



THE EBOLA OUTBREAK - ANSWERING YOUR QUESTIONS

CONGRESSMAN J. RANDY FORBES | FORBES.HOUSE.GOV

ONE OF THE CORE FUNCTIONS OF THE U.S. GOVERNMENT is to protect the citizens it serves: Given calls from world health leaders for an urgent response to contain this unprecedented Ebola outbreak, I believe that:

- Both houses of [Congress should immediately suspend district work and return to Washington](#) to develop a thoughtful, coordinated, all-of-government containment strategy to prevent the spread of this disease. Delaying this critical work until after the election would be foolish and dangerous; and
- The [U.S. government needs to immediately implement temporary travel restrictions](#) to and from the West African countries experiencing Ebola outbreaks, to prevent the growing crisis in West Africa from leading to additional cases here in the United States.

I have prepared this document to provide resources for citizens in the Fourth District regarding the Ebola outbreak. I will continue to work to ensure that public health officials in the U.S. and in Africa exercise extreme caution and take every precaution to ensure their safety and the protection of the American people.

Yours in service,

Randy

ABOUT THE EBOLA OUTBREAK:

How many people have been infected? According to the latest [report](#) from the CDC and World Health Organization, there have been a total of 9,216 cases and 4,555 deaths.

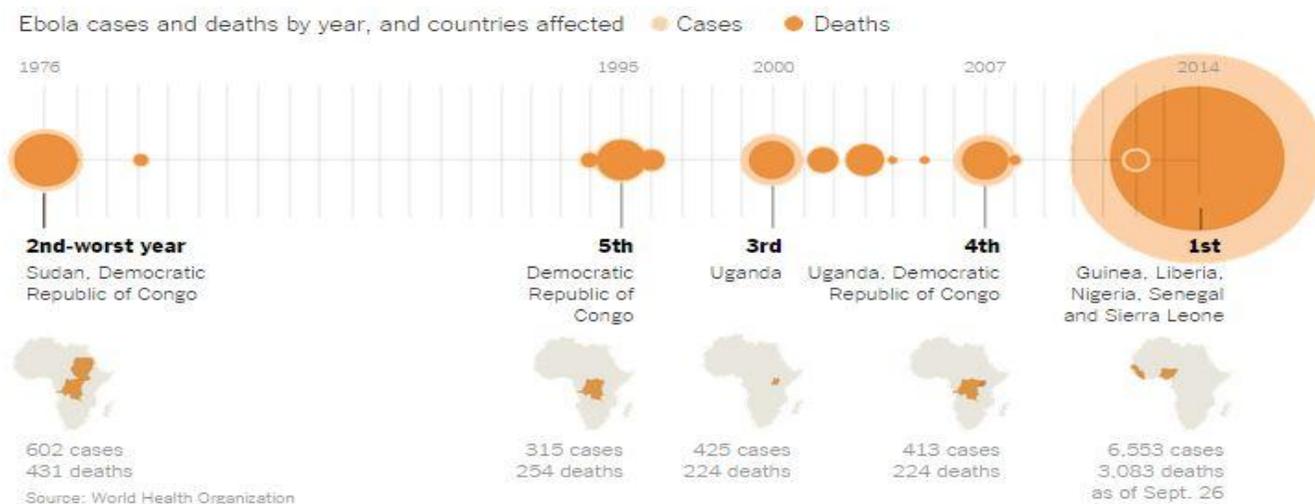
- For a breakdown of the confirmed cases in the U.S., as well as where people are being monitored and quarantined, read more [here](#).

Ebola is taking the lives of 70% of the people who contract the disease.

How is Ebola being contained in Africa? The CDC is [working](#) to contain the Ebola virus in Africa, specifically in Sierra Leone, Liberia and Guinea, including deploying staff and working with federal and international partners to implement screening and health procedures.

- [Read](#) about the success Nigeria is having. You can also [read more](#) on the World Health Organization's need to "Ramp Up" efforts in Africa.

How does this outbreak compare to others? Ebola has infected and killed more people than all previous Ebola outbreaks combined since the virus' discovery in 1976. Check out this [graph](#) from the *New York Times* detailing the current and past outbreaks.



Can the Ebola virus become airborne? While officials across the scientific community affirm that viruses can mutate as they spread, the chances that the Ebola virus transitions from a non-airborne to an airborne pathogen are relatively small. According to the World Health Organization, “Speculation that Ebola virus disease might mutate into a form that could easily spread among humans through the air is just that: speculation, unsubstantiated by any evidence.”

- The University of Minnesota clears up the rumors. Read more [here](#).

Is there a travel ban in place? The United States has yet to implement any travel bans in or out of the West African nations affected by the outbreak. Some nations like Columbia and St. Lucia have issued outright travel bans to and from the West African nations currently working to contain the virus.

- Why was someone infected with Ebola allowed to travel? Read CNN's report [here](#).

