

Surgeon General's Perspectives

UPDATE ON THE U.S. PUBLIC HEALTH RESPONSE TO THE EBOLA OUTBREAK

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RADM Lushniak made this statement before the Oversight and Investigations Subcommittee of the Energy and Commerce Committee of the U.S. House of Representatives on November 18, 2014. A record of the hearing is available at <http://energycommerce.house.gov/hearing/update-us-public-health-response-ebola-outbreak>. This statement was published on December 11, 2014, at www.publichealthreports.org.

Chairman Murphy, Ranking Member DeGette, and Members of the Oversight and Investigations Subcommittee, thank you for the opportunity to testify today about the U.S. Public Health Service Commissioned Corps and its role in responding to the Ebola outbreak in West Africa. My testimony will provide information about what the Office of the Assistant Secretary for Health, the Office of the Surgeon General and the United States Public Health Service (USPHS) Commissioned Corps (Corps) has contributed to the U.S. Government-wide effort to stop the spread of Ebola virus disease (EVD) where it began . . . in West Africa.

THE COMMISSIONED CORPS AND PUBLIC HEALTH EMERGENCY RESPONSE

The Commissioned Corps is made up of 6,700 uniformed officers who are highly-trained, networked and mobile medical and public health professionals operating under the departmental leadership of the Secretary of Health and Human Services and the day to day oversight of the Surgeon General and Assistant Secretary for Health. The Commissioned Corps of the Public Health Service is one of the seven uniformed services of the United States and the only uniformed service of its kind in the world.

The Corps exists to carry out programs to promote the health of the Nation, understand and prevent disease and injury, assure safe and effective drugs and medical devices, and deliver health services to Federal beneficiaries.

Since 1889, Commissioned Corps officers have been the Government's dependable

resource for health expertise and public health emergency services in times of war and other national or international emergencies. Corps officers, like officers in the Army, Navy, and Air Force, can be deployed at a moment's notice anywhere in the world to meet the needs of the President and the Department of Health and Human Services.

Commissioned Officers are distinguished by their pledged commitment to leadership, service, integrity and excellence. For these officers of the Commissioned Corps appointed by the President, their work is not their job, it is their duty.

Title II of the Public Health Service Act establishes the composition and structure of the Commissioned Corps. The Act provides for both a "Regular" and "Ready Reserve" Corps and states that Corps officers be "trained, equipped and otherwise prepared to fulfill their public health and emergency response roles . . ." so that the Corps is ready to respond rapidly to urgent or emergency public health care needs and, when required, to address needs related to the well-being, security, and defense of the United States.

The Corps has a long history of protecting the health and safety of the Nation by addressing and eradicating infectious disease overseas—whether it be smallpox, polio, or now Ebola. Officers bring valuable skills and experience in providing culturally appropriate care in austere conditions, making the Corps a unique resource to combat Ebola. To ensure it can meet its mandate to respond rapidly to urgent or emergency



Acting Surgeon General Boris D. Lushniak speaks about the U.S. Public Health Service response to Ebola before the Oversight and Investigations Subcommittee of the Energy and Commerce Committee of the U.S. House of Representatives on November 18, 2014.

public health care needs around the globe, the Commissioned Corps has established a tiered response system composed of 41 response teams and tiers of individual augmentees available to provide technical and clinical expertise to those teams. Every able active duty officer is assigned to one of these emergency response roles.

The Corps has deployed to events ranging from terrorist events (9/11, Boston Marathon Bombings, anthrax) to natural disasters (Hurricanes Katrina, Rita, Wilma, and Sandy; Red River flooding; Northeast ice storms); from humanitarian assistance (Haiti and Japan earthquakes, Indian Ocean tsunami) to reconstruction and stabilization (Iraq, Afghanistan); from public health crises (H1N1, suicide clusters on Indian Reservations) to hospital rescue (Mariana Islands). Over the past 10 years, the Corps has undertaken over 15,000 officer deployments in support of nearly 500 distinct missions and events.

THE COMMISSIONED CORPS AND EBOLA OUTBREAK RESPONSE

Officers from the USPHS Commissioned Corps are operating in both the US and West Africa in clinical, management and liaison roles supporting the Office of the Assistant Secretary for Health and the Centers for Disease Control and Prevention (CDC). In the U.S., Commissioned Corps officers assigned to CDC may serve on the CDC Ebola Response Team (CERT). The CERT is made up of public health experts that can be mobilized and deployed anywhere in the U.S. to provide assistance to health care facilities and state and local health departments with their management and care of persons with EVD. CERT members are identified based on their expertise in specific technical areas and many individuals have previous experience with field deployments, field investigations, and infection control practices.

