

The circumstances that led to the declaration on October 21, 1995, of a national emergency have not been resolved. The actions of significant narcotics traffickers centered in Colombia continue to pose an unusual and extraordinary threat to the national security, foreign policy, and economy of the United States and to cause an extreme level of violence, corruption, and harm in the United States and abroad. For this reason, I have determined that it is necessary to continue the national emergency declared in

Executive Order 12978 with respect to significant narcotics traffickers centered in Colombia.

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 notice is listed in Appendix D at the end of this volume.

Remarks Following a Meeting With Senior Advisers To Discuss Ebola Preparedness and Containment Efforts and an Exchange With Reporters October 16, 2014

The President. I wanted to give the American people an update on what's happened today. Obviously, everybody remains deeply concerned about the Ebola situation. I've been working with my team to address a number of issues that have been raised both publicly as well as at the State and local levels.

So, number one, obviously, our heartfelt concern goes out to the two nurses who have been affected. They courageously treated Mr. Duncan when he was in Dallas. It is typical of what nurses do each and every day, caring for us. And one has now been transferred to NIH, National Institutes of Health facilities. The other has now been transferred to Emory University. They are getting the best possible care. Our thoughts and prayers are with them and their families. And we're continuing to monitor their condition.

Number two, the second nurse to be diagnosed, as all of you are aware, traveled from Dallas to Cleveland and back. As a consequence, it's very important for us to make sure that we are monitoring and tracking anyone who was in close proximity to this second nurse to make sure that their temperatures are being taken and we know that they are receiving the kind of attention that they need to ensure that there's not additional spread of the disease.

I spoke to Governor Kasich in Ohio today, who is on top of it, and we have deployed CDC

personnel there to make sure that they are getting all the support that they need. And we will continue to work both with them, as well as the airlines, getting the manifests and assuring that we are keeping track of anybody who was in close proximity to the second nurse.

Number three, we remain focused on the situation at Texas Presbyterian in Dallas. As I've said before, when we have tight protocols with respect to the treatment of patients, then our health care workers are safe. But because of these two incidents, we know now that there may have been problems in terms of how protective gear is worn or removed or some of the additional treatment procedures may have impacted potential exposure. We don't know yet exactly what happened.

But in the meantime, we have a number of health care workers at Texas Presbyterian who did provide care to Mr. Duncan. And we are instituting a constant monitoring process with them, giving them the information that they need in order to keep themselves and their families as safe as possible as the period in which they potentially could get the disease remains in place.

And I also spoke to Governor Perry today about making sure that Dallas and the State of Texas had the resources that it needed in order to respond effectively if additional workers at Texas Presbyterian are determined, in fact, to

have been exposed and have contracted Ebola. And Governor Perry, as well as Mayor Rawlings in Dallas, obviously have been extraordinarily cooperative, working with the CDC, working with Health and Human Services.

They have legitimate concerns in terms of making sure that the Federal Government is surging the kinds of resources that they need in order to handle any eventuality there to make sure that their folks, not just at Texas Presbyterian, but potentially at other health care facilities have the training and the equipment that they need. And so we're going to be working very closely with them over the course of the next several days and weeks in order to assure that they have exactly what they need to get the job done.

Throughout this process I've been focused on making sure that we are dealing with this problem at the source. The most important thing, in addition to treating and monitoring anybody who even has a hint of potential exposure here in this country, the most important thing that I can do for keeping the American people safe is for us to be able to deal with Ebola at the source, where you've got a huge outbreak in West Africa.

And the United States is obviously leading the way in terms of providing resources, equipment, and mobilizing the world community. So, over the last several days, I continue to call other world leaders to get them to up their pledges of equipment, of personnel, of logistics—logistical capabilities to make sure that we're getting our workers on the ground there. We've seen some progress in Liberia, Sierra Leone, and Guinea, but we haven't seen enough. We've got more work to do.

And the good news is, is that increasingly when I talk to these world leaders, what you're seeing is a recognition that the sooner we control this outbreak at the source in West Africa, the less our people are going to be at risk. And I think more and more of them are stepping up. Although it's, I think, taken a little longer than it should, and that's something that all of us should recognize.

One issue that I want to address, because I know this has been a topic consistently in the

news, is the issue of a travel ban. And I know that you've heard from some public health experts about this, but I want to make sure that everybody is clear about the issue.

I don't have a philosophical objection necessarily to a travel ban if that is the thing that is going to keep the American people safe. The problem is, is that in all the discussions I've had thus far with experts in the field, experts in infectious disease, is that a travel ban is less effective than the measures that we are currently instituting that involve screening passengers who are coming from West Africa: first of all, screening them before they get on the plane there to see whether they're showing signs of the disease, and screening them again when they get here, taking their temperature.

And now what the CDC is doing is gathering all their information, assuming that they're not showing any signs of illness, because if they are showing signs of illness, obviously, we want to make sure that they are directed to a well-equipped and well-prepared facility. But if they're not showing any signs, we still want to have their information: where they live, where they're staying, multiple contact information that not only the Federal Government keeps, but that will also be forwarded to the State where they reside.

If we institute a travel ban instead of the protocols that we've put in place now, history shows that there is a likelihood of increased avoidance. People do not readily disclose their information. They may engage in something called broken travel, essentially breaking up their trip so that they can hide the fact that they have been to one of these countries where there is a disease in place. And as a result, we may end up getting less information about who has the disease. They're less likely to get treated properly, screened properly, quarantined properly. And as a consequence, we could end up having more cases rather than less.

