

Statement for the Record

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“The U.S. Government Response to the Ebola Outbreak”

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Chairwoman Mikulski, Ranking Member Shelby, and distinguished Members of the Committee, thank you for the opportunity to testify today on the U.S. Department of State and the U.S. Agency for International Development (USAID)'s Emergency request for assistance to combat the ongoing Ebola epidemic. I am pleased to be accompanied today by Nancy Lindborg, USAID Assistant Administrator for the Bureau for Democracy, Conflict and Humanitarian Assistance, who is helping to lead USAID's response on the ground

The Ebola epidemic in West Africa has already resulted in nearly 14,000 Ebola-infected persons and nearly 5,000 deaths. While Liberia, Sierra Leone, and Guinea have borne the brunt of this tragic epidemic so far, we have seen infections in Senegal, Mali, and Nigeria as well. And of course, isolated cases in Spain and the United States increasingly highlight the U.S. national security implications of this epidemic.

The Ebola epidemic has inflicted shattering human, economic, and social costs across affected countries in West Africa, and has stretched existing health systems to the breaking point. Beyond the epidemic's immediate effects, fewer children are being vaccinated against other communicable diseases, an increasing

number of people lack adequate food, and economies have been severely impacted. In short, the Ebola epidemic is not only a health crisis – it is a global threat.

The United States has responded both here at home and abroad, implementing a whole-of-government strategy to lead the global effort to halt the Ebola epidemic. State and USAID are working in concert with the Department of Health and Human Services (HHS), the Department of Defense (DoD), the Department of Homeland Security (DHS) and other supporting agencies to stop the spread of the virus and prevent further transmission into other countries. The combined U.S. strategy rests upon four key lines of effort:

- 1) Controlling the epidemic;
- 2) Managing the secondary consequences of the outbreak;
- 3) Building coherent leadership and operations; and,
- 4) Ensuring global health security.

While we have taken immediate action within existing resources in response to the most urgent needs, more must be done if we are to eliminate the epidemic and address the root causes that put us at risk in the first place. The Department of State and USAID are jointly requesting \$2.89 billion through an emergency

funding request for our comprehensive efforts to address this situation. In order to meet the immediate need of controlling the epidemic and to urgently addressing the capacity needed to prevent its spread and to ensure that future outbreaks don't become epidemics that threaten Americans, we are requesting \$2.1 billion as base funding. We are also seeking \$792 million in contingency funding to address emerging requirements as the epidemic evolves.

The State Department and USAID are leading our diplomatic, development, and humanitarian assistance efforts – alongside the international community and nongovernmental organizations – to end the outbreak at its source in West Africa. In support of the governments of Liberia, Sierra Leone, and Guinea, we are working alongside the United Nations, the World Health Organization, and other countries such as the United Kingdom, France, and Canada, among others, to mobilize global response efforts to counter the epidemic. The United States Government has deployed over 36 USAID personnel, 163 Health and Human Services personnel, and more than 1,800 DoD personnel to West Africa, making this the largest-ever U.S. government response to a global health crisis. The U.S. has taken a lead role in managing the global response in Liberia. We are working with the UK and France as they assume larger roles in Sierra Leone and Guinea, respectively.

As Secretary Kerry said on October 17, “no one country, no individual group of nations is going to resolve this problem by themselves.... this is going to take a collective, global response.” To that end, the Department of State leads our efforts to mobilize the international community to respond to the crisis and to provide resources in support of the UN Mission for Ebola Emergency Response (UNMEER), a new and UN system-wide response to the crisis. UNMEER has been set up to address the immediate needs related to Ebola. UNMEER captures the institutional expertise and experience of the World Health Organization, the UN Children’s Fund, and the World Food Program.

Secretary Kerry created an Ebola Coordination Unit (ECU) within the State Department, led by Ambassador Nancy J. Powell, to coordinate and lead the Department’s response to the epidemic, including our coordination with the UN and WHO headquarters, and our diplomatic engagement with other nations and multilateral organizations involved in the global response. The State Department’s ECU is conducting intensive bilateral and multilateral outreach to our partners to urge increased contributions towards the Ebola response. Since US Government Principals began targeted high-level outreach calls to other governments in mid-October, a total of nearly \$800 million in commitments have been made towards

the fight against Ebola, with countries additionally committing critical capabilities such as building and managing the Ebola treatment units (ETUs), sending health care worker teams, and providing supplies.

