

Remarks Following a Meeting With Cabinet Members and Senior Advisers To Discuss Ebola Preparedness and Containment Efforts

October 15, 2014

Well, obviously, the news has been dominated by the diagnosis of a second health care worker in Dallas with Ebola. And in light of this second case, I thought it was very important for me to bring together our team, including our CDC Director, Tom Frieden, to hear directly from them in terms of how we are ramping up our efforts here.

Obviously, initially, we want to express concern for the two health workers who have been affected. Our nurses and our health care workers are absolutely vital to the health and well-being of our families. They sacrifice for us all the time, not just in this case, but in the case of other illnesses that affect us. They are selfless, they work hard, they're often underpaid. And so our thoughts and prayers are with them, and we have to make sure that we are doing everything we can to take care of them, even as they take care of us.

As a consequence, what we've been doing here today is reviewing exactly what we know about what's happened in Dallas and how we're going to make sure that something like this is not repeated and that we are monitoring, supervising, overseeing in a much more aggressive way exactly what's taken place in Dallas initially, and making sure that the lessons learned are then transmitted to hospitals and clinics all across the country.

First of all, what I've directed the CDC to do is that as soon as somebody is diagnosed with Ebola, we want a rapid response team—a SWAT team, essentially—from the CDC to be on the ground as quickly as possible—hopefully, within 24 hours—so that they are taking the local hospital step by step through exactly what needs to be done and making sure that all the protocols are properly observed, that the use of protective equipment is done effectively, that disposal of that protective equipment is done properly.

The key thing to understand about this disease is that these protocols work. We know that because they've been used for decades

now in Ebola cases around the world, including the cases that were treated in Emory and in Nebraska. So, if they're done properly, they work. But we have to make sure that, understandably, certain local hospitals that may not have that experience are walking—walked through that process as carefully as possible, and we're going to make sure that this rapid response team can do that.

In addition, we are reviewing every step of what's happened since Mr. Duncan was initially brought in to the hospital in Dallas so that we understand exactly where some of the problems may have occurred and doing a thorough canvass and inventory of all the workers who had contact with Mr. Duncan, including those who engaged in some of the testing that took place. We are now communicating all these various lessons to hospitals, clinics, first responders around the country. And obviously, given all the attention that this has received, we're going to make sure that that provision of information is constant, ongoing, and being updated on a real-time basis.

In addition, we are working very carefully with the mayor of Dallas, the Governor of Texas, and others to make sure that, in the event any other cases arise from these health workers, that they are properly cared for in a way that is consistent with public safety.

I know that people are concerned about the fact that the second health care worker had traveled. Here's what we know about Ebola: that it is not like the flu. It is not airborne. The only way that a person can contract Ebola is by coming into direct contact with the bodily fluids of somebody who is showing symptoms. In other words, if they don't have symptoms, they're not contagious.

What we are able to do, however, is to do what's called contact tracing so that anybody who may have had contact with someone—even if it was incidental contact, even if they weren't showing symptoms—being able to identify who those individuals are and make

sure that they are then being monitored in a way that allows us to make certain that the disease does not spread further. And that's currently taking place in a very aggressive process conducted by the CDC, HHS, and the rest of our teams.

I want to use myself as an example just so that people have a sense of the science here. I shook hands with, hugged, and kissed not the doctors, but a couple of the nurses at Emory because of the valiant work that they did in treating one of the patients. They followed the protocols, they knew what they were doing, and I felt perfectly safe doing so.

And so this is not a situation in which, like a flu, the risks of a rapid spread of the disease are imminent. If we do these protocols properly, if we follow the steps, if we get the information out, then the likelihood of widespread Ebola outbreaks in this country are very, very low.

But I think what we've all learned over the last several weeks is that folks here in this country and a lot of nonspecialized hospitals and clinics don't have that much experience dealing with these issues. And so we're going to have to push out this information as aggressively as possible, and that's the instructions that I've provided to my team.

Just a couple other points. We are going to be monitoring carefully the health status of the other health care workers in Dallas. And obviously, they're concerned. We understand that many of them are scared. And we are going to make sure that we're on the ground 24/7 to provide them the kind of support, information, and assurances that they need to get through this particular challenge.

