



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

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The Honorable Tim Murphy
Chairman
Subcommittee on Oversight and Investigations
Congress of the United States
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515-6115

Dear Congressman Murphy:

Thank you for the opportunity to respond to the questions from the members of the Subcommittee on Oversight and Investigations subsequent to my November 18, 2014, testimony on the ebola outbreak in Dallas, Texas.

Attached you will find the questions and my responses in the format requested. Please let me know if you, or any of the other members have any additional questions. I may be reached at [REDACTED] or [REDACTED].

Sincerely,

[REDACTED]

David L. Lakey, M.D.
Commissioner

Dr. David Lakey
Commissioner
Texas Department of State Health Services
December 17, 2014
U.S. House Committee on Energy and Commerce
Update on the U.S. Public Health Response to the Ebola Outbreak

The Honorable Michael C. Burgess

Can you discuss the impact on the local public health capacity, in terms of man power and resources, tracking these cases of Ebola have had in North Texas?

- a. Back in October the cost was placed at \$1 million to the state, has it increased since then?
- b. Is this including the cost to Texas Health Resource?

Commissioner David L. Lakey, M.D. – response to the Honorable Michael C. Burgess:

Throughout the Ebola response in North Texas, public health capacity was supplemented by state and federal man power and resources. This surge capacity is critical to public health and emergency response in the state. While this was manageable, public health capacity in North Texas could have become an issue if more Ebola cases had been diagnosed in the area.

Additionally, if another large-scale emergency response effort had been required, capacity for a two-front or statewide response would likely have been challenging.

- a. The cost to the state has remained close to \$1 million.
- b. This does not include cost to Texas Health Resources, or other hospitals that provided care for Ebola patients.

The Honorable Ben Ray Lujan

We have a responsibility to ensure that our hospitals and our front-line healthcare professionals are equipped to safely handle a potential Ebola case. Your testimony indicates that we must not lose focus on addressing the crisis in West Africa or ensuring that our own infrastructure is appropriately prepared.

Recently, I heard from a constituent whose daughter had worked in a state public health job where she trained lab workers on how to properly respond if they found dangerous biohazard threats, such as Ebola.

The daughter told my office it was difficult to find protective gear that fit certain body types, particularly smaller individuals. And I think we can agree ill-fitting gear exacerbates the challenges associated with conducting activities that, even in properly fitting safety gear, can be difficult for those with limited experience wearing such gear.

Further, after an Ebola scare at the Christus St. Vincent Regional Medical Center in Santa Fe, the hospital's nurses expressed concerns with the adequacy of their training and preparation.

Before this incident, the hospital had not held a drill simulating a biological or chemical disaster or provided training to emergency staff on using their protective gear since April.

Can you talk about what steps are taking place to ensure that our nation's hospitals and frontline healthcare workers are prepared and have the proper resources, included adequate protective gear? What do you think we have learned from the cases at Texas Health Presbyterian Hospital? Do you believe additional steps are needed to ensure our hospitals and healthcare works are prepared?

Further, can you elaborate further on what resources are yet needed, or where we should be focusing our efforts as the United States responds to the Ebola outbreak in West Africa?

Commissioner David L. Lakey, M.D. – response to the Honorable Ben Ray Lujan:

In Texas, the work to ensure our nation's hospitals and frontline healthcare workers are prepared and have the proper resources has already begun. The Texas Department of State Health Services (DSHS) has issued guidance for health care workers, emergency responders, and facilities through a website dedicated to Ebola, www.texasebola.org.

DSHS is also conducting an assessment of facilities and Emergency Medical Services (EMS) providers to determine Texas' capacity to handle Ebola or other high consequence infectious disease in the future. This effort is in line with the Centers for Disease Control and Prevention's (CDC's) three-tier approach to Ebola hospitals. The results of this assessment will inform further efforts to ensure facilities and front line workers are trained and equipped for future events.

Finally, the Texas Task Force on Infectious Disease and Response created by Governor Rick Perry has issued its report with recommendations related to infectious disease response in Texas. The Texas Legislature and state agencies are currently assessing the report, and other analyses of public health preparedness in Texas to determine what improvements can be made to the current system. The Task Force's report is available at: www.governor.state.tx.us/news/press-release/20375/.

The Honorable Tim Murphy

During the hearing there was discussion about whether there is a sufficient level of granularity included in the Administration's supplemental funding request. Are you aware of an implementation plan for the administration's proposal? Please provide the committee with specific recommendations that you have regarding the Administration's budget request.

Commissioner David L. Lakey, M.D. – response to the Honorable Tim Murphy

At this point, DSHS is not aware of an implementation plan regarding the Ebola funding that will be distributed to the states. Federal entities should engage state health officials as methods of distribution and goals for those funds are determined. Additionally, funding should focus on high consequence infectious disease, rather than only Ebola. Funding should focus on a

sustained plan for ensuring public health preparedness and capacity; public health preparedness depends on a predictable infrastructure of expertise, equipment, and manpower that can flexibly surge in a wide variety of emergency incidents.