able to impose controlled
1529 release, conditional release on them or active monitoring if
1530 they are exposed or to in other ways--

1531 The {Chairman.} My time is expired. I now I have a
1532 swift gavel over here to my left. But I just don't
1533 understand. If we have a system in place that requires any
1534 airline passenger coming in overseas with a date of birth to
1535 make sure they are not on the anti-terrorist list that we

1536 can't look at one's travel history and say no, you are not
1537 coming here, not until this situation--you are right, it
1538 needs to be solved in Africa but until it is, we should not
1539 be allowing these folks in, period.

1540 Mr. {Murphy.} The gentleman's time is expired. I
1541 recognize Mr. Waxman for 5 minutes.

1542 Mr. {Waxman.} Thank you, Mr. Chairman.

1543 Dr. Frieden, you have a difficult job. In fact, all of
1544 your colleagues who are involved from the different agencies
1545 have a difficult job because this is a fast-moving issue, and
1546 you are trying to explain things to people and educate them
1547 with limited information and partial authority. In fact, the
1548 CDC can't even do anything in a State. They have to be
1549 invited in by the State. You can't tell the States to follow
1550 your guidelines. You can give them guidelines. So you are
1551 dealing with a fast-moving situation and you have to strike a
1552 balance about informing the public on the one hand and
1553 keeping it from panicking on the other. So let us go to
1554 basics.

1555 If people are frightened about getting Ebola, what
1556 assurances can we give them that this is not going to be a
1557 widespread epidemic in the United States, as you have said on
1558 numerous occasions?

1559 Dr. {Frieden.} The concern for Ebola is first and

1560 foremost among those caring for people with Ebola. That is
1561 why we are so concerned about infection control anywhere
1562 patients with Ebola are being cared for. Second, in the
1563 health care system as a whole, to think about travel because
1564 someone who has a fever or other signs of infection needs to
1565 be asked where have you been in the past 21 days, and if they
1566 have been in West Africa, immediately isolated, assessed and
1567 cared for.

1568 Mr. {Waxman.} So we have to make sure that we monitor
1569 health care workers because they are exposed to people who
1570 have Ebola. The questions have been raised, well, what about
1571 all these people coming in from Africa from the countries
1572 where the Ebola epidemic is taking place, and you have been
1573 asked why don't we just restrict the travel either directly
1574 or indirectly from anybody coming in from those countries.

1575 I would like to put up on the screen a map to show the
1576 passenger flows from those countries. That map shows that if
1577 you--I will hold it up here. If you are looking at those
1578 particular countries in Africa, they can go to any country in
1579 Europe. They can go to Turkey, Egypt, Saudi Arabia. They
1580 can go to China and India. They can go to other countries in
1581 Africa and then from those other countries come to the United
1582 States. So I suppose we can set up a whole bureaucratic
1583 apparatus to be sure that somebody didn't really travel from

1584 Nigeria or Cameroon or Senegal or Guinea or Sierra Leone to
1585 be sure they didn't really get here from any of those
1586 countries. That could be our emphasis, but it seems to me
1587 what you are saying is that we want to monitor people before
1588 they leave those countries to see whether they have this
1589 infection, and we want to monitor them when they come into
1590 these countries to see whether they have this infection. Is
1591 that what you are proposing to do?

1592 Dr. {Frieden.} That is what we are actually doing. We
1593 are able to screen on entry. We are able to get detailed
1594 locating information. We are able to determine the risk
1595 level. If people were to come in by, for example, going
1596 overland to another country and then entering without our
1597 knowing that they were from these three countries, we would
1598 actually lose that information. Currently we have detailed
1599 locating information. We are taking detailed histories and
1600 we are sharing information with State and local health
1601 departments so that they can do the follow-up they decide to
1602 do.

1603 Mr. {Waxman.} Dr. Fauci, do you agree with Dr. Frieden
1604 on this point?

1605 Dr. {Fauci.} I do.

1606 Mr. {Waxman.} You wouldn't put a travel ban in. It
1607 sounds like, you know, we always seal off our borders, don't

1608 let those people come in. Now, that is usually a reference
1609 to the immigration matter, not public health particularly, or
1610 it might be a tangential issue, but we know certain countries
1611 where the epidemic is originating. Why not stop them from
1612 coming in?

1613 Dr. {Fauci.} Well, I believe that Dr. Frieden and
1614 yourself just articulated it very clearly. It is certainly
1615 understandable how someone might come to a conclusion that
1616 the best approach would be to just seal off the border from
1617 those countries but we are dealing with something now that we
1618 know what we are dealing with. If you have the possibility
1619 of doing all of those lines that you showed, that is a big
1620 web of things that we don't know what we are dealing with.

1621 Mr. {Waxman.} So what we know is this epidemic can
1622 spread if there is contact with body fluids from somebody who
1623 is showing the symptoms of Ebola or someone who has been
1624 exposed to that individual. If we had a travel ban, wouldn't
1625 we just force these people to hide their origin and wouldn't
1626 we also not know where they are coming from if they are going
1627 out of their way to hide it? A ban or quarantine would
1628 hinder efforts to fight the epidemic in West Africa, and the
1629 worse the epidemic becomes in West Africa, the greater it is
1630 going to be a problem all over the world including the United
1631 States.

1632 Mr. {Murphy.} The gentleman's time is expired.

1633 Mr. {Waxman.} Is that your position? Dr. Fauci, is
1634 that your position?

1635 Dr. {Fauci.} Yes.

1636 Mr. {Murphy.} The gentleman's time is expired. Now we
1637 recognize the vice chair of the full committee for 5 minutes.

1638 Mrs. {Blackburn.} Thank you, Mr. Chairman.

1639 Dr. Frieden, I want to be sure I heard you right. You
1640 just said to Chairman Upton that we cannot have flight
1641 restrictions because of a porous border, so do we need to
1642 worry about having an unsecure southern and northern border?
1643 Is that a big part of this problem?

1644 Dr. {Frieden.} I was referring to the border of the
1645 three countries in Africa, Liberia--

1646 Mrs. {Blackburn.} You are referring to that border, not
1647 our porous border?

1648 Dr. {Frieden.} --Guinea and Sierra Leone.

1649 Mrs. {Blackburn.} Mr. Wagner, would it help you all,
1650 the Border Patrol, if we secured the southern border and
1651 eliminated illegal entry?

1652 Mr. {Wagner.} Well, travelers coming across the
1653 southern border like the northern border, we are going to,
1654 you know, query their information in our database. We are
1655 going to ask them their travel history, where they are coming

1656 from, how they arrived in the country there--

1657 Mrs. {Blackburn.} Yes or no is sufficient. I need to

1658 move on.

1659 Dr. Frieden, I want to come back to you. I would remind

1660 you that a week before last when I was at the CDC, and I

1661 thank you for letting me come down to follow up with you all

1662 on some of our committee work, that I recommended a

1663 quarantine in the affected region and hold people there, and

1664 I still think that that is something that we should consider.

1665 Quarantining people for 21 days before they leave that

1666 region, it helps every country.

1667 I want to go back to an issue that you and I talked

1668 about at the CDC and a subsequent phone call, and that is the

1669 medical waste, and you assured me that standard protocols

1670 were being followed for disposal of this waste, and we know

1671 that 20, 25 years ago, hospitals could incinerate their

1672 waste. EPA regulations now prohibit that, and the waste has

1673 to be trucked, and they outsource the care of this medical

1674 waste and it results in that going to central processing

1675 centers. So let me ask you this. Is Ebola waste as

1676 contagious as a patient with Ebola?

1677 Dr. {Frieden.} Ebola waste or waste from Ebola patients

1678 can be readily decontaminated. The virus itself is not

1679 particularly hardy. It is killed by bleach, by autoclaving,

1680 by a variety of chemicals.

1681 Mrs. {Blackburn.} Okay. Is Ebola medical waste more
1682 dangerous than other medical waste?

1683 Dr. {Frieden.} The severity of Ebola infection is
1684 higher so you want to be certain when you are getting rid of
1685 it that you--

1686 Mrs. {Blackburn.} Okay. Is the CDC assessing the
1687 capabilities of hospitals to manage the medical waste of
1688 Ebola patients and does the CDC allow offsite disposal of
1689 Ebola medical waste?

1690 Dr. {Frieden.} My understanding is to the latter
1691 question, yes, we worked very closely with both the
1692 Department of Transportation as well as the commercial waste
1693 management companies to ensure that capability.

1694 Mrs. {Blackburn.} So we have an added danger in having
1695 to truck this waste and move it to facilities. Are the
1696 employees of the processing centers being trained in how to
1697 dispose of Ebola waste?

1698 Dr. {Frieden.} We have detailed guidelines for the
1699 disposal of medical waste from care of Ebola patients.

1700 Mrs. {Blackburn.} All right. You and I talked a little
1701 bit about my troops from Fort Campbell that are going to be
1702 over there, and I have some questions from some of my
1703 constituents. Are the American troops going to come in

1704 contact with any Ebola patients or with those exposed to
1705 Ebola or included in any of these controlled movement groups?
1706 Dr. {Frieden.} As I understand it from the Department
1707 of Defense, their plans do not include any care for patients
1708 with Ebola or any direct contact with patients with Ebola.
1709 That said, we would always be careful in country because
1710 there is a possibility of coming in contact with someone with
1711 symptoms and being exposed to their body fluids, and that is
1712 why the Department of Defense is being extremely careful to
1713 avoid that possibility.
1714 Mrs. {Blackburn.} We are still going to rely on self-
1715 reporting.
1716 Dr. {Frieden.} No. We are taking temperatures at many
1717 locations within the country. We are having hand-washing
1718 stations--
1719 Ms. {Blackburn.} So you are moving away from self-
1720 reporting? Because originally it was--you said our structure
1721 was built on self-reporting when I visited with you earlier,
1722 and I found a quote from you from December 2011 at the George
1723 Comstock lecture in TB research, and I am quoting you:
1724 ``Hippocrates was right: patients lie. About a third of
1725 patients don't take medication as prescribed and a third
1726 don't take them at all. You can either delude yourself and
1727 think that patients are taking their medications or not. In

1728 TB control, it is a simple model. If we see people take
1729 their meds, we believe they took their meds.''
1730 Now, Dr. Frieden, relying on self-reporting and making
1731 certain that people tell us the truth before they leave and
1732 then we catch the fever at the right time if they have a
1733 temperature. We have got to do better than this. We can do
1734 better than this. We are here to work with you and we expect
1735 a better outcome. I yield back.
1736 Mr. {Murphy.} The gentlelady's time is expired. I now
1737 recognize Mr. Braley for 5 minutes.
1738 Mr. {Braley.} I would like to thank the panel for
1739 joining us today.
1740 Dr. Frieden, I was happy to hear you say we will
1741 consider any options to protect Americans. I think that is
1742 the purpose of everyone here in this room today. But I do
1743 want to ask you about Texas. Are you familiar with the
1744 concept of sentinel-event reporting?
1745 Dr. {Frieden.} Yes.
1746 Mr. {Braley.} Has CDC done a root-cause analysis of
1747 what happened at Texas Presbyterian and come up with an
1748 action plan on what we learned from that incident? We have
1749 the detailed hospital checklist for Ebola preparedness, which
1750 we have heard about here today. Have there been any
1751 recommendations on changing, modifying or updating this in

1752 light of what happened at Texas Presbyterian?

