

Opening Statement of the Honorable Tim Murphy
Subcommittee on Oversight and Investigations
Hearing on “Update on the U.S. Public Health Response to the Ebola Outbreak”
November 18, 2014

(As Prepared for Delivery)

Yesterday, Dr. Frieden you shared with me a well-known quotation – ‘Life can only be understood backward; but it must be lived forward.’

Today, we will review the lessons learned so far from the Ebola epidemic in West Africa and the plan moving forward as the Administration asks taxpayers for \$6.2 billion in new spending to fight the outbreak. I want to see a plan that is simple and direct:

1. Prevent Americans from contracting Ebola
2. Treat those who contract Ebola effectively
3. Stop the spread of Ebola at its source in West Africa.

On the side of the Ebola virus is to spread, kill, mutate, and repeat. There is no cure or vaccine so we must break the chain.

The steps we must take begin with erecting a strong perimeter of defense. That’s why I outlined ten recommendations, which included:

- A ban on non-essential commercial travel;
- A 21-day quarantine or isolation for those who have treated an Ebola patient
- Upgrades and training for personal protective equipment
- Designating specific Ebola-ready medical centers
- Accelerate development of promising vaccines, drugs, and diagnostic tests;
- Additional airplanes and vehicles capable of transporting American medical and military personnel who may have contracted Ebola back here for treatment;
- Additional contact tracing and testing resources for public health agencies;
- Information for Congress regarding any resources needed.

Some of these measures have been implemented. Others still need to occur.

Our role here is to help define the mission and ensure the policies put forth are straightforward and flexible to accommodate the ever-changing nature of this Ebola outbreak. Like Occam’s Razor, the best solution is the simplest one with the fewest assumptions.

As we’ve seen, missteps are caused by ignorance and arrogance. They are corrected by knowledge, humility, and honesty.

Consider some of the false assumptions the federal government’s response has been based upon:

- Any hospital could treat an Ebola patient.
- A negative Ebola test result means a patient doesn’t have Ebola. Just this week, a physician from Sierra Leone died after being flown to Nebraska for emergency treatment after an initial test showed a negative result for the Virus. His colleagues are now in quarantine, causing even greater anxiety in a medical profession that has already lost more than 500 to Ebola.
- Hospitals and health care workers were had proper guidance on personal protective equipment.
- Self-isolation and quarantine orders aren’t necessary. CDC guidelines do not require a three week self-isolation period for healthcare professionals who’ve been treating Ebola patients in West Africa. These volunteers can return to work immediately.

But the hospitals I talk to don't all agree. I asked an ER doctor from my district about whether any of his colleagues volunteering in West Africa could come back to work immediately. He had a simple response. They, quote "should stay away."

The Administration continues to oppose travel restrictions and quarantines, yet respected institutions have such policies to ensure public health is protected.

The Department of Defense has a quarantine policy as well as many local hospitals and medical institutions throughout the U.S. It's impossible for the American people to understand why the government would have one standard for the military and yet another standard for people who may have been in the same – or possibly more perilous – circumstances.

Consider the cost of the Administration's position. Senator Schumer has asked the federal government to reimburse New York \$20 million for the costs associated with the 500 healthcare workers it took to prevent an outbreak in New York City because of the case of Dr. Craig Spencer.

The taxpayers have every right to ask: Wouldn't it have been more cost effective for the Administration to instead require all returning healthcare workers adhere to a 21-day isolation policy?

We need honesty and humility today. The American public is fine with a doctor who says, "This is our plan based on what we know today." But as the facts change, and they most assuredly will, then we must change our approach. A patient and the public expect that.

Anthony Fauci of the NIH has said we should not look at the "What if's."

I categorically disagree. That is exactly what we need to do.

What if the outbreak migrates to other countries? What if the outbreak extends to other continents? If we get new information that says a change in policy is needed, tell us what you have learned and why a change is required.

As one example, we have set up screening protocols at five different airports to accept passengers from West Africa. Is this complex approach the easiest and safest way to deal with an Ebola threat? Are we hoping that we will be lucky enough to catch each potential carrier? Can we track the hundreds of thousands who might otherwise be exposed if we have five US arrival points, countless potential destinations, and numerous connections through Europe?

With a disease that has no margin of error like Ebola, I'd rather be good than lucky.

We need to consider whether there should be a simpler approach of one arrival point that would allow us to easily track those returning aid workers and professionals coming from West Africa.

The Administration must also review whether government charter flights are needed to help get aid workers to West Africa since most commercial airlines have ceased traveling there.

I'd like to ask the Administration's Ebola czar, Ron Klain, about this issue. But when we asked for him to appear before our Subcommittee, we were told that he "wasn't ready." When another Congressional committee made a similar request, I understand they were told that the White House Ebola response coordinator had "no operational responsibility." But for a very few press interviews, this individual seems to be missing-in-action. No wonder the American people have concerns with the Administration's response planning.

The public is given plans that keep changing from agencies that are paralyzed — led by a czar who isn't ready against a disease that is killing more every day.

We stand ready to work with the Administration to keep the American people safe from the Ebola outbreak. I welcome all the witnesses and look forward to learning more about the latest public health actions on Ebola and more details about the emergency funding request.

###