

ONE HUNDRED THIRTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**  
COMMITTEE ON ENERGY AND COMMERCE  
2125 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-6115

Majority (202) 225-2927  
Minority (202) 225-3641

October 23, 2014

The Honorable Barack Obama  
President  
The White House  
1600 Pennsylvania Avenue, N.W.  
Washington, D.C. 20500

Dear Mr. President:

On October 16, 2014, the Energy and Commerce Committee's Oversight and Investigations Subcommittee convened a hearing regarding the U.S. public health response to the Ebola outbreak. We appreciate the participation of key public health officials from your administration in this hearing, as well as the briefings and information sharing that has occurred over the last several months as we monitor the outbreak and the global health community's response. Based on the information gathered in our hearing and ongoing developments related to this outbreak, we write with a series of questions and recommendations to ensure that the U.S. response to the risks posed by the Ebola outbreak in West Africa is as effective as possible in protecting the public health and safety of the American people. Congress stands ready to serve as a strong and solid partner in solving this crisis.

At our October 16 hearing, the witnesses representing the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) reiterated the administration's position and rationale for not imposing travel restrictions at this time. In addition, witnesses from the CDC, the NIH, and the Food and Drug Administration (FDA) outlined various efforts to support clinical trials and expedite deployment for all promising Ebola vaccines, investigational drugs, and diagnostic tests.

The World Health Organization projects the number of Ebola cases to reach 10,000 a week by December. If this projection is correct, the risk of Ebola-case importation to the U.S. would increase dramatically and pose a greater potential challenge to the U.S. public health system. A recent online update of an air traffic study by a group from Northeastern University, which simulated daily passenger travel from West Africa to other parts of the world to quantify the risk of the Ebola virus spreading internationally, estimates that apart from other countries in Africa, the U.S. has the greatest risk of importing additional cases of Ebola. We appreciate the

recent actions by the Secretary of the Department of Homeland Security to restrict inbound air travelers from the three Ebola-stricken countries in West Africa to the five U.S. airports with enhanced screening, but we are concerned that the aforementioned projections reinforce the need to take further actions to limit the risk of Ebola-case importation to the U.S.

One such action to limit the risk is to improve the availability of point-of-care diagnostics. It is our understanding that federal agencies at the Departments of Defense (DoD), Health and Human Services (HHS), and Homeland Security (DHS), have funded the development of diagnostic tests, including rapid point-of-care tests, that either already target Ebola or could be used to target Ebola. For example, the FDA on August 5, 2014, issued Emergency Use Authorization (EUA) for an in vitro diagnostic device for detection of the Ebola Zaire virus (detected in the West Africa outbreak in 2014), as requested by DoD. On October 10, 2014, FDA granted EUAs to three more Ebola screening systems. We are interested in learning about the status of all rapid diagnostic tests for Ebola that could be developed and deployed, especially in West Africa to help the global response to the outbreak, and as a possible tool to screen and certify travelers as testing negative for Ebola before being allowed to travel to the U.S. Such a test would also help address a great concern that we share with the American public: the use of commercial flights in and out of the affected area to help contain the outbreak. Without such a test, we continue to believe the administration should evaluate options to limit these flights while ensuring the area is still able to receive the personnel and supplies necessary.

To advance the common goal of treating those who are sickened by Ebola and stopping the spread of this deadly virus as quickly as possible, we offer the following recommended actions and requests for information regarding key issues related to the Ebola response.

First, we share the interest of the American people in using the most effective tools – including travel restrictions – to prevent additional Ebola infections here in the U.S., and we encourage you to examine all such options as quickly as possible. So that we may better understand the facts and analysis underlying your current position, please advise whether the White House has any analysis or modeling relating to the claim that restricting travel of foreigners from the Ebola-affected countries would increase the risk of importation of Ebola cases into the U.S. If so, please provide this information and/or explain how the White House is coordinating the collection of such information.

Second, we believe improved diagnostic testing to identify infected patients is essential to stopping the spread of Ebola at its source and preventing additional cases from being imported into the U.S. and other countries around the world, and we encourage a coordinated effort by the administration to expedite the development of such diagnostics. Please share all available information regarding how the White House is coordinating efforts within the Executive Branch related to diagnostic testing (including rapid tests) for Ebola, what process is or will be used to assess the information that is gathered, and what process will be used to help expedite deployment of rapid diagnostic testing for Ebola.