1753 Dr. {Frieden.} We have a team of more than 20 of some
1754 of the world's top disease detectives in Texas now. We were
1755 there. We left the first day the patient was diagnosed. We
1756 identified three areas of particular focus. The first is the
1757 prompt diagnosis of anyone who has fever or other symptoms of
1758 infection and a travel history to West Africa, and Dr. Varga
1759 spoke about that issue. The second is contact tracing, and
1760 the graphic that I provided earlier outlines what we are
1761 doing there very intensively. The State of Texas and the
1762 country are doing a terrific job along with our staff making
1763 sure that every single contact of the first patient, Mr.
1764 Duncan, is monitored, their temperature taken by an outreach
1765 worker every day for 21 days. They are most of the way
1766 through that risk period. So of the 48, none have developed
1767 symptoms, none have developed fever. We are now looking at
1768 the contacts, health care workers who may have had contact as
1769 the two individuals who became infected did, and our thoughts
1770 are with them, and we are delighted that NIH is supporting
1771 the hospital in Texas and also that Emory University is doing
1772 that as well, and the third area is after identification and
1773 contact tracing is effective isolation, and we are looking
1774 very closely at what might possibly have happened to result
1775 in these two exposures.

1776 Mr. {Braley.} And I assume if there are any new
1777 recommendations based upon that analysis, this protocol that
1778 was sent out will be updated and redistributed?
1779 Dr. {Frieden.} We always look at the data to see what
1780 we can do to better protect Americans.
1781 Mr. {Braley.} Thank you.
1782 Dr. Fauci, you were kind enough to share with us this
1783 graphic, and in it you mentioned a company in Ames, Iowa,
1784 called NewLink, which is working on one of the vaccines that
1785 just went into Phase I clinical trials this week, correct?
1786 Dr. {Fauci.} That is correct.
1787 Mr. {Braley.} And I had an opportunity to talk to two
1788 of their employees yesterday, and I know that they are
1789 working around the clock trying to help come up with a
1790 vaccine that will meet the protocol and the standards for
1791 scalability that I think everyone is looking for. The WHO,
1792 the Department of Defense, HHS and the public health agency
1793 in Canada have called this vaccine one of the most advanced
1794 in the world, and they have requested contracts with HHS to
1795 expand the manufacturing, to add a third site for
1796 manufacturing, to complete the scientific studies required to
1797 scale up manufacturing, and complete the additional safety
1798 study to provide newly manufactured vaccines that are
1799 equivalent to the original vaccines, and they have also

1800 identified companies to work as subcontractors.

1801 Dr. Robinson, can you tell us what HHS is doing to make
1802 sure that those contracts are moving forward as quickly as
1803 possible?

1804 Mr. {Robinson.} Thank you, sir. We have reviewed the
1805 proposal. It looks very favorable, and we will be in the
1806 next several weeks finalizing the negotiations with them.
1807 Prior to that, we actually have been helping them with their
1808 submissions to the FDA and providing assistance onsite and
1809 also at the manufacturing sites and working with them to
1810 expand their production with other companies including a very
1811 large company here in the United States.

1812 Dr. {Fauci.} And also, Mr. Braley, the HHS is also
1813 involved in the other end of it because the trials that were
1814 started were not only in collaboration with the Department of
1815 Defense but we admitted our first VSV patient at our clinical
1816 center in Bethesda for a Phase I trial. So it is not only in
1817 the testing but also in the ultimate production.

1818 Mr. {Braley.} And it is my understanding, Dr. Fauci and
1819 Dr. Robinson, that the ultimate goal is to also expand this
1820 clinical testing into some of the affected regions in Africa
1821 as well once we have an understanding of some of the concerns
1822 that were identified earlier in your testimonies.

1823 Dr. {Fauci.} That is quite correct. In fact, when I

1824 was saying that after we get through Phase I on the trial, I
1825 was talking about both vaccines that GlaxoSmithKline and the
1826 NewLink both. If they are safe and induce the response we
1827 feel is appropriate, we will expand both of them into larger
1828 trials in West Africa.

1829 Mr. {Braley.} And then Mr. Wagner, a question from you.
1830 We have heard a lot today about the issue of travel
1831 restrictions. Can you sort of walk us through the strengths
1832 and weaknesses of that approach from your standpoint in
1833 border security?

1834 Mr. {Wagner.} Well--

1835 Mr. {Murphy.} The gentleman's time is expired so if you
1836 could give a quick answer?

1837 Mr. {Wagner.} So we have the ability to use the data
1838 that the airlines give us to be able to see where travel is
1839 originating from. There are instances where travelers may go
1840 to different locations. We might not see that, but through
1841 our questioning and our review of their passport, we can
1842 identify that they have been to these affected regions or if
1843 they come through one of the borders. If they fly to Canada
1844 or Mexico it is more difficult for us to do it but the
1845 possibility is there, but the possibility is also greater
1846 that we would miss one, so I do agree with what the experts,
1847 you know, say. It is easier to manage it and control it when

1848 we know where people are coming from voluntarily and not
1849 intentionally trying to deceive us.
1850 Mr. {Murphy.} The gentleman's time is expired. The
1851 word is ``voluntary.''
1852 I now recognize Dr. Burgess for 5 minutes.
1853 Dr. {Burgess.} Thank you, Mr. Chairman, and I would
1854 like to stay with what Chairman Upton was talking about on
1855 the travel restriction.
1856 The Secretary of Health and Human Services under the
1857 Public Health Service Act has the authority to issue a travel
1858 restriction. Under the pandemic plan that was adopted in
1859 2005, the President has the ability to issue a travel
1860 restriction. Two thousand five was geared toward the
1861 pandemic avian influenza but it was amended in July of this
1862 year to include the hemorrhagic fevers. So I believe that
1863 authority very clearly exists. Now, the question is why the
1864 Executive Branch and why the agency will not exercise that
1865 authority. Mr. Chairman, I think perhaps this committee
1866 should consider forwarding to the full House a request that
1867 we have a vote on travel restriction because people are
1868 asking us to do that, and I think it is--they are exactly
1869 correct to make that request.
1870 Dr. Frieden, the first nurse who was infected over the
1871 weekend is now being transferred away from Presbyterian, and

1872 yet her condition has been serially reported in the news
1873 media as she is stable and she has been improving, so is the
1874 reason that she is having to be removed because the personnel
1875 are no longer willing to stay at Presbyterian to take care of
1876 her?

1877 Dr. {Frieden.} Texas Presbyterian is really dealing
1878 with a difficult situation. They are working very hard.
1879 Because of the events of the past week, they are now dealing
1880 with at least 50 health care workers who may potentially have
1881 been exposed. The management of those individuals, making
1882 sure that if any of them develop any symptoms whatsoever,
1883 even the slightest, they come in immediately to be assessed
1884 so that if they develop Ebola, we hope no more will but we
1885 know that is a possibility since two individuals did become
1886 infected, others may. That makes it quite challenging to
1887 operate in hospital, and we felt it would be more prudent to
1888 focus on caring for any patients who come in, health care
1889 workers or others who might come in with symptoms.

1890 Dr. {Burgess.} I don't disagree, and you and I have
1891 talked about this, and I am fully in favor of individuals who
1892 have been diagnosed that they do be taken care of in centers.
1893 Dr. Fauci, you know that if somebody wants to do research on
1894 the Ebola, they can't just go to a regular university setting
1895 and do that. They must go to one of the laboratories where

1896 they have the capability of protecting the personnel who are
1897 not only doing the experiments but other personnel
1898 surrounding in the lab. Is it possible to get--I had a
1899 picture from the Dallas Morning News which had the CDC
1900 recommended personal protective equipment. I think we have
1901 it there, and this not only shows the personal protective
1902 equipment but it also details the order in which it should be
1903 put on and removed. I would know that shoe covers are not
1904 included in this graphic but you do see a fair amount of
1905 exposed skin around the eyes and the forehead and of course
1906 the neck. Now, Dr. Frieden, this is going to be hard to see,
1907 but this is your picture in western Africa, and as you can
1908 see, there is head-to-toe covering and goggles, and I believe
1909 if I understand the circumstances correctly, you were just
1910 about to be dosed with a near-toxic dose of chlorine. Is
1911 that not correct?
1912 Dr. {Frieden.} Yes.
1913 Dr. {Burgess.} Well, and that is why you can't have
1914 skin exposed because it is impossible to do the disinfection,
1915 if you will, after taking care of an Ebola patient or being
1916 in an Ebola ward. It is impossible to do the disinfection if
1917 there is skin exposed because exposed skin would be killed by
1918 the chlorine and that would not be good for the person
1919 delivering the care.

1920 I mentioned this in my opening statement. I am so
1921 concerned. We know the numbers in western Africa are going
1922 up on Ebola. We know the case rate is going to increase. We
1923 know that 10 percent of those cases are health care workers,
1924 and we know that 56 percent of those health care workers in
1925 western Africa will succumb to the illness so that is a
1926 pretty dire warning for anyone who is involved in delivering
1927 health care, and I would just submit--well, Dr. Robinson, let
1928 me ask you. What kind of stockpile of this personal
1929 protective equipment do you have available to the health care
1930 workers who are on the front line? And bear in mind, no
1931 travel restrictions so a new patient could come in tonight
1932 and go to any hospital in this country and present
1933 themselves. Are you going to be able to quickly deliver a
1934 stockpile of personal protective equipment like this?
1935 Mr. {Robinson.} So we know from talking to the
1936 manufacturers, there are no shortages right now and that they
1937 are willing to deliver within 24 hours or less.
1938 Dr. {Burgess.} Let me just task this question, Dr.
1939 Frieden. You know, what did you think the first patient was
1940 going to look like when you knew you were going to have a
1941 patient zero at some point or that it was a possibility. We
1942 had the gentleman who died in Nigeria at the end of July who
1943 could have gotten on a plane to Minneapolis. What did you

1944 think that was going to look like? What was patient zero
1945 going to look like? And now you seen what it really looks
1946 like--
1947 Mr. {Murphy.} The gentleman's time is expired.
1948 Dr. {Burgess.} --what is the matchup there?
1949 Mr. {Murphy.} You can go ahead and answer quickly.
1950 Thank you, Doctor.
1951 Dr. {Frieden.} Our goal has been to get hospitals
1952 ready. The specific type of personal protective equipment to
1953 be used is not simple and there is no single right answer,
1954 but there is a balance between protective equipment that is
1955 more familiar or less familiar, that is more flexible and
1956 less flexible, that can be contaminated more easily or less
1957 easily, so the use of different types of protective equipment
1958 is something that obviously we are looking at very
1959 intensively now in Dallas in conjunction with the health care
1960 workers there.
1961 Mr. {Murphy.} Thank you. I now recognize Ms.
1962 Schakowsky for 5 minutes.
1963 Ms. {Schakowsky.} Thank you, Mr. Chairman.
1964 I have so many questions. I just want to begin, though,
1965 by thanking the health care professionals that are on the
1966 front line, and I would like to ask unanimous consent to put
1967 into the record, Mr. Chairman, a letter from Randi Weingarten

1968 from the American Federation of Teachers, which represents a
1969 bunch of--many nurses into the record. I would also like
1970 unanimous consent to put in the record the diary of Paul
1971 Farmer from Partners in Health, who has among other things
1972 said the fact is that weak health systems are to blame for
1973 Ebola's rapid spread in West Africa, and we know that West
1974 Africa has 24 percent of global disease burden, 3 percent of
1975 world health workforce, one doctor in Liberia for 90,000
1976 people. So I would like to focus on what we are going to do
1977 to help that infrastructure, but in my limited time I want to
1978 focus on our infrastructure here.

1979 We have a vast infrastructure--hospitals, community
1980 health centers, I want to point out too where people may
1981 present themselves, nurses, nurses' aides, no one better than
1982 the United States, but do we have the ability to train and
1983 equip, as we talk about in military terms, and do we have the
1984 ability really to train and equip?

1985 Let me just put a couple things on the table. In terms
1986 of the nurses, I still don't feel like we have a good answer
1987 of why nurse one and nurse two contracted Ebola. Is it
1988 because there was a problem with not following the protocols
1989 or is there something wrong with the protocols? And how are
1990 we going to ensure that even if we have the best protocols in
1991 the world that everybody knows how to use them?

1992 Congresswoman DeGette showed the various protective gear
1993 that our nurses are supposed to have, and yet 2 days
1994 apparently went by when they were not wearing shoe covers,
1995 that their necks were not covered, that skin in fact, as Dr.
1996 Burgess was talking about, was in fact exposed, even as we
1997 knew that he had Ebola.