As a result of our diplomatic efforts, funding and in-kind contributions have helped increase the number of healthcare workers available to work in impacted areas, provide medical and scientific expertise, find logistical support to move supplies to isolated villages, and work with countries to commit to the construction of ETUs.

While the Department of State manages the diplomatic outreach component of the Ebola response, USAID leads the U.S. response in West Africa, working closely with the Center for Disease Control and the Department of Defense. USAID's efforts are complimentary to and closely coordinated with the other bilateral donors, United Nations agencies and NGOs, so that we work collectively to stop the Ebola epidemic and prevent its spread. In August, USAID's Office of U.S. Foreign Disaster Assistance (OFDA) deployed a Disaster Assistance Response Team (DART) to West Africa, comprised of experts from USAID, the CDC, and other departments and agencies, to lead the on the ground U.S. response to combat the epidemic. USAID also manages the corresponding Washington-

based Response Management Team (RMT) to support the DART which is deployed in each of the three affected countries.

President Obama recently called the DART “the strategic and operational backbone of America’s response.” In support of the affected governments, the DART is working to increase the number of Ebola treatment units, community care centers, safe burial teams, and social mobilization efforts. We have men and women from the U.S. Public Health Service Commissioned Corps prepared to care for healthcare workers infected with Ebola in Liberia. There are CDC epidemiologists working alongside regional counterparts to gather and analyze data that helps the international community more effectively respond to the outbreak. USAID logisticians are coordinating the airlift lifesaving supplies, and health experts are working to ensure international and local health workers are in place where they are needed most. U.S. Forest Service experts are providing technical support for host government emergency management systems and emergency operations centers.

Nonetheless, four months into this unprecedented response, critical gaps in resources remain.

Sierra Leone continues to see exponential growth in new cases of Ebola. Guinea sees a doubling of new cases every thirty to forty days. And while the number of new cases appear to be declining in parts of Liberia, we need to remain vigilant.

We also need to address the causes of this epidemic in West Africa and in other vulnerable countries around the world where Ebola and other outbreaks threaten our collective security and the global economy. Ebola has highlighted how interconnected we are as a global community and it has shone a spotlight on the urgency with which we must fill the gaps in our preparedness. In February before the Ebola outbreak in West Africa came to light, I attended the launch of the Global Health Security Agenda, which was created to accelerate the capacity needed to prevent, detect and rapidly respond to outbreaks *before* they become epidemics that threaten Americans. Less than 20 percent of countries met the WHO deadline in 2012 to be prepared for disease threats like Ebola. Over the past decade, this has costs us billions, and we have an unprecedented opportunity to fix the urgent needs now, before we are at put at further risk. In September, Secretary Kerry said, "...in an interconnected world, we invest in global health not simply as a matter of charity or as a matter of more responsibility, but we do it as a matter of national security."



## **STATE DEPARTMENT / USAID EMERGENCY REQUEST**

The combined State Department and USAID request includes \$2.89 billion, including \$2.1 billion for immediate base response requirements and \$792 million as part of a contingency request.

The request includes \$1.3 billion in base funding to contribute to the first pillar of our response, *Controlling the Outbreak*. To halt the epidemic, we must address the logistical and public health challenges to the epidemic, challenges visible in ineffectual public health responses, a lack of regional preparedness, and weak health systems infrastructure in West Africa. Funding under this pillar supports the construction of 17 ETUs, and the management of 20 ETUs total; conducts contact tracing; trains and mobilizes health care workers and safe burial teams; conducts social mobilization and community outreach; provides logistics and supplies; and supports the WHO Ebola Response Roadmap.

Critically, this request will also support to the establishment and staffing of Community Care Centers (CCC) across the region. These CCCs complement the

ETUs by providing medically safe places for individuals to receive basic care to help control the potential for continued transmission. These CCCs will ultimately serve communities in all 15 of Liberia's counties.

The request also includes \$35 million to fund US contributions to UNMEER for the last quarter of 2014 and through 2015. It is critical that we support UNMEER, which provides us a critical common platform for coordinating all UN actors on the ground.

The base request includes \$387.7 million to address the second pillar: *Mitigating Second Order Impacts*. The funding requested seeks to avoid the destructive consequences of the epidemic for regional prosperity and stability, which ultimately affects our own national security. This epidemic has destroyed the existing health systems infrastructure that was within these three countries, eliminating the ability to seek consistent primary care. Childhood vaccinations have also been temporarily halted. We know that these factors will contribute to the long-term recovery of the region.