And finally, we're also going to be continually examining our screening processes at airports. We're making sure that, in the event that we have additional cases that involve the need for transporting those patients to specialized hospitals, that those teams are in place and those facilities are in place. And we will make sure that on a day-to-day basis we provide the public with all the information they need and any updates about what has happened not just in Dallas, but what is being done across the country.

I'll end with this point: We are going to have to make sure that we do not lose sight of the importance of the international response to what is taking place in West Africa. I am absolutely confident that we can prevent a serious outbreak of the disease here in the United States, but it becomes more difficult to do so if this epidemic of Ebola rages out of control in West Africa. If it does, then it will spread globally in an age of frequent travel and the kind of constant interactions that people have across borders.

And so it is very important for us to understand that the investment we make in helping Liberia, Sierra Leone, and Guinea deal with this problem is an investment in our own public health. This is not simply charity—although obviously, it's important that America takes the lead in the humanitarian crisis that's taking place there—but it is also probably the single most important thing that we can do to prevent a more serious Ebola outbreak in this country, is making sure that we get what is a raging epidemic right now in West Africa under control.

So, for that reason, last night I had a call with Prime Minister Abe of Japan to solicit greater support for the international effort. This morning I spoke with Chancellor Merkel of Germany, Prime Minister Renzi of Italy, President Hollande of France, as well as David Cameron, the Prime Minister of Great Britain, to make sure that we are coordinating our efforts and that we are putting in a lot more resources than, so far at least, the international community has put into this process.

So, bottom line in terms of the public, I want people to understand that the dangers of you contracting Ebola, the dangers of a serious outbreak, are extraordinarily low. But we are taking this very seriously at the highest levels of government. And we are going to be able to manage this particular situation, but we have to look towards the future. And if we are not responding internationally in an effective way, and if we do not set up the kind of preparedness and training in our public health infrastructure here in the United States, not just for this outbreak, but for future outbreaks, then we could have problems.

So, in the meantime, I want everybody to be thinking about and praying for the two health workers that have gotten sick. Those who also treated this patient with compassion and care, we just want to say thank you to them. And we are going to be doing everything we can to make sure that they're properly cared for.

Okay, thank you very much.

NOTE: The President spoke at 5:26 p.m. in the Cabinet Room at the White House. In his remarks, he referred to Amber Vinson and Nina Pham, nurses at Texas Presbyterian Hospital in

Dallas, TX, who were infected with Ebola while providing care to Thomas E. Duncan, who died on October 8; Kent P. Brantly, former medical director, Samaritan's Purse Ebola Case Management Center in Monrovia, Liberia, who was treated successfully for Ebola at Emory University Hospital in Atlanta, GA; freelance cameraman Ashoka Mukpo, who contracted the Ebola virus while working for NBC News in Liberia and was treated successfully at Nebraska Medical Center in Omaha, NE; Mayor Michael S. Rawlings of Dallas, TX; and Gov. J. Richard Perry of Texas.

Letter to Congressional Leaders on Ordering the Selected Reserve and Certain Individual Ready Reserve Members of the Armed Forces to Active Duty

October 16, 2014

Dear Mr. Speaker: (Dear Mr. President:)

Effective today, pursuant to sections 121 and 12304 of title 10, United States Code, I am authorizing the Secretary of Defense and the Secretary of Homeland Security to order the Selected Reserve and certain members of the Individual Ready Reserve to active duty to augment the active forces in support of Operation United Assistance, providing humanitarian assistance and consequence management related to the Ebola virus disease outbreak in the West Africa region. The authorities that have been invoked will ensure the Department of

Defense can properly sustain the military operations required in this effort.

A copy of the Executive Order I have issued is enclosed.

Sincerely,

BARACK OBAMA

NOTE: Identical letters were sent to John A. Boehner, Speaker of the House of Representatives, and Joseph R. Biden, Jr., President of the Senate. The letter referred to Executive Order 13680, which is listed in Appendix D at the end of this volume.

Letter to Congressional Leaders on Continuation of the National Emergency With Respect to Significant Narcotics Traffickers Centered in Colombia

October 16, 2014

Dear Mr. Speaker: (Dear Mr. President:)

Section 202(d) of the National Emergencies Act, 50 U.S.C. 1622(d), provides for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emer-

gency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency with respect to significant narcotics traffickers centered in Colombia declared in Executive Order 12978 of October 21, 1995, is to continue in effect beyond October 21, 2014.