1998 So how are we going to make sure despite how we are
1999 going to check at the airports--I am from Chicago. I talked
2000 to our health director today. I know what we are doing. But
2001 there is still the chance that someone could present
2002 anywhere. So how come the nurses in Dallas weren't protected
2003 and how are we going to make sure that everybody can be?

2004 Dr. {Frieden.} So first just to clarify one thing,
2005 those first couple of days, the 28th, 29th, 30th, were before
2006 the diagnosis was known so he had suspected Ebola. The test
2007 was being drawn and assessed but he had not yet been
2008 diagnosed with Ebola, and in our team's review--

2009 Ms. {Schakowsky.} Is that--excuse me one second.
2010 Congresswoman, were you saying otherwise? Can I yield?

2011 Ms. {DeGette.} If the gentlelady will yield, but he
2012 presented with Ebola symptoms. He had been to the emergency
2013 room just a couple of days earlier saying he had been from
2014 Africa, and I believe the CDC protocols that were given to
2015 the Dallas hospital said that people should be wearing that

2016 protective covering even before the official diagnosis. I
2017 would certainly hope--thank you for yielding, Ms. Schakowsky.
2018 Dr. Frieden, I would certainly hope that here going
2019 forward if a patient shows up saying he is from Africa and he
2020 is vomiting and he has diarrhea, that you wouldn't say well,
2021 we don't have the lab results in yet, you would start
2022 treating that person like they had Ebola.
2023 Dr. {Frieden.} Absolutely. I just wanted to clarify
2024 that those first couple of days, the 28th and 29th, he was
2025 being isolated for Ebola. The diagnosis was confirmed on the
2026 30th. On the 30th we sent a team there--
2027 Ms. {Schakowsky.} Okay.
2028 Dr. {Frieden.} And when we looked at the--to answer
2029 your question--of those first couple of days, there was some
2030 variability in the use of personal protective equipment. The
2031 hospital was certainly trying to implement CDC protocol--
2032 Ms. {Schakowsky.} I know, but going forward, how are we
2033 going to assure that just trying, you know, how are we going
2034 to educate people, nurses? The nurses are saying across the
2035 country that they have not been involved and that they are
2036 not trained properly or have the equipment.
2037 Dr. {Frieden.} Three phases. First, think Ebola in
2038 anyone with travel history and symptoms. Second, any time a
2039 patient is suspected, isolate them, contact us, and we will

2040 talk you through how to provide care while we get the test
2041 done, and if it is confirmed, we will be there within hours
2042 with a CDC Ebola Response Team.

2043 Ms. {Schakowsky.} Okay. My time is expired.

2044 Mr. {Murphy.} Just in response to that, when did you
2045 come up with that plan that you just stated to Ms.
2046 Schakowsky, the plan in terms of training for nurses? When
2047 was that decided?

2048 Dr. {Frieden.} We look at our preparedness continuously
2049 so awareness has been something that we have been promoting
2050 in extensive ways since the outbreak--

2051 Mr. {Murphy.} I mean, she was asking specifically for
2052 those nurses. When was the plan put in place for the Texas
2053 hospitals and says you need to follow this protocol from this
2054 point on?

2055 Dr. {Frieden.} The day the diagnosis was confirmed, we
2056 sent a team to Texas.

2057 Mr. {Murphy.} Dr. Gingrey is recognized for 5 minutes.

2058 Dr. {Gingrey.} Well, first of all, I want to thank, of
2059 course, Chairman Murphy for calling the subcommittee back to
2060 Washington to hold today's hearing on our collective response
2061 to the ongoing Ebola outbreak and commend my colleagues on
2062 both sides of the aisle, your near-unanimous attendance to
2063 this hearing.

2064 Since my time is very limited, of course, I would like
2065 to get directly to my questions, and this is kind of a
2066 follow-on maybe to what Ms. Schakowsky was asking, and I
2067 don't think we ever got around to an answer on that, and I am
2068 going to direct the question to Dr. Frieden and to Dr. Varga,
2069 maybe first to Dr. Varga.

2070 As we know from new reports yesterday, there has been a
2071 second health care worker who has contracted Ebola, Ms. Amber
2072 Vinson. Now that she is receiving isolated treatment at
2073 Emory University containment unit in Atlanta, we must examine
2074 the protocol breakdowns that resulted in the contraction of
2075 Ebola by these two nurses who were directly in contact
2076 treating Thomas Duncan.

2077 Dr. Varga, in your written testimony you say that the
2078 first nurse, Ms. Pham, to contract Ebola was using full
2079 protective measures under the CDC protocol while treating Mr.
2080 Duncan. Has your organization in Texas identified where the
2081 specific breaches in protocol were that resulted in her
2082 infection or, alternatively, the inadequacies of the
2083 protocol? Dr. Varga, that question is for you.

2084 Dr. {Varga.} Thank you, sir. We are investigating
2085 currently the source of this obvious exposure and contraction
2086 of the illness. We have confirmed that Nina through her care
2087 with Mr. Duncan was wearing protective patient equipment

2088 through the whole period of time. As Dr. Frieden already
2089 mentioned, with the diagnosis of the Ebola confirmed, the
2090 level of personal protective equipment was elevated to the
2091 full hazmat style. We don't know at this particular juncture
2092 what the source or the cause of the exposure that caused Nina
2093 to contract the disease was.

2094 Dr. {Gingrey.} Dr. Varga, I am going to interrupt you
2095 just for a second because of limitation of time. I want to
2096 now go to Dr. Frieden.

2097 Dr. Frieden, as Dr. Varga just stated, health care
2098 personnel were following CDC protocols while treating Mr.
2099 Duncan, which include the use of so-called PPE, personal
2100 protective equipment. Do the CDC guidelines, your
2101 guidelines, on the use of PPE mirror current international
2102 standards that by the way are being adhered to, those
2103 international standards, in West Africa in those three
2104 countries, Sierra Leone, Guinea and Liberia?

2105 Dr. {Frieden.} The international standards are
2106 something that evolve and change. We use different PPE in
2107 different settings. There is no single right answer, and
2108 this is something we are looking at very closely. Our
2109 current guidelines are consistent with recommendations from
2110 the World Health Organization is my understanding.

2111 Dr. {Gingrey.} I would think that there would need to

2112 be, Dr. Frieden, and I commend you for the job that you are
2113 doing and I know these are tough times for all of us, but I
2114 think some consistency is what we need, and that brings me to
2115 my next question and my last question, and again, it is to
2116 you, Dr. Frieden.

2117 This issue of elevated temperature, you know, is it
2118 100.4, is it 101.5, is it 99.6? I think there is some great
2119 confusion because initially when people were screening, Mr.
2120 Wagner, at the airports in West Africa, the temperature
2121 threshold was 101.5, and then I think now the screenings that
2122 we are doing at these five major airports including
2123 Hartsfield International in Atlanta, it is now 100.4. When
2124 Mr. Duncan came for the first time to the Texas Presbyterian
2125 Hospital, his temperature was, what, 100.1, and within 24
2126 hours, of course, it was 103. So when mom and dad are out
2127 there when their child has a temperature and this fall is flu
2128 season and they are going to the doctor, they are going to
2129 demand being checked for Ebola. Give us some guidelines on
2130 what is elevated temperature and when should parents be
2131 concerned?

2132 Dr. {Frieden.} Well, first, parents should not be
2133 concerned about Ebola unless you are living in West Africa or
2134 the child has had exposure to Ebola, and right now the only
2135 people who have had exposure to Ebola in the United States

2136 are people who either are providing care for Ebola patients
2137 or the contacts of the three Ebola patients, and I outlined
2138 those in this sheet. For our screening criteria, we are
2139 always going to try to have an additional margin of safety
2140 and so we look at that, and we would rather check more people
2141 and assess, so we are going to always have that extra margin
2142 of safety for our screening.

2143 Dr. {Gingrey.} Thank you, and I yield back.

2144 Mr. {Murphy.} I now recognize Ms. Castor for 5 minutes.

2145 Ms. {Castor.} Thank you all for tackling this important
2146 public health issue of the Ebola virus, and I want to thank
2147 the experts at the Centers for Disease Control and the NIH
2148 and medical professionals across the country, especially
2149 those at Emory University Health Care who have been proactive
2150 in containing and treating the virus.

2151 I agree with President Obama and all of you. We have to
2152 be as aggressive as possible in preventing any transmission
2153 of the disease within the United States and boosting
2154 containment in West Africa.

2155 But I also think we need to pause here. This is a
2156 wakeup call for America that we cannot allow NIH funding to
2157 stagnate any longer. Earlier this in the Budget Committee, I
2158 offered an amendment to the Republican budget to restore the
2159 cuts to NIH, the budget cuts that have been inflicted over

2160 the past 2 years and repair the damage of the government
2161 shutdown of last year. Unfortunately, it did not pass on a
2162 party-line vote. We will only save lives if we can robustly
2163 fund medical research in America and keep America as the
2164 world leader.

2165 So I would like to turn to some of that research that is
2166 going on now because it is going to be research that will be
2167 our longer-term response to Ebola. It will be the vaccines
2168 to prevent the disease and the drugs to treat it. So I want
2169 to walk through a basic point here, that the development of
2170 vaccines and treatments for Ebola is different from the
2171 development of many other drugs. There is not a large
2172 private market for Ebola drugs, so the development requires
2173 leadership of our country, and NIH, as Dr. Fauci has
2174 testified, has been working on a vaccine for many years, and
2175 he reported today they have now moved into some Phase I
2176 clinical trials.

2177 Dr. Fauci, can you explain to us why government support
2178 is so important for developing Ebola vaccines and treatments?

2179 Dr. {Fauci.} Well, when you have a product that you
2180 want to develop that is not a great incentive on the part of
2181 the pharmaceutical companies because of a disease whose
2182 characteristics is not a large market. We had the experience
2183 when you are dealing with emerging and reemerging disease be

2184 it influenza or be it a rare disease that could either be
2185 used deliberately in bioterror or a rare disease like Ebola
2186 that if you look prior to the current epidemic, there were 24
2187 outbreaks since 1976. The total number of people in those
2188 outbreaks was less than 3,000. It was about 2,500. So we
2189 were struggling for years to get pharmaceutical partners
2190 ourselves who were doing the fundamental basic and clinical
2191 research, and then we did get some pharmaceutical partners
2192 like we have now with GlaxoSmithKline and the NewLink
2193 Corporation, which is the reason why we are now moving along.
2194 So that one of the reasons why we have BARDA, so I showed
2195 that slide, Ms. Castor, where the NIH and the researchers at
2196 this end, and then you have to push the envelope further to
2197 the product to de-risk it on the part of the companies.
2198 Companies don't like to take risks when they don't have a--
2199 Ms. {Castor.} So can you quantify a timeline for an
2200 Ebola vaccine to be on the market? Is it feasible for any
2201 vaccines to be approved in time to assist in the current
2202 outbreak?
2203 Dr. {Fauci.} Well, your question has a couple of
2204 assumptions. The first is that the vaccine is safe and it
2205 works. The second is going to be, how long is this outbreak
2206 going to last at its level. If you look at the kinetics and
2207 the dynamics of the epidemic, it looks very serious. Our

2208 response to it--when I say ``our,'' I mean the global
2209 response has not kept up with the rate of expansion. If that
2210 keeps up as the CDC has projected, we may need a vaccine to
2211 actually be an important part of the control of the epidemic
2212 itself as opposed to what the original purpose of it was, was
2213 to protect health care workers alone, but now if you have a
2214 raging epidemic--and to be quite honest with you, Ms. Castor,
2215 I cannot predict when that will be.