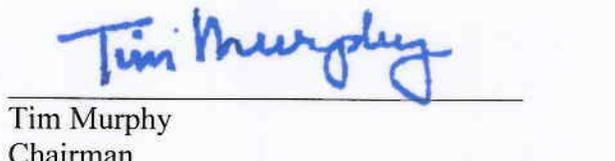
Third, we believe it is essential to assess the capacity of the U.S. public health and health care systems to handle the expected number of Ebola patients to be treated in the U.S., and should that capacity prove insufficient, take any necessary steps immediately to increase our

ability to respond to cases here at home. We request any information, analysis, or modeling of how many actual Ebola cases can be expected to be imported into the U.S. over the next six months and/or how the White House is coordinating the collection of such information. We also request any information about the capacity of the U.S. public health system (including the state and local public health agencies) and health care facilities to handle Ebola cases in the U.S., including cases involving U.S. medical and military personnel brought over from West Africa. With respect to U.S. medical and military personnel, we are also interested in the capacity of U.S. agencies and/or contractors for their transport. This request includes information on how the White House is coordinating the collection of such information.

Please let us know of any concerns with possible gaps or necessary clarifications in statutory authority on which we can assist. We look forward to working with you and your administration to protect the public health and safety of the American people from the Ebola outbreak in West Africa.

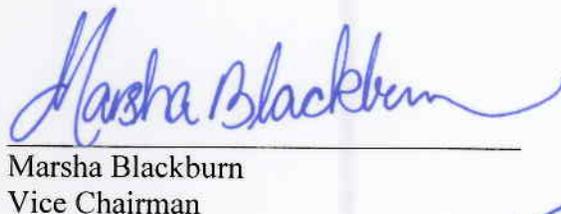
Sincerely,

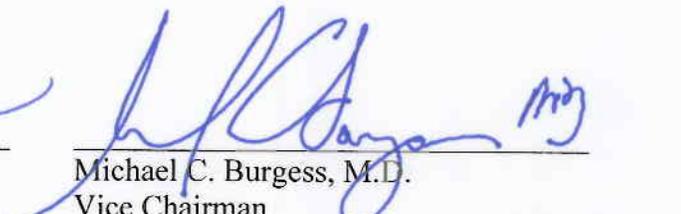
  
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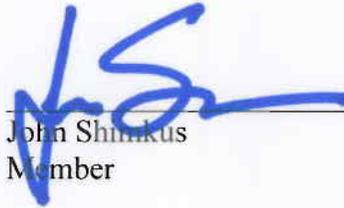
  
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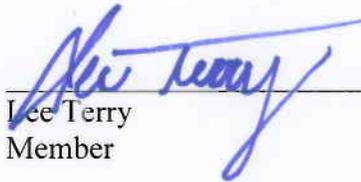
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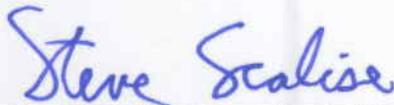
Lee Terry  
Member



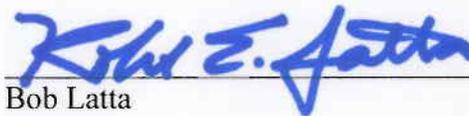
Mike Rogers  
Member



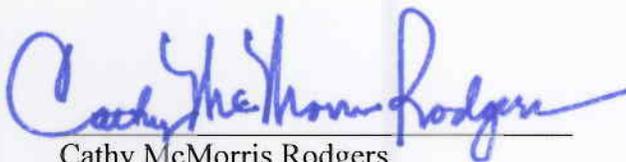
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*Gus Bilirakis*

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Member

*Billy Long*

Billy Long  
Member

*Renee Ellmers*

Renee Ellmers  
Member

Attachment

cc: The Honorable Henry A. Waxman, Ranking Member

The Honorable Diana DeGette, Ranking Member  
Subcommittee on Oversight and Investigations

The Honorable Frank Pallone, Ranking Member  
Subcommittee on Health

The Honorable Sylvia M. Burwell, Secretary  
Department of Health and Human Services

The Honorable Jeh Johnson, Secretary  
Department of Homeland Security

Ron Klain, Ebola Response Coordinator  
The White House