Are there travel restrictions in place for travelers entering the U.S.? CDC has been working with health officials in the West African nations dealing with the outbreak to screen departing travelers to help mitigate the spread of the virus. On October 8th, the CDC and U.S. Customs & Border Protection announced that entry screening measures would be taken at five major international U.S. airports – (1) John F. Kennedy International in New York, (2) Washington-Dulles, (3) Newark, (4) Chicago-O’Hare, and (5) Hartsfield-Jackson Atlanta international airport – which process over 94% of West African travelers.

HOW MANY MORE CASES ARE EXPECTED?

The World Health Organization said that by December, there could be as many as 10,000 new cases a week.

HOW IS EBOLA TRANSMITTED?

Transmission requires direct contact with body fluids from an infected person or contaminated objects such as medical equipment. Additionally, Ebola on dried surfaces such as doorknobs and countertops can survive for several hours; however, the virus in bodily fluids (such as blood) can survive up to several days at room temperature.

Read more about the signs and symptoms of Ebola [here](#).

On October 21, the Department of Homeland Security [announced](#) that “all passengers arriving in the United States whose travel originates in Liberia, Sierra Leone or Guinea will be required to fly into one of the five airports that have the enhanced screening and additional resources in place.”

- **Entry Screening Procedures:** Typically, entry screening at the five major airports consists of passengers: (1) being given health information on Ebola, as well as the symptoms and information for doctors if travelers need to seek medical attention; and (2) having their temperatures taken, being observed for signs of illness, and being asked about their exposure history to the virus. Inbound travelers with a fever or other symptoms of Ebola will be referred by border patrol agents to the CDC for further evaluation.
- **Exit Screening Procedures:** Typically, exit screening consists of passengers: (1) having their temperature taken; (2) answering questions about their health and exposure history; and (3) being visually assessed for signs of illness. Outbound travelers with symptoms or concerning exposure history are separated and assessed further to determine whether or not they are fit to travel, or if they must be quarantined for further evaluation.

What are the CDC containment protocols? The CDC uses health and safety protocols for hospitals and health providers on how to safely assess and treat patients that are symptomatic of or may have contracted the Ebola virus, and have issued [guidelines](#) for the use of protective equipment.

- For detailed information about the protocols hospitals should follow, read more [here](#).

Quarantine: Any individual who enters a healthcare facility or hospital experiencing Ebola-like symptoms and has a recent travel history to West Africa or has had contact with an individual with a similar travel history should be immediately placed into isolation for further evaluation and testing.

Contact tracing: Contact Tracing is the method the CDC is using to track who has come into contact with an individual that is infected with the Ebola virus. Here’s how it [works](#).

- [Read](#) about the status of the people who were in contact with the Texas Ebola patient.

No-fly list: CDC is considering placing healthcare workers on a no-fly list. Read more [here](#).

HAVE EXPERIMENTAL DRUGS BEEN USED TO TREAT INFECTED INDIVIDUALS?

While there is no FDA-approved vaccine available for Ebola, experimental drugs like Brincidofovir, ZMapp, and TKM-Ebola have been used. Blood transfusions from Ebola survivors have also been used to help treat Ebola patients.

- Will everyone have access to experimental drugs? Read more [here](#).
- [Read](#) about the new experimental treatment developed in Canada.

What Role is the United States Playing? Federal agencies in the U.S. are working with multiple governments and international organizations to stem the outbreak of Ebola. The United States has contributed funds, deployed more than 100 experts from the CDC, and has committed to sending up to 4,000 troops to the affected regions in Africa.

[U.S. Agency for International Development \(USAID\)](#) - USAID has deployed its Disaster Assistance Response Team (DART) to West Africa to coordinate the U.S. Government's response to the Ebola outbreak. The team is overseeing critical areas of the response, such as planning, operations, and logistics in coordination with other federal agencies, including the Department of Defense (DOD) and the Department of Health and Human Services (HHS), and the CDC.

[Department of Health and Human Services \(HHS\)](#) - HHS sent a team of specialized officers from the U.S. Public Health Service Commissioned Corps to manage and staff a previously announced U.S. Department of Defense hospital in Liberia to care for healthcare workers who become ill from Ebola. Under HHS, there are the:

- **[Centers for Disease Control and Prevention \(CDC\)](#)** - CDC has deployed several teams to the West Africa region to help coordinate and assist in outbreak control efforts, contact tracking, and provide health education.
- **[National Institutes of Health](#)** - The National Institutes of Health, specifically the National Institute of Allergy and Infectious Disease, has worked side-by-side with the CDC to develop and enhance Ebola response and protection protocols and practices. NIH has also served as a high-level containment facility, which is currently being used to treat Ebola patients and test patient samples for infection.

[Department of Homeland Security \(DHS\)](#) – DHS has played a key role in monitoring travel patterns, tracking visas, and using Transportation Safety Administration (TSA) officers and Customs and Border Protection (CBP) agents to establish screening procedures for passengers entering the United States at five major airports: John F. Kennedy International in New York, Washington-Dulles, Newark in New Jersey, Chicago-O’Hare, and Hartsfield-Jackson Atlanta International airport.