2216 If you have a lot of rate of infection, a vaccine trial
2217 takes a much shorter time to give you the answer. If it
2218 slows down, it is a much longer time. If you have a lot more
2219 people in your vaccine trial, it takes less time. If we have
2220 trouble logistically, which we might, of getting people into
2221 the trial, it might take longer. So I would like to give you
2222 a firm answer but we can't right now.

2223 Ms. {Castor.} In addition to the vaccines, part of
2224 controlling the virus is early diagnosis and treatment. I
2225 know there are some diagnostic tests that are being
2226 developed. Can you speak to the prospects of improved
2227 diagnostics that can assist in this effort?

2228 Dr. {Fauci.} Right. Well, there are a couple of us,
2229 and when I say ``us,'' I mean agencies that are working on
2230 diagnostics. Dr. Frieden's group at the CDT has actually
2231 played a major role in leadership. We have several grants

2232 and contracts out to try and get earlier and more sensitive
2233 diagnostics.
2234 Ms. {Castor.} Thank you.
2235 Mr. {Murphy.} Thank you. I now recognize Mr. Gardner
2236 for 5 minutes.
2237 Mr. {Gardner.} Thank you, Mr. Chairman, and I thank the
2238 witnesses for joining us today and the work that you are
2239 undertaking.
2240 Dr. Frieden, I want to clarify something that you had
2241 said earlier. I believe you mentioned that there are
2242 approximately 100 to 150 people a day coming into the United
2243 States from the affected areas?
2244 Dr. {Frieden.} That is my understanding, yes.
2245 Mr. {Gardner.} And to Mr. Wagner, you had mentioned
2246 that we are screening 94 percent of those people?
2247 Mr. {Wagner.} As of today with the expansion to the
2248 four additional locations. That covers about 94 percent.
2249 Mr. {Gardner.} Okay. So of the 100 to 150, 94 percent
2250 are being covered. That means that somewhere between 2,000
2251 and 3,000 people a year are coming into this country without
2252 being screened from the affected areas?
2253 Mr. {Wagner.} Well, they would undergo a different form
2254 of screening. We are still going to identify that they have
2255 been to one of those three affected regions, and we are still

2256 going to ask them questions about their itinerary. We are
2257 going to be alert to any overt signs of illness and
2258 coordinate with CDC and public health if they are sick, and
2259 we are also going to give them a fact sheet about Ebola,
2260 about the symptoms, what to watch for, and most importantly,
2261 who to contact--

2262 Mr. {Gardner.} Would we be checking their temperature?

2263 Mr. {Wagner.} We will not be checking their
2264 temperatures or having them fill out a contact sheet about--

2265 Mr. {Gardner.} So there are 2,000 to 3,000 people
2266 entering this country a year without checking their
2267 temperature, without having the contact sheet that 94 percent
2268 of those affected people--

2269 Mr. {Wagner.} They are going to arrive at hundreds of
2270 different airports throughout the United States.

2271 Mr. {Gardner.} Okay. I want to talk a little bit more
2272 about the travel restrictions.

2273 Dr. Frieden, how many non-U.S. military flights,
2274 commercial flights, are currently going into the affected
2275 countries?

2276 Dr. {Frieden.} I don't have the exact numbers.

2277 Mr. {Gardner.} Does anyone on the panel know how many
2278 commercial flights are going into these areas? Mr. Wagner,
2279 you don't know?

2280 Mr. {Wagner.} From the United States or from anywhere?

2281 Mr. {Gardner.} From the United States into those areas.

2282 Mr. {Wagner.} There are no direct flights, commercial
2283 flights, from those three affected areas to the United
2284 States.

2285 Mr. {Gardner.} And into the area, into West Africa.

2286 Mr. {Wagner.} There are flights into West Africa.

2287 Mr. {Gardner.} How many?

2288 Mr. {Wagner.} That I don't have offhand.

2289 Mr. {Gardner.} Anybody on the panel know how many? How
2290 many coming back into the United States?

2291 Mr. {Wagner.} There are no commercial flights coming
2292 directly into the United States from those three areas.

2293 Mr. {Gardner.} And what about Europe?

2294 Mr. {Wagner.} There are hundreds of flights a day
2295 coming from there.

2296 Mr. {Gardner.} Okay. So people traveling from West
2297 Africa to Europe to here?

2298 Mr. {Wagner.} That is generally how they would get
2299 here.

2300 Mr. {Gardner.} And 94 percent screening. How many
2301 flights are required daily, every other day or weekly to get
2302 the supplies and personnel to the affected areas?

2303 Dr. {Frieden.} The quantity of supplies is quite large.

2304 I would have to get back to you in terms of the numbers. But
2305 there is huge quantities needed, but it is not just supplies.
2306 It is also personnel who need to move back and forth.

2307 Mr. {Gardner.} Well, if you could get back to me with
2308 that number, I would appreciate it.

2309 Now, Dr. Frieden, Nigeria--are you aware if Nigeria has
2310 a travel ban from the countries affected with the outbreak
2311 right now?

2312 Dr. {Frieden.} I believe that is not the case.

2313 Mr. {Gardner.} They do not? Okay.

2314 Dr. Frieden, one of the issues that has been brought up
2315 regularly to me back in the district when I go home, what
2316 should I tell my local hospital and local doctors that they
2317 need to do to address Ebola?

2318 Dr. {Frieden.} The single most important thing they
2319 need to do is to make sure that if anyone comes in with fever
2320 or other symptoms of infection, they need to ask where they
2321 have been for the past 21 days and whether they have been in
2322 West Africa.

2323 Mr. {Gardner.} And the training that a small local
2324 district hospital would receive, is that the same kind that a
2325 major metropolitan hospital would receive?

2326 Dr. {Frieden.} There are a variety of forms of
2327 training. We support hospitals. Hospitals are regulated by

2328 States, not by CDC.

2329 Mr. {Gardner.} Dr. Frieden, what do we need to do? We
2330 are entering the flu season now, as somebody else on the
2331 panel had mentioned. What do we need to do to make sure that
2332 people understand that there could be similar conditions,
2333 similar circumstances so that we don't have a situation where
2334 people are indeed panicked?

2335 Dr. {Frieden.} The key issue, it is, as you point out,
2336 getting into flu season. By all means, get a flu shot. And
2337 for health care workers, any time someone comes in with a
2338 fever or other signs of infection, take a travel history.
2339 That is really important.

2340 Mr. {Gardner.} Dr. Frieden, I just want to go back to
2341 what I said at the beginning. You mentioned that we can't
2342 have a travel ban because you are afraid of the impact that
2343 it would have but you don't know how much personnel,
2344 equipment and flights are currently in use.

2345 Dr. {Frieden.} My point earlier on was that if
2346 passengers are not allowed to come directly, there is a high
2347 likelihood that they will find another way to get here and we
2348 won't be able to track them as we currently can.

2349 Mr. {Gardner.} But we are talking about supplies,
2350 equipment and personnel, how many? How many flights? How
2351 many personnel? How much equipment?

2352 Dr. {Frieden.} The point I made earlier was if we are
2353 not able to track people coming directly, we will lose that
2354 ability to monitor them for fever, to collect their locating
2355 information, to share that with local public health
2356 authorities and to isolate them if they are ill.
2357 Mr. {Gardner.} Mr. Chairman, I yield back.
2358 Mr. {Murphy.} The gentleman's time is expired. Thank
2359 you. I now recognize Mr. Welch for 5 minutes.
2360 Mr. {Welch.} Thank you.
2361 I want to follow up on some of Mr. Gardner's questions.
2362 First of all, I want to understand this. There has been one
2363 person that came to the United States and then he infected
2364 two health care workers in Dallas, correct?
2365 Dr. {Frieden.} At this point, none of the 48 contacts
2366 he had before getting isolated have developed symptoms and
2367 they are mostly well past the maximum incubation period,
2368 although not completely out of the woods.
2369 Mr. {Welch.} All right. And for everybody on the
2370 panel, it is Code Red. We have had very few--two instances
2371 of infection here in the United States but this is such a
2372 highly contagious disease that we are on full alert, correct?
2373 Dr. {Frieden.} It is a disease that has a--it is a very
2374 severe disease. It is not nearly as contagious as some other
2375 diseases but any infection in a health care worker is

2376 unacceptable.

2377 Mr. {Welch.} That is right, and there is an enormous,
2378 enormous amount of public concern and apprehension about this
2379 so we appreciate the full-on efforts that you are making.
2380 There has been some lessons learned from what happened in
2381 Dallas. The hospital has been forthcoming about mistakes
2382 that were made, and now what you are telling us is that there
2383 has been information provided to all our hospitals in the
2384 country about what protocols to follow, correct?

2385 Dr. {Frieden.} Correct.

2386 Mr. {Welch.} Now, just on a practical level, does it
2387 really make--is it feasible that all our hospitals are going
2388 to be in a position to provide state-of-the-art treatment or
2389 does it really as a practical matter make sense for hospitals
2390 to contact you when they have a potential infection for you
2391 to come and then for us to have centers to which that
2392 individual who is infected can be treated?

2393 Dr. {Frieden.} Every hospital needs to be able to think
2394 it may be Ebola, diagnose it, to call us as they do--we have
2395 had hundreds of calls--and then we will send a team to
2396 determine what is best for that hospital and that patient.

2397 Mr. {Welch.} And then what we have also heard--Ms.
2398 Schakowsky asked this question--this is absolutely a public
2399 health infrastructure issue where it gets out of hand,

2400 correct?

2401 Dr. {Frieden.} Public health measures can control

2402 Ebola.

2403 Mr. {Welch.} Right. And they have had effective

2404 measures in Nigeria where they have been able to contain it

2405 but they have no public health infrastructure in these three

2406 countries where the epidemic is now getting some headway,

2407 correct?

2408 Dr. {Frieden.} Exactly.

2409 Mr. {Welch.} And then in the United States, of course,

2410 we are fortunate to have a pretty good infrastructure but we

2411 do have to have an answer, I think, to this question that is

2412 being asked about travel. That is a concern that people have

2413 because it is seen as a quote, easy answer, and I just want

2414 to understand what the debate is within the medical

2415 community. For a lot of us sitting up here, we are hearing

2416 from our constituents. It sounds like something that we can

2417 do and that will eliminate any possibility of an infection

2418 coming here, but that may be a psychological answer but not

2419 necessarily an effective medical answer.

2420 All of us have been asking you to give your explanation,

2421 and anyone else can come in, as to why from a medical

2422 standpoint you have concluded that a total travel ban is

2423 inappropriate and not effective.

2424 Dr. {Frieden.} First off, many of the people coming to
2425 the United States from West Africa are American citizens,
2426 American passport holders, so that is one issue just to be
2427 aware of, but--
2428 Mr. {Welch.} All right. And then by the way, I don't
2429 have much time, but our health care workers, even if there
2430 some risk of infection, if we are going to encourage people
2431 to go and do the important work including our military
2432 personnel, we have got to take them back and make sure we can
2433 treat them if in fact they do get the illness, correct?
2434 Dr. {Frieden.} People travel, and people will be coming
2435 in.
2436 Mr. {Welch.} And as I understand it, you say there is
2437 basically a tradeoff. If you have a full-on ban, there is
2438 going to be ways around it and then you are going to lose the
2439 benefit of being able to track folks who may be infected and
2440 then that could lead to a greater incidence of outbreak, so
2441 it is a tradeoff. Is that essentially what is going on?
2442 Dr. {Frieden.} We are open to any possibility that will
2443 increase the safety of Americans.
2444 Mr. {Welch.} Right. So are there some midpoints that
2445 in terms of travel restrictions as opposed to a travel ban
2446 that may make sense to you in coordination with your
2447 colleagues, particularly Mr. Wagner?

