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ONE HUNDRED THIRTEENTH CONGRESS

# Congress of the United States

## House of Representatives

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### Opening Statement

#### Rep. Elijah E. Cummings, Ranking Member

#### Hearing on "The Ebola Crisis: Coordination of a Multi-Agency Response" October 24, 2014

Thank you, Mr. Chairman, for holding this important hearing.

Yesterday, Dr. Craig Spencer, a physician working for Doctors Without Borders, tested positive for Ebola. We are still getting additional details, but based on information from New York and federal officials so far, it appears that healthcare authorities have come a long way in preparing for Ebola since Thomas Duncan first walked into a Texas hospital last month.

New York had been preparing for this possibility for weeks, and about 5,000 healthcare workers were drilled on protocols and procedures just this past Wednesday. A special team with full protective gear transported Dr. Spencer to Bellevue Hospital—which is specifically designated to handle Ebola. They placed him directly into an isolation unit, they began treating him as soon as possible, and they started tracing his contacts immediately.

As New York officials said last night, they had hoped they would not have to face an Ebola case, but they were also realistic, and they worked diligently and professionally over the last month to prepare themselves for this day. There are many questions about this new case, but we cannot assume it will be the last. Of course, we must continue to be vigilant, and we need to continually reevaluate our protocols and training procedures to protect our healthcare workers, many of whom are here today.

I want to express our thanks to Nina Pham and Amber Vinson, the two nurses from Texas who contracted Ebola when they treated Mr. Duncan. By now, we have all seen their pictures—two young women who risked their lives to do their jobs, just like nurses across this country every single day. I understand that Ms. Pham's condition has been upgraded, and Ms. Vinson has now been cleared of the virus. We thank them for their bravery and their commitment.

This new case in New York should also demonstrate that we can no longer ignore the crisis in West Africa. Nearly 10,000 people have died from this disease or are battling it as we speak—many in the most gruesome conditions imaginable.

In my personal opinion, I believe we have a fundamental moral and humanitarian obligation to address the crisis in Africa. We are the richest nation in the world, and we have the resources and expertise to make the biggest difference.

However, for those who may not agree that we have a moral obligation to help, they must understand that addressing the Ebola crisis in Africa is also in our own self-interest as a nation.

Public health experts warn that to protect Americans here at home, we need to address this outbreak at its source in Africa. The longer the outbreak continues, the more likely it will spread to the rest of the world—including more cases right here in the United States. And if we do not take strong action now, it will cost much, much more in the long run.

The encouraging news is that healthcare experts know how to fight this disease. This week, the World Health Organization declared Nigeria and Senegal free of Ebola. This is a tremendous accomplishment that was achieved through a combination of early diagnosis, contact tracing, infection control, and safe burial.

But we still face grave challenges in Sierra Leone, Guinea, and Liberia, where the public health infrastructure is deficient and new cases are increasing at an alarming rate.

Last month, the United Nations Security Council unanimously adopted a resolution declaring the Ebola outbreak a “threat to international peace and security.” The U.N. established a Mission for Ebola Emergency Response, they set forth more than a dozen “mission critical” actions, and they provided a six-month budget request for \$988 million.

However, they are hundreds of millions of dollars short. They desperately need funding for treatment beds, training for healthcare workers, and supplies to prevent infection. They need resources for things as basic as food and vehicles and fuel. As the head of the United Nations mission warned the Security Council just last week: “We either stop Ebola now, or we face an entirely unprecedented situation for which we do not have a plan.”

There have already been several congressional hearings on how to prepare ourselves here in the United States, so I intend to ask our witnesses what they believe, in their expert views, are the most significant, concrete, and constructive steps our nation can take to address this outbreak at its source.

I am particularly grateful to Mr. Torbay from the International Medical Corps for agreeing to be here today to provide his on-the-ground assessment of what his group and others on the front lines need to stop the spread of Ebola in Africa.

Mr. Torbay, I know you must feel great empathy for Dr. Spencer, who tested positive yesterday. He was one of your compatriots, battling Ebola in West Africa, and I am sure his situation is one that all of your healthcare workers must fear on a daily basis.

But the truth is that Dr. Spencer, and your group, and many others are doing one of the only things that will truly ensure that the world will be free of Ebola. We need to support you much more urgently and forcefully, and we have to convince the rest of the world to do the same.

With that, I thank each one of you on this panel. You are helping to save lives, and it is through your courage and determination that we can end this crisis.

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