



U.S. Senate Committee on Appropriations Full Committee Hearing  
*"U.S. Government Response: Fighting Ebola and Protecting America"*

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I want to thank Chairwoman Mikulski and Ranking Member Shelby for organizing today's hearing entitled, "U.S. Government Response: Fighting Ebola and Protecting America." We welcome the committee's attention to the Ebola crisis and encourage efforts by the U.S. government to address the threat of this crisis for the over 2.5 million children under the age of five living in areas affected by Ebola. We welcome the recent \$6 billion Ebola emergency funding package proposed by the Obama Administration, and we hope that the Senate Appropriations committee seriously considers supporting this emergency funding to fight the Ebola epidemic in West Africa.

This testimony will identify several recommendations for Congress and the Administration to improve the response to the Ebola crisis. First, it will discuss the need to support medical evacuation (Medevac) of Ebola-infected aid workers and to oppose restrictions that go beyond the guidelines issued by the Centers for Disease Control (CDC) to ensure that the recruitment and deployment of international staff to affected countries are not hindered. Second, it will discuss the value of investing in air transportation to help facilitate the movement of staff and supplies in and out of affected countries. Third, it will discuss the importance of preventing a further deterioration of the healthcare situation by funding the UN Appeal, ensuring that much-needed personnel are equipped and deployed, and supporting efforts to improve public health systems. Finally, it will discuss steps the U.S. government should take to meet the needs of children affected by the crisis and conclude with a discussion of measures that must be taken to address the impact of Ebola on household food security and livelihood activities.

### **Background**

West Africa is now battling the deadliest Ebola outbreak the world has ever seen. The scale of the crisis is unprecedented in terms of geographic distribution, infection rate and the number of people killed by the disease. To date, the death toll has climbed to nearly 5,000 people and the World Health Organization (WHO) estimates that the number of cases could increase dramatically. If we do not get a handle on containment now, we are facing the very likely prospect of hundreds of thousands of cases, economic collapse, displaced people, potential security risks and the erosion of years of hard-won progress on development gains in post-conflict countries.

Save the Children is working urgently in Liberia, Sierra Leone, and Guinea to halt the epidemic before it spirals further out of control. We are training health workers, teaching people how to limit the risks to themselves and their families, distributing protective kits, and providing much-needed medical equipment. Our teams are providing psychosocial support to survivors and helping child welfare committees identify and refer unaccompanied or abandoned children to appropriate services. We are also working to contain transmission through the construction of hospital-like treatment units and the construction and management of community-based care centers.

## **Medevac**

Medical evacuation (Medevac) of Ebola-infected aid workers must be a top priority for the international community. The current situation – whereby medevac is on a case-by-case basis and largely contingent on the capacity of individual states to provide medevac to national citizens – is hindering both the recruitment and deployment of international staff to affected countries. Aid organizations must be able to provide assurances to staff that medevac is available in the event of high-risk exposure or infection. We commend the United States for taking steps to ensure that doctors and nurses infected while caring for Ebola patients will receive the treatment they need, including constructing and staffing the recently opened Monrovia Medical Unit (MMU) in Liberia to treat medical workers. While there has been positive movement by the international community on medevac in the past days, it is still critical for the U.S. government to support international efforts to get agreement on a global protocol on medevac designed to meet the specific challenges facing individuals and organizations. We urge the US government to work with international partners in the coming days to ensure the forthcoming global protocol on medevac includes the following principles:

- All international aid workers – including non-U.S. citizens – must have access to medevac within a 48-hour window to a WHO-approved healthcare facility.
- Multi-entry visas to the United States for non-U.S. citizens responding to the Ebola epidemic should be provided to ensure that there are no bureaucratic impediments to medevac that could lead to a delay in treatment of aid workers.

## **Mandatory Travel Bans and Quarantines**

While we understand the decisions of New Jersey Gov. Chris Christie, New York Gov. Andrew Cuomo and Illinois Gov. Pat Quinn to order a mandatory quarantine for all individuals who have had contact with Ebola victims in West Africa, we caution that decisions about quarantines should be rooted in science and not motivated by fear. Combatting this epidemic requires the assistance of thousands of additional health workers from the U.S. and other countries. Mandatory quarantines of asymptomatic individuals, such as those announced in New Jersey, New York and Illinois have the potential of discouraging gravely needed personnel from deploying to the region. Moreover, the latest scientific data demonstrates that asymptomatic individuals with Ebola do not spread the virus; transmission of the virus occurs through contact with a symptomatic person's body fluids.

The best way to keep people safe from the virus in the United States and worldwide is to stop the epidemic at the source in West Africa. To do that we need to be able to deploy response personnel quickly. We must ensure that staff who volunteer to do the noble work of serving those affected by this disease in West Africa do not fear stigmatization or discrimination upon their return home. To this end, Save the Children urges the U.S. government:

- Not to impose restrictions that would go beyond the guidelines issued by the Centers for Disease Control (CDC), such as mandatory, 21-day quarantines, for asymptomatic doctors and other travelers who have had contact with Ebola victims in West Africa.