2448 Dr. {Frieden.} We would look at any proposal that would
2449 improve the safety of Americans.
2450 Mr. {Welch.} All right. This isn't about funding so I
2451 am not going to ask you because I think we would know what
2452 your answers would be, but I just want to share my concern
2453 that was expressed by Ms. Castor.
2454 Mr. Chairman, we may want to have a hearing at some
2455 point about what is the funding requirements to make certain
2456 that the infrastructure this country needs to be in place
2457 before something happens is robust, it is strong, we have got
2458 people who are trained, they are ready to do the job and they
2459 have everything that they need. So that is not today's
2460 hearing but I think it is a question that we should address
2461 because with 20 percent across-the-board funding at NIH, I
2462 find that to be a reckless decision with 12 percent at CDC.
2463 I think that is definitely the wrong direction. I think this
2464 Congress has to revisit our priorities on making certain that
2465 we have the public health infrastructure to be prepared to
2466 protect the American people.
2467 Mr. {Murphy.} If I could just say, we are planning a
2468 second hearing, and in preparation for that we will also ask
2469 if NIH does have the flexibility now to transfer funds as
2470 well as HHS.
2471 I now recognize Mr. Griffith for 5 minutes.

2472 Mr. {Griffith.} Thank you, Mr. Chairman.

2473 I believe we should have reasonable travel restrictions.
2474 Dr. Frieden, in answering a question of my colleague from
2475 Colorado, MR. Gardner, you indicated that Nigeria didn't have
2476 any restrictions, and that is accurate, but I have in my
2477 possession, and I would ask that it be submitted to the
2478 committee for the record, a letter from delegate Robert G.
2479 Marshall of Manassas, Virginia, to Governor Terry McAuliffe,
2480 Governor of the Commonwealth, and in that he cites the
2481 International SOS, a prominent medical and travel security
2482 services company with more than 700 locations in 76 countries
2483 reports that African countries have imposed total air, land
2484 and water travel bans by persons from countries where Ebola
2485 is present. The countries include Kenya, Cape Verde,
2486 Cameroon, Mauritius, South Sudan, Namibia, Gambia, Gabon,
2487 Cote d'Ivoire, Rwanda, Senegal, Chad and Kenya. South
2488 African development community members, 14 countries, only
2489 allows highly restricted entry from Ebola-affected regions
2490 with monitoring for 21 days and travel to public gatherings
2491 discouraged.

2492 [The information follows:]

2493 *************** COMMITTEE INSERT ***************

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2494 Mr. {Griffith.} I find that interesting, Dr. Frieden,
2495 because some of those countries have had previous outbreaks
2496 of Ebola themselves. Wouldn't you agree that some of those
2497 countries have had to face Ebola before?

2498 Dr. {Frieden.} I would have to check the list carefully
2499 to know, but I will take your word for it.

2500 Mr. {Griffith.} All right. I will tell you that this
2501 is a concern to a lot of our constituents and to mine as
2502 well, and I was checking my Facebook page recently when I saw
2503 that a Facebook friend of mine, a father from Virginia, asked
2504 for prayers for his daughter because she lives in the
2505 apartment complex with the first nurse, Nurse number one, as
2506 I think somebody referred to earlier, and was very concerned,
2507 and while I think I know the answer, I would like to get your
2508 answer so that I can reassure this father and that is, his
2509 question is, if I count to 21 days and my daughter is not
2510 infected, at that point can I exhale and breathe a sigh of
2511 relief?

2512 Dr. {Frieden.} Not only can he do that but he can do
2513 that now because the first nurse only exposed one person, one
2514 contact, and that was only in the very early stages of her
2515 illness, so at most, one person from the community was
2516 exposed.

2517 Mr. {Griffith.} And I appreciate that. He also asked a
2518 second question. He said there is some suggestion coming out
2519 of Dallas that the patient's dog may be infected and may have
2520 infected other dogs through actual contact or by feces. Can
2521 the virus be transmitted by dogs? And I will tell you that I
2522 did some homework on this because I thought it was an
2523 interesting question and found a CDC publication from March
2524 of 2005 that did a study on dogs in Africa in the affected
2525 areas and a study in France as a control group, and they
2526 found that while dogs show antibodies for Ebola, they are
2527 asymptomatic, but the study went further to say that there is
2528 really a lot of questions about how Ebola is transmitted, and
2529 in some instances, Gabon in 1996 and 2004, Republican of
2530 Congo likewise in 2004 and the Sudan, that there is a
2531 question mark as to whether or not, or how that Ebola
2532 outbreak occurred. It wasn't in the normal or standard ways.
2533 It wasn't human to human. And this report indicates that
2534 dogs might be--might be--I don't want to scare folks--might
2535 be suspect.

2536 I guess my question to you is, isn't it true that we
2537 really don't know a whole lot about the various outbreaks of
2538 Ebola and so when we are trying to assure the American people
2539 just like previously we didn't think it would come to this
2540 country and then we thought if it did get to this country, we

2541 wouldn't have any problems controlling it. Now we have got
2542 all kinds of people being monitored. Isn't it true there are
2543 still a lot of questions about how Ebola is spread?

2544 Dr. {Frieden.} Although we are still learning a lot
2545 about Ebola and every other organism that we study and that
2546 we control, we have a lot of information about Ebola. We
2547 have a good sense of how it is controlled, and we have looked
2548 at the issue of exposure to animals. We know that in parts
2549 of Africa, consumption of forest-living animals can be a
2550 cause. We don't know of any documented transmission from
2551 dogs to humans but that is why the authorities with our
2552 agreement have quarantined a dog, and we will helping them to
2553 assess that situation.

2554 Mr. {Griffith.} And it is also true that while we have
2555 no evidence of transmission from human to dogs, we really
2556 don't know if there can be. We have what we call in the law-
2557 -I used to be a lawyer--you have a lack of evidence as
2558 opposed to negative evidence. We don't have clear evidence
2559 that you can't transmit it either. And what is interesting
2560 is, that raised the question for me about, okay, we have got
2561 no restrictions on travel of human beings, how about the
2562 dogs? I called Customs. They said, well, our experts are
2563 there, and then after pushing them a little bit, they said
2564 that is USDA. We call USDA, and Dr. Frieden, they said that

2565 would be CDC.

2566 So I understand all your reasons, and while I don't
2567 agree with completely, I understand the concerns about
2568 humanitarianism, et cetera, but don't you think we ought to
2569 at least restrict travel of dogs?

2570 Dr. {Frieden.} We will follow up in terms of what is
2571 possible and indicated.

2572 Mr. {Murphy.} I now recognize Mr. Yarmuth for 5
2573 minutes.

2574 Mr. {Yarmuth.} Thank you, Mr. Chairman, and before I
2575 begin my questioning, I would like to submit for the record
2576 an article titled ``Will America's fragmented public health
2577 system meet the Ebola challenge?'' by Mark Rothstein, who is
2578 the Director of the Institute of Bioethics at the University
2579 of Louisville Medical School. I would like to submit that
2580 for the record. Thank you.

2581 [The information follows:]

2582 *************** COMMITTEE INSERT ***************

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2583 Mr. {Yarmuth.} I would like to thank the panel for
2584 their testimony and answering the questions, and this has
2585 been a very enlightening hearing. I also want to acknowledge
2586 at the beginning that the Kentucky Air National Guard, which
2587 is based in my district, is in Senegal right now providing
2588 the infrastructure for the 101st in their efforts, so I want
2589 to acknowledge their participation in this effort.
2590 At the risk of displaying my ignorance, we apparently
2591 know that you cannot detect the Ebola until the same time it
2592 becomes symptomatic when it becomes contagious. Is there any
2593 other kind of test that would indicate whether anything is
2594 going on in the body? I know that sometimes my doctor will
2595 say, well, you have got an elevated white blood cell count,
2596 something is going on there, and may not know exactly what it
2597 is. Is that true of the Ebola or would that not indicate
2598 that something is going on?
2599 Dr. {Frieden.} At this point we don't have a test that
2600 would identify it before someone has symptoms. In fact, the
2601 test only turns positive when they are sick, and the test is
2602 for the virus itself and that is why--that is another reason
2603 besides the patterns of disease that we are confident that it
2604 doesn't spread. We can't even find tiny amounts of it in
2605 people's bodies until they get sick.

2606 Mr. {Yarmuth.} Is there any research being done as to a
2607 possible test, earlier test for this?

2608 Dr. {Frieden.} There is a lot of research being done to
2609 try to understand and diagnose and treat and prevent better.

2610 Mr. {Yarmuth.} Good. I am a media person by
2611 background. That is where I spent most of my career, so I am
2612 very sensitive to how the media treat situations like this,
2613 and certainly the media can be a very important part of
2614 providing public information about a potential threat to
2615 public safety as this is. But they can also go overboard, as
2616 we know, and I am curious because I see every day comments in
2617 the media about the spread of Ebola and outbreaks of Ebola,
2618 and while yes, technically it has spread from one person to
2619 two health care workers, I know that the public may hear that
2620 very differently and perceive there to be a much broader and
2621 widespread incident of Ebola in the country, and I see things
2622 like, for instance, in the Washington Post the picture of the
2623 woman at Dulles Airport who looks like she is mummified
2624 because of her concern of contracting Ebola, and I know that
2625 now one survey showed 98 percent of the American people are
2626 aware of the Ebola situation and not even 50 percent know
2627 there is an election coming up in 3 weeks. So the media has
2628 certainly let the public know that there is something going
2629 on.

2630 My question to you is, has the media coverage so far
2631 been helpful or harmful in your efforts to have the public
2632 have an appropriate concern and awareness of what the
2633 situation is?

2634 Dr. {Frieden.} Well, anytime health care workers become
2635 infected and ill in this country, it is unacceptable, and our
2636 thoughts are with the two infected health care workers in
2637 hoping for their recovery. So it is certainly understandable
2638 that there is intense media interest. It is new to the
2639 United States. It is a scary disease, had a movie made about
2640 it, and it is important to have that attention so that we as
2641 a society pay attention, and doctors in hospitals and
2642 community health clinics and primary care practices think of
2643 the possibility of Ebola that we generate the societal will
2644 and resources to both protect Americans and stop it at the
2645 source because it has got to be stopped at the source to make
2646 us completely safe.

2647 Some of the coverage, I think many would agree, may
2648 exaggerate the potential risks or may confuse people about
2649 the risks. There really is a lot we know about Ebola. CDC
2650 has an entire branch, entire group of professionals who spend
2651 their careers working on Ebola and other similar infections.
2652 They go out and stop outbreaks all the time. We have stopped
2653 every outbreak of Ebola until the current one in West Africa.

2654 There is zero doubt in my mind that barring a mutation which
2655 changes it, which we don't think is likely, there will not be
2656 a large outbreak in the United States. So I think we welcome
2657 the attention. It would be important at times to put it in
2658 perspective.

2659 Mr. {Yarmuth.} I appreciate that. I agree totally.

2660 One final question in the last 30 seconds. Are you--is
2661 there any additional authority that CDC would find more
2662 helpful in conducting or meeting the responsibilities? I
2663 know most of yours is guidance and information, but is there
2664 any specific authority that Congress could grant you that
2665 would make your job--would make it easier for you to do your
2666 job?

2667 Dr. {Frieden.} We are looking at a variety of things,
2668 emergency procurement, for example, to see in conjunction
2669 with the Administration whether there are some changes that
2670 might allow us to respond more quickly and effectively.

2671 Mr. {Yarmuth.} Thank you. I yield back

2672 Mr. {Murphy.} I recognize Mr. Johnson for 5 minutes.

2673 Mr. {Johnson.} Thank you, Mr. Chairman, and Dr.
2674 Frieden, thank you for being here. I thank all of you on the
2675 panel for being here today.