One critical element of the Department's plan for combatting the Ebola outbreak targets the ongoing need for health care personnel in the Ebola-affected countries. In September, the United Nations estimated that 1,000 international health care workers would be needed on the ground in West Africa to bring the outbreak to an end. There is a wide consensus that in order to create the conditions that will encourage both West African and international health care workers to contribute their time and skill to contain and ultimately end the Ebola outbreak, it is essential to establish a dedicated facility to provide high-level care for national and international health care workers should they become infected with the virus. In support

of this objective, the Corps has deployed trained clinicians (physicians, nurses, behavioral health specialists), infection control officers, pharmacists, laboratory workers, and administrative management personnel to Liberia to staff the Monrovia Medical Unit (MMU).

The MMU is a U.S. Government-funded 25-bed field hospital located in Margibi County, Liberia, that has been configured to function as an Ebola Treatment Unit. It will provide advanced EVD treatment to national and international health care workers, and to non-governmental organizations and United Nations personnel involved in the Ebola response on a space available basis. The full complement of staffing for the MMU will include approximately 70 Corps officers during each deployment, each of whom voluntarily accepted this assignment to provide direct care to EVD patients in Liberia.

The Department of Defense (DOD) and the U.S. Agency for International Development support this mission, and DOD will provide support for the officers, including billeting, food, water, and other basic living support. DOD construction of an Expeditionary Medical Support (EMEDS) unit included adaptations for infection control, plumbing, septic systems, structures for the family visitation centers and behavioral health counseling, and security measures. These modifications to the EMEDS, necessary to create the functional MMU, were completed in early November. Full re-supply chains for the unique requirements of the MMU are also being finalized by DOD to assure that Corps officers have the equipment and supplies needed to provide a more comprehensive level of care than would otherwise be available to patients with EVD in Liberia.

Officers deployed to Liberia will have completed rigorous and intensive CDC-developed training in Anniston, Alabama prior to their deployment. Training includes didactic, situational, and hands-on advanced personal protective equipment (PPE) training to ensure our officers possess sufficient knowledge of Ebola and its transmission routes to work safely and efficiently in the well-designed MMU. Once in-country, all officers receive "hot zone" training, which consists of shadowing health care workers experienced in the care of Ebola patients while those workers perform their duties in existing Ebola Treatment Units. Prior to working with Ebola patients, all officers involved in direct patient care will have demonstrated competency in performing all Ebola-related infection control practices and procedures, and specifically in proper donning/doffing of PPE. The safety of our personnel is our highest priority. We are making every effort to ensure that all Commissioned Corps officers on the ground

are working in an environment that will minimize any risk to their personal safety and security.

CURRENT STATUS AND NEXT STEPS FOR MMU MISSION AND RETURNING OFFICERS

The first team of USPHS Commissioned Corps officers completed advanced training on October 25, 2014, and arrived in Liberia on October 27, 2014. Additional training was completed, necessary equipment was delivered, and safety, clinical care and management protocols were exercised in the ensuing days. On November 12, the MMU accepted its first patient.

Four overlapping teams of approximately 70 officers are scheduled for rotations of approximately 60-day deployments for an estimated six months of operations at the MMU. As of mid-November, the second team has been identified, rostered and is completing final pre-deployment preparations. Team 2 will transition with Team 1 over the course of a week, December 11–18, 2014.

While all possible efforts are being made to ensure that deployed Commissioned Corps officers providing direct medical care for persons with EVD are trained and provided the equipment and tools they need to ensure their safety, we know that unprotected exposure to the virus remains a possibility. Should an officer become ill with EVD, protocols currently in place serve to ensure that the officer is afforded the best care available. The Department of State has entered into a commercial medical evacuation contract that provides

the capability to evacuate patients requiring bio containment per week based on suspected or confirmed EVD, if medically necessary. Deployed U.S. personnel contracting Ebola would be treated in the most effective manner possible, including medical evacuation to the U.S. if necessary.

To ensure the safety of our officers, their families, friends, co-workers and the communities in which they live and work, officers will be subject to exposure risk assessment. Officers will be returning into one of the five designated airports for enhanced screening just as all other individuals returning from patient-care-related activities in West Africa. As part of the enhanced screening upon arrival, officers will be asked to disclose their associations to patient care activities within the affected regions to U.S. Customs and Border Protection. In addition, the Commissioned Corps will ensure that personnel returning from West Africa observe applicable guidelines regarding monitoring and movement restrictions. We look forward to welcoming home our personnel who are returning from West Africa, giving them the opportunity to rest and reconnect with family and friends, providing support, and thanking them for their extraordinary efforts on behalf of our Nation and the peoples of West Africa.

Thank you Mister Chairman, Ranking Member DeGette, and members of the Subcommittee. I will be happy to answer your questions at this time.

At the time of this testimony, Boris D. Lushniak was the Acting Surgeon General of the United States.