[State Department](#) - The State Department is coordinating U.S. responses with affected country host governments and helping to provide public Ebola prevention and awareness messaging.

[Department of Transportation \(DOT\)](#) – The Department of Transportation’s Pipeline and Hazardous Materials Safety Administration (PHMSA) has worked in conjunction with the CDC to issue special permits for hazardous material transport and disposal.

- You can learn more about PHMSA’s recommendations for safely transporting contaminated substances by reading their brochure [here](#).

[Department of Defense \(DOD\)](#) - The Administration has committed to the deployment of up to 4,000 men and women in uniform to Monrovia, Liberia, as part of Operation United Assistance.

Why did the Administration Deploy Troops to Africa?

On September 30, 2014, the Secretary of Defense signed a deployment order for approximately 1,500 soldiers from the 101st Airborne Division at Fort Campbell, KY, consisting of a Division headquarters element and subordinate sustainment units that will deploy to Liberia in late October to provide command and control of ongoing operations. These 1,500 soldiers will join the 350 DOD personnel already in West Africa. The

US troops — some of whom have been in West Africa now for a month — have finished building a hospital for infected healthcare workers in Monrovia, are nearing completion of the first couple of 17 area Ebola treatment centers, and are manning at least five mobile laboratories for testing specimens. According to the Army, the “lion’s share” of the work on the 17 treatment centers will be completed by late November or early December, providing 1,700 beds throughout the region for Ebola patients.

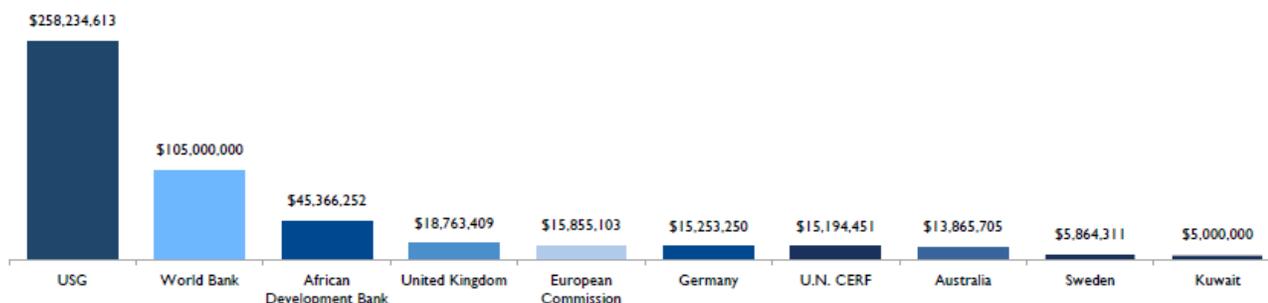
remaining Army personnel will deploy in October and November to bring the total number to roughly 3,200. As of October 15th, roughly 540 troops and Pentagon civilians have arrived in the region, including Navy Seabees, a Special Purpose Marine Air-Ground Task Force Crisis Response team with four MV-22 Osprey aircraft, airmen with the 62nd Airlift Wing, soldiers and Coast Guardsmen.

According to DOD, U.S. troops will be supporting four lines of effort: command and control, logistics support, training, and engineering support. This includes overseeing the construction of seventeen 100-bed Ebola Treatment Units (ETUs), a 25-bed hospital for healthcare workers that was delivered last week, and a training site for medical personnel. They will also be providing command and control, and conducting air and sealift. Additionally, some U.S. troops will train medical personnel but will not provide direct care to infected West African patients.

What role is the international community playing? The [World Health Organization \(WHO\)](#) is responsible for coordinating international efforts to contain the Ebola epidemic. This includes coordinating not only with governments, but with groups like the International Rescue Committee (IRC), Doctors Without Borders, and the International Federation of Red Cross and Red Crescent Societies (IFRC) to name a few.

The Office for Coordination of Humanitarian Affairs at the U.N. is seeking \$1 billion to combat Ebola. At this time, only 24 countries have pledged \$1 million or more. The United States (referenced below as USG) has committed over \$200 million.

2014 TOTAL FUNDING FOR THE EBOLA RESPONSE* PER DONOR



* Funding figures are as of October 15, 2014. All international figures are according to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and based on international commitments during the 2014 calendar year, while USG figures are according to the USG and reflect USG commitments from FY 2014 and FY 2015, which began on October 1, 2013 and October 1, 2014, respectively.

I want to hear from you | MAKE YOUR VOICE HEARD:

As our public health officials work to treat patients and contain the spread of the Ebola virus, and Congress continues its oversight of these actions, I want to hear from you.

- **BLOG.** Weigh in on my blog.
- **INSTAPOLL.** Take my instaPolls on [travel restrictions](#) and [confidence in the CDC](#).
- **FACEBOOK.** Join the discussion on [Facebook](#).
- **EMAIL.** Email me via my website at [forbes.house.gov](#).