2676 You know, this is not about politics, it is not about
2677 international diplomacy. It is about public health and

2678 protecting the public safety of the American people
2679 particularly our health care workers, who if I understood
2680 correctly, you have acknowledged are some of the high-risk
2681 folks to be exposed.
2682 You know, I want to--one of my main concerns, Dr.
2683 Frieden, is that we don't know what we don't know.
2684 Throughout testimony and questioning today, I have heard you
2685 say multiple times ``I don't know the details of this, I
2686 don't know the details of that,'' and I think what the
2687 American people are wanting is some assurance that somebody
2688 does know the details.
2689 So let me ask you a question. Do we know yet how the
2690 two health care workers in Dallas were contracted the virus?
2691 Was it a breakdown in the protocol? Was it a breakdown in
2692 the training of the protocol? Do we know whether or not the
2693 protocol works?
2694 Dr. {Frieden.} The investigation is ongoing. We have
2695 identified some possible causes. We are not waiting for the
2696 investigation to be completed--
2697 Mr. {Johnson.} So we don't know?
2698 Dr. {Frieden.} We are immediately--
2699 Mr. {Johnson.} Okay.
2700 Dr. {Frieden.} --going to take safety measures.
2701 Mr. {Johnson.} I get that. We don't know. You know,

2702 the people in Ohio are concerned, especially now that we know
2703 that one of those health care workers traveled through Ohio,
2704 even spent some time in Akron with family members. I applaud
2705 Governor Kasich's immediate actions to try to address the
2706 situation.

2707 You know, in my experience as a military war planner,
2708 26-1/2 years in the military, and I know we have got military
2709 engaged in this process overseas, we don't wait until the
2710 bullets start flying to figure out whether our war plan is
2711 going to work.

2712 Dr. Frieden, when did the CDC find out that there was an
2713 outbreak of Ebola in West Africa?

2714 Dr. {Frieden.} Late March.

2715 Mr. {Johnson.} Late March. Has there been--one of the
2716 things that we do in the military is that we conduct what is
2717 called operational readiness inspections. We give real-world
2718 scenarios in controlled environments, no notice so that those
2719 who are going to be responsible for executing a war plan
2720 knows what to do when the first shot is fired, no panic, no
2721 second guessing; they know what to do. Has the plan to
2722 address an Ebola outbreak ever been tested by the CDC in a
2723 real-world environment?

2724 Dr. {Frieden.} Not only has the plan been tested but
2725 outbreak control has been done multiple times in parts of

2726 Africa. What had not been done is in this part of Africa
2727 which had never seen--
2728 Mr. {Johnson.} No, I am talking about here in America.
2729 Dr. {Frieden.} In America also we do a series of
2730 preparedness plans, for example--
2731 Mr. {Johnson.} Which--do you know of any hospitals in
2732 eastern and southeastern Ohio that have participated in any
2733 kind of real-world scenario of an Ebola outbreak?
2734 Dr. {Frieden.} I can't speak to that specific example,
2735 no.
2736 Mr. {Johnson.} Okay. Let me go a little bit further.
2737 You mentioned earlier that 150 per day roughly are coming in
2738 from West Africa. I think Mr. Wagner indicated 94 percent
2739 screening. Let me give you a scenario. Let us say a person
2740 comes in to the country from West Africa, and let us assume
2741 that everything in the screening process works right. They
2742 are maybe in day 14 of having been exposed to Ebola in West
2743 Africa. They show up here in America with no symptoms. They
2744 go through the screening process, and so they go on about
2745 wherever they go--Akron, Cleveland, Cincinnati, Los Angeles,
2746 wherever. Day 17 or 18 they start getting ill and they start
2747 seeing a spike in their temperature. If they walk into any
2748 emergency room in Appalachia Ohio and start throwing up,
2749 having symptoms, does your plan identify that and does your

2750 plan tell that hospital emergency room what to do in that
2751 scenario? They don't know that person came from Liberia or
2752 any other place.
2753 Dr. {Frieden.} We have detailed checklists and
2754 algorithms that we have distributed widely, provided repeated
2755 training and information so that health care providers
2756 throughout the country have a detailed checklist of what to
2757 do step by step by step to determine whether the person has
2758 Ebola, if they do, to call for help and we will be there.
2759 Mr. {Johnson.} Mr. Chairman, I yield back.
2760 Mr. {Murphy.} Thank you. Mr. Green is next in line,
2761 but we are looking for him, so Mr. Matheson is next for 5
2762 minutes.
2763 Mr. {Matheson.} Well, thank you, Mr. Chairman. I have
2764 a number of questions. I will try to move through them
2765 quickly.
2766 Dr. Frieden, as was mentioned by a couple people in
2767 their opening statements, it strikes me that controlling the
2768 outbreak in West Africa is really one of the real key issues
2769 to keeping Americans safe. There are reports that indicate
2770 we may still be losing some ground in Liberia, so I guess I
2771 would ask the question, what would enhance the international
2772 community's ability to gain control of the situation in West
2773 Africa in terms of actions and resources?

2774 Dr. {Frieden.} The fight against Ebola in West Africa
2775 is challenging. The health systems are weak. What we are
2776 finding is that it is moving quickly and there is a real risk
2777 it will spread to other parts of Africa. Therefore, the key
2778 ingredient to progress there is speed. Because the outbreak
2779 is increasing so quickly, the quicker we surge in a response,
2780 the quicker we blunt the number of cases and the risk to
2781 other parts of the world including the United States
2782 decreases.
2783 Mr. {Matheson.} And are you resource-constrained in
2784 that context?
2785 Dr. {Frieden.} Congress has provided money or approval
2786 or agreement to use money for the Department of Defense.
2787 USAID has resources going in. At CDC, we received through an
2788 anomaly $30 million for the first 11 weeks of this fiscal
2789 year, which we appreciate.
2790 Mr. {Matheson.} Let me ask you, you have a number--CDC
2791 has a number, an unprecedented number of people in the field
2792 right now in West Africa and in Texas. How many people do
2793 you have deployed doing airport screenings?
2794 Dr. {Frieden.} I would have to get back to you with the
2795 exact number. We are working both to oversee the screenings
2796 in West Africa and make sure they are done correctly and to
2797 screen individuals here, collect information on them and

2798 transfer that information--

2799 Mr. {Matheson.} I need you to get that number and also
2800 find out if those resources are best used there or elsewhere
2801 with your limited number of people. That would be
2802 interesting to hear.

2803 Following up on Mr. Yarmuth's questioning, is there a
2804 development of a more rapid test to determine if someone has
2805 Ebola than what we use today?

2806 Dr. {Frieden.} A more rapid test would be very helpful.
2807 The U.S. Navy has a pilot test in development. We are
2808 currently testing that in parts of West Africa. It is
2809 simpler, quicker and would be very helpful, even if it isn't
2810 quite as sensitive in West Africa, but we are working with a
2811 number of commercial manufacturers also on a more rapid test
2812 than there is currently.

2813 Mr. {Matheson.} It seems to me that when it comes to
2814 infection control and prevention and hospital epidemiology
2815 standards, I think they vary widely from hospital to hospital
2816 in this country. What legislative or regulatory actions
2817 could strengthen these systems? I mean, how can we reduce
2818 this variability among hospitals in our country?

2819 Dr. {Frieden.} Infection control in our hospitals
2820 generally is a challenge and something that CDC works hard
2821 with hospitals and State health departments and State

2822 governments to improve. Hospitals are regulated by the
2823 States within which they operate, and the issue of what could
2824 be done to improve infection control is complex. CDC has a
2825 large program hospital infection prevention and there we
2826 support regional efforts to share lessons and figure out new
2827 ways to do things better to prevent infection, and that kind
2828 of center of excellence model is a very important one.
2829 Mr. {Matheson.} But you are suggesting that while you
2830 can provide the information and the expertise and the
2831 guidance, the actual implementation and responsibility is
2832 still a State function more than a federal function. Do you
2833 think we should be looking at that issue?
2834 Dr. {Frieden.} In the United States, we have a
2835 federalist system. The CDC provides information and input.
2836 There are roughly 5,000 hospitals in the country. We are not
2837 a regulatory agency.
2838 Mr. {Matheson.} Right. One other line of questions.
2839 There is no good news about Ebola but at least it is not an
2840 airborne--transmitted as an airborne entity. It is clear
2841 that we don't want to understand its ability to be
2842 transmitted, and while the focus is on Ebola and rightly so
2843 for this hearing, there are other airborne transmissible
2844 pathogens that ought to be of great concern to everyone
2845 including this Congress that exist around the globe today,

2846 MERS being one of them. Is this experience we have had with
2847 Ebola, how do we learn from it to make sure we are prepared
2848 for other human-to-human-transmissible pandemics that may be
2849 more--may be a higher rate of transmission than Ebola?
2850 Dr. {Frieden.} I think there are two major lessons,
2851 first, to prevent it at the source. If we had had the basic
2852 public health system in place in these three countries a year
2853 ago to find it, stop it and prevent it would, it would be
2854 over already, and second, within our country, to continue to
2855 support hospital preparedness, community preparedness and
2856 fundamentally the public health measures to find, stop and
2857 prevent health threats.
2858 Mr. {Matheson.} Okay. Thanks, Mr. Chairman.
2859 The {Chairman.} [Presiding] Mr. Long is recognized for
2860 5 minutes.
2861 Mr. {Long.} Thank you, Mr. Chairman, and today we have
2862 referred to--people on the panel, people up here have
2863 referred to Nurse One and Nurse Two, and these are two young
2864 women that have dedicated their lives to helping other
2865 people, sick people, and to refer them as Nurse One and Nurse
2866 Two just doesn't set well with me. It is kind of reminiscent
2867 of Dr. Seuss Thing One and Thing Two. These are not things.
2868 So for the record, I would like to state that the first nurse
2869 to contract Ebola was Nina Pham, and the second nurse was

2870 Amber Joy Vinson. These are young women with families. I
2871 know one in particular has a fiancé. And so I think that it
2872 would serve as well to remember that these are human beings
2873 that have dedicated--young women that have dedicated their
2874 lives to helping other people, and for them and nurses
2875 everywhere and their families, I would just like to open with
2876 that.

2877 Dr. Frieden, you said in your testimony earlier that
2878 only by direct contact can you contract Ebola. Do you stand
2879 by that statement?

2880 Dr. {Frieden.} Direct contact with someone who is ill
2881 or died from Ebola or their body fluids.

2882 Mr. {Long.} And it is not airborne, Congressman
2883 Matheson just said, and you agreed it is not an airborne--
2884 cannot be contracted airborne.

2885 Dr. {Frieden.} Ebola spreads person to person, not by
2886 the airborne route, so it is not like--

2887 Mr. {Long.} Do you need personal contact?

2888 Dr. {Frieden.} Yes.

2889 Mr. {Long.} If you need personal contact with bodily
2890 fluids, why is there an airliner in the Denver Airport right
2891 now that Frontier Airlines has scrubbed four times? Aren't
2892 they wasting money? Why can't they get that back into
2893 service? If you have to have bodily contact, close contact,

2894 why scrub that airliner?

2895 Dr. {Frieden.} I understand that people are very

2896 concerned about Ebola. It is a scary disease. I can't

2897 comment--

2898 Mr. {Long.} So it is just for public perception? I

2899 mean, they really don't need to be doing that, right?

2900 Dr. {Frieden.} We have detailed guidelines along with

2901 the EPA for how to clean airliners.

2902 Mr. {Long.} Do you need a fever to be contagious?

2903 Dr. {Frieden.} You need to be sick. Generally the

2904 first symptom of illness is fever.

2905 Mr. {Long.} So do you need a fever to be contagious?

2906 Dr. {Frieden.} Late in the disease when people are

2907 deathly ill, they may not have fever but they would be likely

2908 be unable to walk at that point.

2909 Mr. {Long.} This 21-day period that you need to show

2910 symptoms within 21 days from exposure, during that period

2911 could you be contagious the third day of that point?

2912 Dr. {Frieden.} Only if you were sick, only if you had

2913 symptoms.

2914 Mr. {Long.} Okay. And the incubation period is

2915 anywhere from zero to 21 days?

2916 Dr. {Frieden.} Two to 21 days, generally within the

2917 first 10 days or so.

