Statement for the Record
The Honorable Frank Pallone, Jr.
House Energy and Commerce Committee
Oversight and Investigations Subcommittee Hearing
"Examining the U.S. Public Health Response to the Ebola Outbreak"

October 16, 2014

Thank you Chairman Murphy for holding today's important hearing on the U.S. public health response to the Ebola outbreak. I think we can all agree that this is a serious issue that deserves the federal government working together, including Congress and the global health community to ensure the safety of not only Americans but people all over the world.

Two contracted cases of Ebola in the United States is two too many. But two cases is by no means a domestic pandemic of Ebola. It is important as we examine the current state of affairs that we maintain this perspective. Furthermore, I think we must assume going forward that there may be additional cases but the spread of the disease can and will be contained in the United States.

Ebola, as I'm certain we will here from our experts today, is transmitted only though direct contact with body fluids, such as blood, saliva, feces and urine. It is not considered to be highly infectious and it is important to note for the American public it is not spread through the air and proper infection control in hospitals can prevent its spread.

It is my hope that Dr. Frieden and Dr. Fauci, as well as the other witnesses here today, can help us understand the short term risks and long term risks of this disease. This Committee's hearings should be aimed at understanding the immediate needs of our public health system, as well as applying lessons learned to prevent future outbreaks from reaching the magnitude of the current epidemic.

According to the World Health Organization, the death rate in the Ebola outbreak has risen to 70 percent, and there could be up to 10,000 new cases a week by December. The death toll is now over 4,000 people, nearly all of them in West Africa, out of a total of 8,400 cases. Unfortunately, these statistics may significantly underestimate the actual number of cases, which many believe is several times higher.

The Centers for Disease Control and Prevention (CDC) and other federal and local public health officials appear to be taking all of the appropriate steps to stop the disease and prevent its spread in our country. Still, there are many questions about the cases in Dallas and how the health workers treating an infected patient from Liberia became infected themselves.

Meanwhile, it's becoming increasingly clear that the global community waited too long to respond, and even now I question whether enough is being done by other countries. This is not only a United States problem. This is a global problem that deserves a global response. Specifically, I remain increasingly concerned that the collapsing public health infrastructure in the West African countries not only has so

far prevented them from successfully implementing methods to control the outbreak, but that routine medical problems are becoming deadly for thousands of West Africans.

But we must not look back – we need to look forward and understand whether our public health system is adequately prepared for Ebola cases or for other emerging public health issues. And what more must be done by the international community to fight this outbreak.

First and foremost, we need to have a serious discussion about resources and funding. The very agencies responsible for handling the crisis, the National Institute of Health (NIH) and the Center for Disease Control (CDC), have been starved of resources in the past four years. The CDC's role in addressing this crisis is to protect the public health—they control the spread of diseases and support our local public health systems. The NIH's role is in the discovery of new cures and treatments for diseases. Together, they represent our core public health infrastructure.

But unfortunately, the purchasing power of the NIH has been cut ten percent over the last 4 years. In fact, in a response to a question about the crisis, Dr. Francis Collins, the Director of NIH stated, "if we had not gone through our 10-year slide in research support, we probably would have had a vaccine in time for this [Ebola crisis] that would have gone through clinical trials and would have been ready."

The cuts to the CDC and HHS have been more severe. For example, since 2010, the Hospital Preparedness program has been cut by an astounding 44 percent, when adjusted for inflation. These agencies have been short-changed, and we must find ways to make them whole again.

Secondly, while treatments for infectious diseases and, in particular, Ebola are critical part of our response to the disease, their development, because the market for these treatments is small and sporadic, is entirely driven by government activity. I am pleased to hear that there are several therapies and vaccines at various stages of development. However, the path to effective treatments on a mass scale is unlikely in the near future.

Mr. Chairman, we should absolutely address these issues in a thorough and appropriate way. Yet we must be cognizant that our investigation be focused so to ensure that we are not unnecessarily diverting the time or resources of public health leaders at a critical time. I want to thank everyone for being here today. Thank you for your public service. We appreciate everything you and your staffs are doing to address this disease.

Finally, Mr. Chairman, we by no means should use this public health crisis as a scare tactic, or to use the response of the federal government as a political tool against this Administration. Too many Republicans in Washington have been quick to criticize the government's efforts. I'm confident we will hear assurances today that we are equipped to stop the spread of this disease here at home.

Thank you.