Opening Statement of the Honorable Tim Murphy
Subcommittee on Oversight and Investigations
Hearing on "Examining the U.S. Public Health Response to the Ebola Outbreak"
October 16, 2014

(As Prepared for Delivery)

Today, the world is fighting the worst Ebola epidemic in history. CDC and our public health system are in the middle of a fire. Job One is to put it out completely. We will not stop until we do.

We must be clear eyed and singular in purpose to protect public health, and ensure not one additional case is contracted here in the US. We in Congress stand ready to serve as a strong and solid partner in solving this crisis. There is no greater responsibility for the U.S. government than to protect and defend the safety of the American people.

The stakes in this battle couldn't be any higher. The number of Ebola cases in West Africa is doubling about every three weeks. The math still favors the virus, even with the recent surge in global response.

With no vaccine or cure, we are facing down a disease for which there is no room for error. We cannot afford to look back at this point in history and say we could have done more.

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

Let us candidly review where we stand.

When the latest Ebola outbreak in West Africa was confirmed months ago, authorities thought it would be similar to the 1976 outbreaks and quickly contained. That turned out to be wrong.

By underestimating both the severity of the danger and overstating the ability of our healthcare system to handle Ebola cases, mistakes have been made. What was adequate practice for the past has proved to fall short for the present.

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

We have been told: "virtually any hospital in the country that can do isolation can do isolation for Ebola." The events in Dallas have proven otherwise.

Current policies and protocols for surveillance, containment and response were not sufficient. We've learned frontline hospital workers were not fully trained in these procedures, do not have proper equipment, do not know how to properly put on and remove safety gear, so we still have alot more work to do because educating, training and assisting our public health workforce on the frontlines across the country must be a priority.

We cannot be lulled into a false sense of security. We know we have the best healthcare system in the world, but this Committee well knows from our previous hearings with other federal agencies and notably General Motors, what happens when assumptions are made that foster complacency. False assumptions create true mistakes. Sometimes, deadly mistakes.

At the same time we must understand what went wrong so we can get a firm handle on this crisis: Why was the CDC slow to deploy a rapid response team at Texas Health Presbyterian Hospital? Why weren't protocols to protect healthcare and hospital workers rapidly communicated? What training have healthcare workers received?

There are things about Ebola we don't know. How long does the virus live on surfaces or on certain substances? How do healthcare workers wearing full protective gear get infected? Can it be transmitted from a person who does not yet have a high fever?

Both CDC and NIH tell us that Ebola patients are only contagious when having a fever. However, the largest study of the current Ebola outbreak found that nearly 13% of confirmed cases in West Africa did not have associated fever. With many lives at risk, we should investigate the findings, and take proper action.

I respect the CDC as a gold standard for public health, but the need for strong congressional oversight and partnership remains paramount given the CDC hasn't had a stellar year. There have been high profile mishaps such as transfers of live anthrax, some anthrax held in Ziploc bags, and mistaken shipments of a deadly strain of Avian flu unknown to CDC leadership for weeks. I also want to understand why CDC and the White House changed course on in 2010 on proposals first introduced in 2005 that would have strengthened federal quarantine authority. We are here to work through and fix these problems.
I restate my ongoing concern that Administration officials still refuse to consider any travel restrictions for the more than 1,000 travelers a week entering the U.S. from Ebola hot zones.

A month ago, the President told us someone with Ebola reaching our shores was "unlikely" and that "we've been taking the necessary precautions" to "increase screening at airports so that someone with the virus doesn't get on a plane for the United States."

Screening and self-reporting at airports have been a demonstrated failure, yet the Administration continues to advance a contradictory reason for this failed policy that frankly doesn't make sense, especially if "priority one" is to contain the spread of Ebola and protect public health.

It troubles me even more when public health policies are based upon a stated concern over "cutting commercial ties with fledgling democracies" rather than protecting public health in the United States. This should not be presented as an all-or-none choice. We can and will create the means to transport whatever supplies, and goods are needed in Africa to win this deadly battle. We do not have to leave the door open to all travel to and from hot zones in Western Africa while Ebola is an unwelcome and dangerous stowaway on these flights. I am confident we can develop a reasoned and successful strategy to meet these needs.

We will have a rational, informed discussion about using commercial travel restrictions — the same ones being employed by British Airways, Air France, and more than a dozen nations — to protect Americans while at the same time ensuring aid and eradication efforts continue in West Africa.

The current airline passenger screening at five US airports through temperature taking and self-reporting is troubling. Both CDC and NIH tell us that Ebola patients are only contagious when having a fever. The largest study of the current Ebola outbreak found that nearly 13% of confirmed cases in West Africa did not have associated fever. With many lives at risk, we should investigate the findings, and take proper action.

A determined, infected traveler can evade the screening by masking the fever with ibuprofen or avoiding the five airports.

Further, it is nearly impossible to perform contact tracing of all people on multiple international flights across the globe, when contact tracing and treatment just within the United States will strain public health resources.

The only way we can dispel the fear and hysteria surrounding Ebola is with clear, honest answers teamed with swift, effective action. This situation demands leadership from the top and by that I mean the White House. The 'lead from behind' strategy is recipe for disaster when trying to stop the transmission of Ebola. The legislative and executive branches of this government are one team and we will fight this

together. We stand ready to meet with the administration at anytime and anywhere in this cause to help everyone.

So let me be clear. To all the federal agencies responding to the outbreak: If resources or authorization is needed to stop Ebola in its tracks, speak up - tell Congress. I pledge to will do everything in my power to work with you to keep the American people safe from the Ebola outbreak in West Africa.

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