2918 Mr. {Long.} You said here today that there are 100 to
2919 150 people a day coming from West Africa into the United
2920 States. You are opposed to travel restrictions, which the
2921 constituents in the 7th District in Missouri are very much in
2922 favor of travel restrictions. I predict you are going to put
2923 on or the President is going to put on travel restrictions.
2924 I don't know if it is going to be today or tomorrow or 2
2925 weeks or a month from now but I think that they are coming
2926 and I think sooner rather than later. If there are 150 a
2927 day, and you rationalize, well, we don't really need to worry
2928 about that because they could get across borders, they could
2929 go by land and then get here. With that 100 to 150 a day,
2930 don't you think that number might be reduced to five or ten a
2931 day if we did put on travel restrictions?
2932 Dr. {Frieden.} I can't comment on what numbers would--
2933 Mr. {Long.} If someone had to make an effort other than
2934 going out to their local airport and jumping on a plane, if
2935 they really had to try to get here, don't you think that
2936 number would dramatically drop?
2937 Dr. {Frieden.} I know that people do come back, and
2938 right now we are able to screen them, collect their
2939 information--
2940 Mr. {Long.} What if they don't come back? A lot of
2941 people come in this country and we lose track of them. They

2942 don't come back. What happens then? My point is, if you
2943 have got 150 a day coming in or you have five coming in a
2944 day, I and my constituents would rather have five a day
2945 coming in, and this thing of checking for temperatures like
2946 it is going to help is kind of like scrubbing a plane that
2947 doesn't need to be scrubbed.

2948 But I would like to recommend the folks reading this
2949 copy of Bloomberg Business Week ``Ebola is coming, coming to
2950 America. The United States had a chance to stop the virus in
2951 its tracks but it missed.'' That issue came out before Mr.
2952 Duncan came to this country and before he was diagnosed with
2953 Ebola. There is some good reading in there that I would
2954 recommend.

2955 I would also recommend to you if you want to Google a
2956 hospital from hell, it is swamped by Ebola in the New York
2957 Times just a few days ago, hospital from hell, if you get a
2958 chance to read that. I think that everyone would be in favor
2959 of the travel restrictions we have talked about here today,
2960 and today OSHA, Occupational Safety and Health
2961 Administration, just today said that Customs and Border
2962 Patrol immigration enforcement agents are at risk of coming
2963 into contact with Ebola.

2964 Mr. Wagner, are we prepared for that? Are your agents,
2965 are they protected to the fullest extend what they need?

2966 Mr. {Wagner.} We--

2967 Mr. {Long.} This just came out today.

2968 Mr. {Wagner.} We issue them personal protective gear
2969 and we train them on how to wear it and what circumstances to
2970 wear it, but they encounter all different kinds of travelers
2971 with a whole host of different potential communicable
2972 diseases. So you know, we are aware and we do train to
2973 recognize signs of overt illness and we have the protocols
2974 with health professionals to get those travelers into that
2975 care and to protect our employees.

2976 Mr. {Long.} To me, they fall in the same category of
2977 the nurses. They are there to save us and help people and
2978 protect people in this country, so God bless, and I will
2979 yield back.

2980 The {Chairman.} The gentleman's time has expired. The
2981 gentlelady from North Carolina, Mrs. Ellmers.

2982 Mrs. {Ellmers.} Thank you so much, Mr. Chairman, and I
2983 have a number of questions.

2984 I would like to start with Dr. Varga in regard to the
2985 two nurses that were exposed. My understanding is, one of
2986 the nurses, the first nurse, Ms. Pham, was exposed in the
2987 emergency room. Is that correct?

2988 Dr. {Varga.} I am sorry. Could you repeat the
2989 question, please?

2990 Mrs. {Ellmers.} The first nurse was exposed in the
2991 emergency room. Is that correct?
2992 Dr. {Varga.} No, that would not be correct. Nina was
2993 one of our ICU nurses and came in contact with Mr. Duncan
2994 when Mr. Duncan was transferred from the emergency department
2995 up to the ED.
2996 Mrs. {Ellmers.} So that was sometime from September
2997 28th to the 30th. Is that correct?
2998 Dr. {Varga.} That is correct.
2999 Mrs. {Ellmers.} Okay. And then the second nurse, Ms.
3000 Vinson, was she also an ICU nurse?
3001 Dr. {Varga.} That is correct.
3002 Mrs. {Ellmers.} Okay. So they were exposed after the
3003 point that we would have already started recognizing that
3004 Ebola was being questioned. Is that correct?
3005 Dr. {Varga.} No, that is not correct. The nurses in
3006 the MICU from the time they had first contact with Mr. Duncan
3007 were in personal protective equipment according to the CDC
3008 guidelines. Nina cared for Mr. Duncan--
3009 Mrs. {Ellmers.} Okay. Dr. Varga, I am going to stop
3010 you right there. So they were already using universal
3011 precautions but also had--were using some of the more
3012 isolation? And just answer yes or no.
3013 Dr. {Varga.} Yes.

3014 Mrs. {Ellmers.} Okay. To that, I would like to move on
3015 to Dr. Frieden. This of course--and I will just back up. On
3016 October 2nd--excuse me--October 6th, I sent a letter to the
3017 CDC, to CBP and HHS calling for travel restrictions. So
3018 there is no question I believe travel restrictions need to be
3019 put in place, and now after having this subcommittee hearing,
3020 I believe even more strongly that we need them, and I just
3021 want to back up to a couple questions for Dr. Frieden and Dr.
3022 Fauci. Do we know the--are there multiple strains of Ebola?
3023 Dr. {Frieden.} There are five different subspecies.
3024 This outbreak is one particular subspecies, Ebola Zaire, and
3025 all of the strains that we have seen have been closely
3026 related.
3027 Mrs. {Ellmers.} Okay. So we know that it is isolated
3028 to one particular strain?
3029 Dr. {Frieden.} Yes.
3030 Mrs. {Ellmers.} Now, you had mentioned, and I believe
3031 the quote was, unless it mutates, there will not be an
3032 outbreak here in the United States. Is that correct?
3033 Dr. {Frieden.} There will not be a large outbreak here
3034 barring a mutation.
3035 Mrs. {Ellmers.} Well, the question I have is, when the
3036 nurses we reusing the protective gear then, how is this that
3037 this has happened? It tells me that something is changing

3038 here, and are we currently looking into this situation right
3039 now?
3040 Dr. {Frieden.} We are absolutely looking for other
3041 mutations or changes. What we have seen is a very little
3042 change in the virus. We don't think it is spreading by any
3043 different way.
3044 Mrs. {Ellmers.} And you have already said a couple of
3045 times that you don't believe that this is airborne and yet
3046 there again I know how nurses are. I was one for 21 years
3047 before coming to Congress. You are protecting yourself. You
3048 are protecting your patient. You are protecting your family.
3049 They followed precautions, I am sure, and now we are having
3050 this conversation, and I am very concerned about that.
3051 Dr. {Frieden.} We are confident that this is not
3052 airborne transmission. These nurses were working very hard.
3053 They were working with a patient who was very ill, who was
3054 having lots of vomiting, lots of diarrhea. There was a lot
3055 of infectious material, and the investigation is ongoing but
3056 we immediately implemented a series of measures to increase
3057 the level of safety.
3058 Mrs. {Ellmers.} Okay. I am going to move on.
3059 Dr. Borio, in the discussion of fast tracking a test for
3060 Ebola, where is the FDA on that? Is there a fast-track
3061 process right now that you know of?

3062 Dr. {Borio.} For diagnostic tests?

3063 Mrs. {Ellmers.} Yes.

3064 Dr. {Borio.} So there are three diagnostic tests that
3065 are authorized for use under our authorities, and we have
3066 also taken some practice steps by contacting manufacturers,
3067 commercial manufacturers, who we know have potential interest
3068 in technologies to be brought to bear here, and we reached
3069 out to a handful who might be interested in working with us.

3070 Mrs. {Ellmers.} Okay. So you are in the process of
3071 looking towards a fast-track process?

3072 Dr. {Borio.} Yes. We would expedite every such test.

3073 Mrs. {Ellmers.} Great. Thank you.

3074 And then Dr. Frieden, lastly, you know, there again, I
3075 am speaking on behalf of my constituents and every American
3076 in this country. I just don't believe that it is acceptable
3077 that the quote that you had given us, we won't be able to
3078 track them as the reasoning for why we should not implement
3079 travel restrictions. I do believe we can, and Mr. Wagner, as
3080 far as our Customs and Border Patrol, do you believe that
3081 there is a way that we can implement tracking?

3082 Mr. {Wagner.} Tracking?

3083 Mrs. {Ellmers.} Tracking of individuals if we do not
3084 allow them to come--

3085 Mr. {Wagner.} Yeah, we have ways to determine a

3086 person's itinerary and travel history through the questioning
3087 or review of the passport. It is easier when they are coming
3088 on a direct ticket from those places--

3089 Ms. {Ellmers.} True, true, but as you pointed out, they
3090 are coming from--

3091 Mr. {Murphy.} The gentlelady's time is expired.

3092 Mrs. {Ellmers.} Thank you, Mr. Chairman. I thank you
3093 for indulging my over time here.

3094 Mr. {Murphy.} I now recognize Mr. Scalise for 5
3095 minutes.

3096 Mr. {Scalise.} Thank you, Mr. Chairman. I appreciate
3097 you holding this hearing, and I want to thank all of the
3098 panelists for coming and participating, and I have talked to
3099 a number of health care professionals as well and listened to
3100 the panel as well. I want to join with Chairman Upton in
3101 urging the President to immediately institute a travel ban
3102 until such time that they can firmly and scientifically prove
3103 that Americans are safe from having more Ebola patients
3104 coming into the United States, and Dr. Frieden, you expressed
3105 disagreement with that. Have you all had any conversations
3106 within the White House about a travel ban and whether or not
3107 the President has the authority, because many of us have said
3108 the President does have the authority to do it today.

3109 Dr. {Frieden.} From the point of view of CDC, we are

3110 willing to consider anything that will reduce risk of--

3111 Mr. {Scalise.} But have you considered that and have

3112 you ruled it out or have you not considered it at all? Have

3113 you had conversations with the White House about a travel

3114 ban? That is a yes or no question. Have you had

3115 conversations with the White House about a travel ban?

3116 Dr. {Frieden.} We discussed many aspects--

3117 Mr. {Scalise.} How about a travel ban? Have you had

3118 that conversation--

3119 Dr. {Frieden.} We have had discussions on the issue of

3120 travel to and from West Africa.

3121 Mr. {Scalise.} And have you all ruled it out?

3122 Dr. {Frieden.} I can't speak for the White House. I

3123 can tell you that--

3124 Mr. {Scalise.} You can speak for the CDC. If you were

3125 in those conversations, maybe they had their own

3126 conversations without you but if you were involved in

3127 conversations with the White House about a travel ban, did

3128 they rule it out? Are they still considering it?

