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DEAN, NEW JERSEY DELEGATION

“Combating Ebola in West Africa: The International Response”

House Committee Foreign Affairs

Hearing Statement

November 13, 2014

U.S. Rep. Christopher H. Smith (NJ-04)

The unprecedented West African Ebola epidemic has not only killed more than 5,000 people, with nearly 13,000 known to be infected, it also has skewed the planning for how to deal with this outbreak. In the past, Ebola outbreaks have occurred in isolated areas that were easy to contain. In this instance, the disease quickly spread from a rural area to an international trading center, and people from Guinea, Liberia and Sierra Leone took the disease home with them.

This disease in early stages appears as do less immediately deadly diseases, such as malaria, which means initial health care workers have been unprepared for the deadly nature of the disease they have been asked to treat. This meant that too many health care workers – national and international – have been at risk in treating patients who themselves may not know they have Ebola. Hundreds of health care workers have been infected and many have died, including some of the top medical personnel in the three affected countries.

What we found quite quickly was that the health care systems in these countries, despite heavy investment by the United States and other donors, are quite weak. As it happens, these are three countries either coming out of very divisive civil conflict or experiencing serious political divisions. Consequently, citizens have not been widely prepared to accept recommendations from their governments. For quite some time, many people in all three countries would not accept that the Ebola epidemic was real. Even now, it is believed that despite the prevalence of burial teams throughout Liberia, for example, some families are reluctant to identify their suffering and dead loved ones for safe burials, which places family members and their neighbors at heightened risk of contracting this often fatal disease when patients are most contagious.

The porous borders of these three countries have allowed people to cross between countries at will. This may facilitate commerce, but it also allows for diseases to be transmitted regionally. As a result, the prevalence of Ebola in these three countries has ebbed and flowed

with the migration of people from one country to another. However, Liberia remains the hardest hit of the three countries, with more than 6,500 Ebola cases officially recorded. The number of infected and dead from Ebola could be as much as three times higher than the official figure due to underreporting.

Organizations operating on the ground have told us over the past few months that despite the increasing reach of international and national efforts to contact those infected with Ebola, there remain many remote areas where it is still difficult to find residents or gain sufficient trust to obtain their cooperation. This is why my subcommittee has scheduled a hearing next Tuesday, following up on today's hearing to find out how well overall plans are succeeding on the ground.

I also want to announce the introduction today of an Ebola bill. This bill lays out the steps needed for the U.S. government to effectively help fight the West African Ebola epidemic, especially in Liberia – the worst-hit of the three affected countries. This includes recruiting and training health care personnel, establishing fully functional treatment centers, conducting education campaigns among populations in affected countries and developing diagnostics, treatments and vaccines. It confirms U.S. policy in the anti-Ebola fight and provides necessary authorities for the Administration to continue or expand anticipated actions in this regard. The bill encourages U.S. collaboration with other donors to mitigate the risk of economic collapse and civil unrest in the three affected countries. Furthermore, this legislation authorizes funding of the International Disaster Assistance account at the higher FY2014 level to effectively support these anti-Ebola efforts.

This committee has taken the lead in working to shape the U.S. response to the Ebola crisis, and with our hearings and this legislation, we continue to provide a blueprint for both the Administration and Congress on what needs to be done to be effective in the fight to contain Ebola in the three countries currently affected. Unless we can prevent the further increase in Ebola cases in Liberia, Sierra Leone and Guinea, there will be increasing pressure on the United States and the rest of the international community to combat this threat once it reaches our shores.