## **Air transportation**

Air travel is becoming increasingly limited to Ebola-affected countries, causing disruptions in the flows of medical equipment, essential supplies, and staff. Growing pressure to restrict commercial flights is concerning because it reduces the ability to move and rotate international aid workers in and out of affected countries. If this issue is not addressed soon, it will likely present a major challenge to scaling-up the response. While the United States has played a leadership role in providing air transport, more must be done by the international community to ensure an air-bridge is in place. To this end, we urge the U.S. government to:

- Provide more air transportation and encourage nations with military capacity to commit to provide regular flights for aid workers. By pooling resources, the U.S. could help provide regular flights for aid workers and facilitate the movement of staff and supplies in and out of affected countries.
- Avoid restricting commercial flights into and out of Ebola-affected countries.

### Health Infrastructure

Poor health infrastructure in all affected countries is both hampering the response to Ebola and enabling the epidemic. Health workers have been disproportionately affected by the disease and the ability to manage, prevent or treat other health issues, including common childhood illnesses such as diarrhoea and malaria, is extremely low as the health systems focus all capacity on combating Ebola. Due to the overwhelmed and fragile health infrastructure, women are dying in childbirth from basic and preventable complications; immunization programs have stopped; and health workers are turning non-Ebola patients away from health centers for fear of infection.

The United States has been a leader in supporting the construction of Ebola Treatment Units (ETUs) and Community Care Centers (CCCs) that will play a critical role in improving efforts to isolate Ebola cases, reduce the risk of contagion, and provide care to people who are already infected. However, these facilities all need to be staffed by healthcare workers, who in turn need to be supported by staff with other areas of expertise including sanitation, logistics, psychosocial support and community mobilization. To prevent a further deterioration of the healthcare situation, Save the Children is calling on the U.S. government to urgently:

- **Support funding for the UN Appeal and encourage other donors to make financial contributions.** The UN estimates it will cost \$1 billion to respond to Ebola and its secondary impacts on education, livelihoods and other health needs. The US has been a leader in supporting countries affected by the crisis and should increase and quickly disburse pledges and use diplomatic pressure to encourage other countries to follow suit.
- **Train, equip, and deploy international healthcare workers.** Financial contributions without a parallel effort to identify and deploy personnel will not break the transmission rate. According to the World Health Organization (WHO), 20 Foreign Medical Teams must come forward by the end of the month to ensure full coverage of Ebola Treatment Units and bring about a reduction in transmission by the end of the year. Logisticians, engineers and military with experience in establishing clear lines of command and control should also be deployed to help respond to the Ebola crisis.
- Work to immediately strengthen public health systems in affected countries to address not only treatment of Ebola, but also deliver other essential health services.
- Improve access to maternal, reproductive, newborn and child health services.

### Children's needs

An estimated 3.5-4 million children have been affected by the Ebola outbreak. Children and youth are losing out on critical months, and possibly an entire year, of learning as school year start-dates are delayed and schools in affected areas are closed. The postponement of primary examinations and closed schools significantly increase the risk of permanent dropout and the loss of learning gains achieved in recent years by investments made by USAID, along with other donors, in education. Not only will education have an immediate impact on children, longer term development trends will be adversely impacted. In addition, many children living in affected countries are traumatized by the loss of a parent or death of a family member and may be left without appropriate care. Stigma and fear may further

contribute to isolation or rejection of children affected by Ebola. Our experience working with children in emergency settings has taught us that in many cases in which children lose a parent or family member, at least one parent is still living. As such, it is of utmost importance that children who lose a loved one are not labeled as orphans, but instead are identified as unaccompanied or separated. To ensure that children affected by the crisis receive appropriate care and have access to education, the U.S. government should support efforts to:

- Locate, identify, and register unaccompanied children to ensure that adequate alternative family-based care is provided. This care must be in line with the International Guidelines for the Alternative Care of Children. Any placement decisions must be made with the child's best interest in mind and in consultation with the child.
- Provide children with access to basic services and appropriate psychosocial support. Children accompanying their family members to health facilities but who are not accepted into the health facility for treatment of Ebola should be cared for and monitored.
- Invest in quality home-learning programs and teacher training on Ebola-prevention messages and how to address children's psychological needs.
- Mitigate the impact of long-term school closures by home-based instructional materials, radio-programs, and text messaging that cover critical aspects of the national curricula.

### **Food Security and Livelihoods**

Urgent measures must be taken to address the impact of Ebola on household food security and livelihood activities in order to avoid another potential humanitarian disaster in the region. In Liberia and Sierra Leone the price of food has increased in some markets since the start of the crisis, threatening to deepen the vulnerabilities of already poor and food insecure households. Decreased productivity of affected families and reductions in traditional agricultural support are threatening to damage upcoming harvest and cash crop yields. Some reports indicate that lower productivity also threatens the flows of production from the affected areas to main markets, with implications for wider food security in the West and Central Africa regions. The U.S. government should be prepared to take urgent measures to safeguard livelihoods and support food security, including by investing in:

- A thorough food security and livelihoods assessment throughout countries affected by Ebola to assess the impact that Ebola has had on income and food sources.
- Targeted Food Assistance to isolation units, communities under quarantine and at risk of Ebola and Ebola-affected families. Care should be taken that food assistance modality and distribution procedures align and support larger public efforts to prevent the spread of Ebola.
- Continued trade to and from affected countries to maintain economic activity and ensure adequate food supplies and non-food supplies.

### **Conclusion**

We thank the committee for its leadership in addressing the Ebola crisis. As the needs in the region continue to escalate, so too must our humanitarian commitment. We sincerely appreciate your attention to these important issues, and look to both the Administration and Congress to marshal the necessary support, including in your appropriations legislation, to reduce the suffering and improve the outlook for the children and families of West Africa.