Ebola destroys markets and societies as well as lives, and these resources will support activities and programs related to addressing food insecurity,

economic recovery and political stability. As the secondary effects of this virus continue to wreak havoc on local economies, we expect food shortages to accelerate, decreases in rice imports, restricted trade flows due to travel restrictions imposed by other countries, and a drop in the labor supply for the harvest. The Ebola crisis will have its most immediate impact on households with working-age members caring for the sick or suffering or dying from the disease. To ensure that these households do not experience a long-term reduction in their ability to withstand other shocks, it will be important to help them weather the current crisis.

The base request includes \$77.2 million for State and USAID under the third pillar, *Coherent Leadership and Operations*. This crisis is incredibly complex, as is our response.

Specifically, resources will expand the Department's medical support and evacuation capacity to our embassies in the affected region, provide additional repatriation assistance for U.S. citizens stranded in the region and needing to return home, and other diplomatic operation needs, including supporting the ECU.

The base request for the fourth pillar, *Ensuring Global Health Security in West Africa*, includes \$62 million to support preparedness and capacity building

activities in Liberia, Sierra Leone and Guinea. We are also requesting \$278 million to advance the *Global Health Security Agenda* and prevent spread of Ebola to other vulnerable nations and to establish capacity to prevent, detect and rapidly respond to outbreaks before they become epidemics that threaten the United States.

The \$62 million will be used to strengthen laboratory diagnosis, case investigation, effective hospital isolation and care to suspect cases, and social awareness messaging. This part of our request also supports public outreach to share facts about Ebola in West Africa, making use of both traditional media sources such as radio and television, and sources that to us are non-traditional, such as messaging in local languages for public outreach and delivery of educational information, but that serve as effective media in the region. Programs such as local-language outreach and having musicians articulate best practices on prevention and treatment of the disease help to relay important information to the public on the realities of Ebola.

The \$278 million will provide further support for preventing the spread of Ebola in West Africa and in other vulnerable nations and transit hubs. It will also help us to urgently establish what is needed in the highest priority countries to

prevent us from being in this position ever again. This includes the development and testing of national Ebola Preparedness Plans in collaboration with the CDC.

The Ebola epidemic in West Africa has heightened awareness and concern about the preparedness systems and health care infrastructure necessary for managing the possible introduction of the Ebola virus into a previously unaffected country. Countries neighboring Liberia, Sierra Leone and Guinea, as well as nations that are home to high population density and transport hubs are especially concerned about the virus crossing borders and further expanding and accelerating the spread. The Global Health Security Agenda (GHSa) was specifically designed to urgently accelerate capacity needed to deter crises like the one that has unfolded in West Africa, and this already existing mechanism will help us to leverage our requested investment against that of international partners.

As the epidemic has dramatically increased the level of programming required, our emergency request includes \$278 million to support the preparedness planning and efforts by GHSa for high-risk countries in West Africa, as well as other vulnerable countries. As President Obama has stated, “this epidemic underscores – vividly and tragically – what we already knew, which is, in a world as interconnected as ours, outbreaks anywhere, even in the most remote villages

and the remote corners of the world, have the potential to impact everybody, every nation.”

Using a combination of regional planning meetings, web-based training, and direct country level technical assistance countries will be able to develop and test national Ebola Preparedness and Response Plans. By mid-2015 all 14 neighboring West African countries would have detailed Ebola preparedness plans, at least one laboratory capable of detecting the Ebola virus, and trained personnel at border sites to identify and manage suspect cases.

As President Obama said, “If we don't make that effort now, and this spreads not just through Africa but other parts of the world...it could be a serious danger to the United States.” Liberia, Sierra Leone and Guinea need additional resources to continue to implement an aggressive response such that a majority of people infected with Ebola have access to isolation and care. But we cannot lose sight of the second order impacts, which will require an international effort to help restore some of the government services devastated by the human toll of this virus.

The task before us is immense, but we believe that we – in concert with our international partners and the people of West Africa – can help stop this unprecedented epidemic.

The resources we have identified in this emergency request are vital. This funding will allow us to build on our existing efforts and continue our essential leadership role in the region. Madam Chairwoman Mikulski, Ranking Member Shelby, and Members of the Committee, without these funds our ability to eliminate Ebola in West Africa, and protect our people at home, will be drastically weakened.

Thank you for your time and consideration. I welcome the opportunity to answer any questions you may have.