3129 Dr. {Frieden.} From the CDC's perspective, we will

3130 consider anything that will better protect--

3131 Mr. {Scalise.} So are you going to answer the question

3132 about your conversations with the White House? Is the White

3133 House considering a travel ban?

3134 Dr. {Frieden.} I can't speak for the White House.
3135 Mr. {Scalise.} Do you know if they have ruled out a
3136 travel ban?
3137 Dr. {Frieden.} I can't speak for the White House.
3138 Mr. {Scalise.} Have you had conversations with them
3139 about it?
3140 Dr. {Frieden.} We have discussed the issue of travel.
3141 Mr. {Scalise.} All right. I would urge you at a
3142 minimum, if you have ruled out a travel ban, if you don't
3143 think it is the right way to go, there are a lot of people
3144 that would disagree with you. At a minimum, you ought to
3145 look at least immediately suspending visas to non-U.S.
3146 nationals seeking to travel into the United States from
3147 Sierra Leone, Liberia and Guinea. Have you all considered
3148 that or discussed it or ruled it out?
3149 Dr. {Frieden.} At CDC, our authority is to quarantine
3150 individuals who require the isolation of individuals.
3151 Mr. {Scalise.} But you said you don't think there
3152 should be a travel ban. What about at least looking at
3153 suspending visas to non-U.S. citizens? Have you looked at
3154 that?
3155 Dr. {Frieden.} CDC doesn't issue visas.
3156 Mr. {Scalise.} But you can make a recommendation to the
3157 White House that it would be in the best interest of the

3158 American people to have that kind of suspension issue, can't
3159 you? Are you not aware of that?
3160 Dr. {Frieden.} We would certainly consider anything
3161 that will reduce risk to Americans.
3162 Mr. {Scalise.} Let me ask you this. Do you have a high
3163 level of confidence that our U.S. troops that are over there
3164 right now--I have got estimates that are around 350 U.S.
3165 troops are already in those three affected countries. Up to
3166 3,000 troops are going to be sent over by President Obama.
3167 Do you have a high level of confidence that those U.S. troops
3168 are protected with all the protocols in place so that they
3169 will not contract Ebola?
3170 Dr. {Frieden.} We have worked very closely with DoD on
3171 their protocols and--
3172 Mr. {Scalise.} So do you have a high level of
3173 confidence that they are protected?
3174 Dr. {Frieden.} I would not say that there is zero risk.
3175 They are in those countries but they are not participating in
3176 high-risk activities that--
3177 Mr. {Scalise.} Are you consulting with DoD? Who
3178 establishes the protocols in that case? Is the CDC involved
3179 in that?
3180 Dr. {Frieden.} They are following the CDC's protocols
3181 but they follow their own--

3182 Mr. {Scalise.} Let me ask you about the protocols
3183 because I have read reports that some people with some of the
3184 other organizations that have been over there for a while--
3185 you have got the group Samaritan's Purse, a gentleman by the
3186 name of Sean Kaufman, who is involved with some of the
3187 doctors that have been over there that have gotten infected.
3188 They have been working for decades in some cases. He said
3189 that he warned your agency that the guidelines that you had
3190 on Ebola were lax and his response was, ``They kind of blew
3191 me off,'' meaning your agency blew him off when he was
3192 warning you that your protocols were lax. Are you aware of
3193 that?
3194 Dr. {Frieden.} I saw that quotation. We take all
3195 suggestions--
3196 Mr. {Scalise.} Have you identified who blew him off in
3197 your agency?
3198 Dr. {Frieden.} I don't know that that occurred.
3199 Mr. {Scalise.} Well, I would hope that you would go and
3200 find out because there is a real concern. You know, one of
3201 the biggest concerns I get from the hospitals in my district
3202 that I have talked to, and I have talked to a number of
3203 hospital officials, medical officials, professionals in my
3204 district. They are concerned that they haven't had
3205 consistent protocols. There has been at least four just in

3206 the last few weeks where the protocols keep changing. Now,
3207 with the nurse, the first nurse that was infected, I believe
3208 you personally said that the protocols were breached
3209 originally. Have you backed away from that?
3210 Dr. {Frieden.} We are looking at what might--
3211 Mr. {Scalise.} You said the protocols were breached.
3212 Were the protocols breached with the first nurse that was
3213 infected? Yes or no.
3214 Dr. {Frieden.} Our review of the records suggests that
3215 in the first few days of--
3216 Mr. {Scalise.} If you didn't know for a fact, you
3217 shouldn't have said it.
3218 Mr. {Murphy.} The gentleman's time is expired.
3219 Mr. {Scalise.} Do you withdraw that statement, or do
3220 you still stand by the statement that protocols were breached
3221 by the first nurse?
3222 Dr. {Frieden.} There was a definite exposure that
3223 resulted--
3224 Mr. {Scalise.} Were protocols breached, yes or no?
3225 Mr. {Murphy.} The gentleman's time is expired.
3226 Mr. {Scalise.} Yield back.
3227 Mr. {Murphy.} Thank you.
3228 It is the tradition of this committee that the ranking
3229 member and the chairman have a final 2-minute wrap-up. Ms.

3230 DeGette, 2 minutes.

3231 Ms. {DeGette.} Dr. Frieden, would it be fair to say
3232 that it looks like the first nurse, Ms. Pham, was exposed in
3233 the first couple of days before the diagnosis came in?

3234 Dr. {Frieden.} That is our leading hypothesis at this
3235 point.

3236 Ms. {DeGette.} Thank you.

3237 Now, Dr. Varga, we have still got you, I hope.

3238 Dr. {Varga.} Yes, I am here.

3239 Ms. {DeGette.} Have you now seen my chart from the New
3240 York Times about the protective gear?

3241 Dr. {Varga.} Yes, ma'am.

3242 Ms. {DeGette.} Do you know which of these types of
3243 protective gear Ms. Pham and the other health care workers
3244 were wearing during those first 2 days?

3245 Dr. {Varga.} Ms. Pham would have been wearing or Nina
3246 would have been wearing the second garb. The folks in the ED
3247 most likely would have been wearing the first picture.

3248 Ms. {DeGette.} Okay. Thank you. So it is your
3249 testimony you don't really know how Ms. Pham was--well,
3250 either one of these wonderful nurses were exposed. Is that
3251 correct?

3252 Dr. {Varga.} That is correct.

3253 Ms. {DeGette.} Okay. I just want to say one last

3254 thing. I think that we have had a lot of discussion today
3255 about a lot of issues, and my takeaway is this--and Dr.
3256 Frieden, I guess I would--I am going to make a statement and
3257 I would ask you to comment on it. It seems to me that aside
3258 from trying to stop this Ebola in Africa, the thing we can do
3259 here is number one, we can give better training to the people
3260 in our emergency rooms and our first responders, not just
3261 send them out emails or bulletins. Number two, we can have
3262 more robust protective gear at an early stage if somebody
3263 looks like they might have a risk for Ebola, and number
3264 three, I think it might be really useful to put CDC on the
3265 ground much earlier. Here, they didn't come into this Dallas
3266 hospital until after the diagnosis. So there was 2 days when
3267 people were moving in and out of Mr. Duncan's room and we
3268 don't know exactly what happened. Dr. Frieden, could you
3269 comment very briefly on that?

3270 Dr. {Frieden.} I will agree completely on the training.
3271 We are looking very carefully at the personal protective
3272 equipment issue. We consult immediately every time, and
3273 there have been more than 300 consultations for hospitals
3274 that have thought they might have a patient with Ebola. Only
3275 Mr. Duncan was confirmed to have Ebola.

3276 We can't be everywhere. Everyone has to do their part
3277 but we will do everything we can to support the front lines.

3278 Ms. {DeGette.} And Mr. Chairman, I would ask for both
3279 this protective gear chart and also our map of the flights to
3280 be included in the record, and I would also ask--
3281 Mr. {Murphy.} Without objection.
3282 [The information follows:]

3283 *************** COMMITTEE INSERT ***************

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3284 Ms. {DeGette.} I would also ask all of our witnesses if
3285 they would continue to keep this committee updated as to
3286 changes in procedures or developments that are made as we go
3287 along, and I would ask unanimous consent to put in the other
3288 members' opening statements in the record.
3289 Mr. {Griffith.} Mr. Chairman, I had previously asked
3290 for unanimous consent for the letter that I quoted from.
3291 Mr. {Murphy.} Yes, that was granted.
3292 Mr. {Griffith.} I don't think we ever agreed on it but-
3293 -
3294 Mr. {Murphy.} It is so ordered.
3295 Mr. {Griffith.} Thank you.
3296 Mr. {Murphy.} I now recognize myself for a final 2
3297 minutes.
3298 So having listened to all your testimony, a couple of
3299 things that stand out for me. One, I appreciate Dr. Daniel
3300 Varga's statement of honesty that we made mistakes. I didn't
3301 hear that from any of you, and that troubles me. Because
3302 what has happened here, is your protocol depends on everyone
3303 being honest 100 percent of the time. I am not a medical
3304 expert. I study behavior as a psychologist. People are not
3305 honest 100 percent of the time.
3306 Secondly, it relies on tools for taking temperatures,

3307 which have their own reliability issues, a one in 21 chance
3308 during those 21 days it may register something, and a person
3309 can mask it with some analgesics, so that is not helpful.
3310 We also have to recognize human behavior, that protocols
3311 may not be followed. That is why you have a failsafe system
3312 of basically a buddy watching you put on your garb, watch you
3313 take it off, making sure you use other things, and I think
3314 the example of how this failed was, there is an assumption in
3315 the travel--Dr. Frieden, you said CDC granted her travel with
3316 the assumption that she used all the right protective gear
3317 but we have looked at this, and you are not aware of what she
3318 wore and it does not appear she wore the proper ones. So to
3319 this extent, these are my recommendations based on what we
3320 have heard in this hearing.
3321 I believe we need an immediate ban on commercial non-
3322 essential travel from Guinea, Liberia and Sierra Leone until
3323 we have an accurate and thorough screening process and we
3324 treat this disease. Number two, a mandatory quarantine order
3325 for any American who was treated an Ebola patient or has
3326 traveled to and returned from the Ebola hot zone countries.
3327 This includes a prohibition of domestic travel because of an
3328 assumption, and without this assumption of what they wore was
3329 donned and removed properly. Number three, immediate
3330 training and thorough training for U.S. health care hospital

3331 workers to include a review of personal protective equipment
3332 used in the treatment of possible Ebola-infected patients,
3333 their wear and removal. Number four, identify and designate
3334 specific medical centers equipped and trained to treat
3335 potential Ebola patients and expansion of those as soon as
3336 possible. Number five, identify gaps in statutory language
3337 that may prevent CDC and any other federal agency including
3338 BARDA, FDA and NIH from taking more aggressive and immediate
3339 action to protect public health from Ebola including letting
3340 us know of any abilities now to transfer funds immediately or
3341 any other action Congress needs to facilitate your needs.
3342 Number six, accelerate directives on development and
3343 deployment of clinical trials for all promising Ebola
3344 vaccines, investigational drugs and diagnostic tests. Number
3345 seven, acquisition of additional airplanes and vehicles
3346 capable of transporting American medical and military
3347 personnel who may have contracted Ebola in Africa to return
3348 to the United States beyond the current capacity of two.
3349 Number eight, additional contact tracing and testing
3350 resources for public health agencies, and number nine, to
3351 provide information to Congress regarding any resources
3352 needed to assist health interventions, aggressive health
3353 interventions in Africa so we can stop Ebola there.
3354 I appreciate all the members coming back today for this

3355 hearing, and I particularly appreciate the testimony of the
3356 panel. I ask unanimous consent that the members' written
3357 opening statements be introduced into the record. Without
3358 objection, the documents will be entered into the record.
3359 [The information follows:]

3360 *************** COMMITTEE INSERT ***************

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3361 Dr. {Burgess.} Yes, I have a document to enter into the
3362 record, the Office of Inspector General, Department of
3363 Homeland Security, and then the photograph that I
3364 demonstrated earlier today.
3365 Mr. {Murphy.} So ordered. That will be included in the
3366 record.
3367 [The information follows:]

3368 *************** COMMITTEE INSERT ***************

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3369 Mr. {Murphy.} Again, I thank all the witnesses and
3370 members--
3371 Ms. {Schakowsky.} Mr. Chairman.
3372 Mr. {Murphy.} --who have participated in the hearing.
3373 Ms. {Schakowsky.} Mr. Chairman, I just want an
3374 acknowledgement that the things I wanted included in the
3375 record--
3376 Mr. {Murphy.} Yes, those are included as well.
3377 Ms. {Schakowsky.} Thank you.
3378 Mr. {Murphy.} We will also have a hearing in November.
3379 We will follow up. We will notify members of the
3380 participants in that and when that will be.
3381 I ask all members to submit questions for the record and
3382 ask that the witnesses please agree to respond promptly to
3383 the questions, and with that, this hearing adjourned.
3384 [Whereupon, at 2:56 p.m., the subcommittee was
3385 adjourned.]