Now, I continue to push and ask our experts whether, in fact, we are doing what's adequate in order to protect the American people. If they come back to me and they say that there are some additional things that we need to do, I assure you we will do it. But it is important in

these circumstances for us to look at the history of how these infectious diseases are best dealt with, and it is currently the judgment of all those who have been involved that a flat-out travel ban is not the best way to go.

But we will continue to monitor this. I am asking these questions. And if, in fact, it turns out that I'm getting different answers, then I will share that with the American people, and we will not hesitate to do what's necessary in order to maximize the chances that we avoid an outbreak here in the United States.

Which brings me to my last point. I understand that people are worried. This is a disease that is new to our shores, although it is something that has cropped up periodically in other countries. Because of the virulence of the disease and the way it's transmitted and the symptoms that occur, I understand that people are scared. But what I want to emphasize once again is that right now we've got one individual who came in with the disease. We have two nurses who have been diagnosed with the disease as a consequence of in some fashion being exposed during treatment. And what remains true is that this is not an airborne disease. It is not easy to catch. You can only catch it through being in contact with the bodily fluids of an individual who not only has the disease, but also is showing symptoms of the disease.

And so it's important, I think, for all of us to keep perspective in terms of how we handle this. We are taking this very seriously, at the highest levels, starting with me. And my entire team is—been essentially deputized to work with Health and Human Services and CDC, and that includes, by the way, the Department of Defense and our national security teams. We understand why it's important for us to provide assurances to the public that folks are taking this very seriously, and they are. And obviously, because of the two nurses getting sick, that has made people that much more concerned. So all that's understood.

But I do want everybody to understand it remains a very difficult disease to catch. And if we continue to take the steps that we need to, then this will be contained, and that the main thing that everybody needs to focus on is that

the risks involved remain relatively low, extremely low for ordinary folks. The biggest thing we have to do is make sure that health workers have more confidence, because they are on the front lines, and we're entering into flu season, which means that there are a lot of people who may be coming in with symptoms and there may be false alarms and concerns. And so we're going to spend a lot of time working with our public health workers to make sure that they feel safe and adequately protected.

But I want to assure the American people: We're taking this seriously, but this is something that's really hard to catch. And if we do what we need to do and we stay focused, then this is going to be something that is contained here. The work that we have to do overseas is going to be a lot tougher because frankly they don't have the public health infrastructure, they're not well organized, they're poor countries, and the epidemic is already raging there. So that's going to take several months for us to be able to start seeing the kinds of progress that we need to see. But in the meantime, I want everybody to know that everybody here is on the case.

All right? Thank you very much, everybody.

Appointment of an Ebola Czar

Q. Mr. President, do you need to appoint an Ebola czar?

The President. I will answer this one question about an Ebola czar. The truth is, is that up until this point, the individuals here have been running point and doing an outstanding job in dealing with what is a very complicated and fluid situation.

Those of you who don't know, Lisa Monaco, who does a lot of my counterterrorism work as well as national security work, has been working with our Secretary of Health and Human Services and Tom Frieden at the CDC. It may be appropriate for me to appoint an additional person, not because the three of these folks have not been doing an outstanding job—I should mention, and Susan Rice, my National Security Adviser. It's not that they haven't been doing an outstanding job really working

hard on this issue, but they also are responsible for a whole bunch of other stuff.

So Lisa is also dealing, as Susan is, with ISIL. And we're going into flu season, which means, by the way, that people should be looking to get their flu shots. We know that every year tens of thousands of people potentially die of the flu and a hundred thousand or more may be actually going to the emergency room and hospitalized because of the flu. So that's something that Tom also is responsible for.

So it may make sense for us to have one person, in part just so that after this initial surge of activity we can have a more regular process

just to make sure that we're crossing all the t's and dotting all the i's going forward.

Q. Do you know who that will be?

Q. Would that be soon?

The President. If I appoint somebody, I'll let you know. Thank you so much, everybody.

NOTE: The President spoke at 7:12 p.m. in the Oval Office at the White House. In his remarks, he referred to Nina Pham and Amber Vinson, nurses at Texas Health Presbyterian Hospital Dallas in Dallas, TX, who were infected with Ebola while providing care to Thomas E. Duncan, who died on October 8; and Mayor Michael S. Rawlings of Dallas, TX.

Remarks on Signing an Executive Order on Improving the Security of Consumer Financial Transactions October 17, 2014

The President. Hello, everybody! Hello. Good job, everybody. Everybody, please have a seat. Well, it is good to be back at CFPB. I want to—

Audience members. Woo!

The President. Yes, this is an enthusiastic and rowdy crowd, this group. [Laughter] That's what happens when you do good things. You feel good. And this group is doing great work.

I want to thank your Director, Rich Cordray, for hosting me here today, and I want to thank all of you for doing a great job in looking out for the financial security of all Americans.

Now, obviously, right now the news is dominated by Ebola, and we've got an all-hands-on-deck approach across Government to make sure that we are keeping the American people safe. But even as we meet that particular challenge, it's also important that we don't lose sight of the other challenges that we face as a nation, especially the challenge of making sure that our economy works for every single American. And that includes the challenge that brings me here today: protecting Americans from financial fraud and identity theft.

Now, as President, I believe that America is stronger when our middle class can count on things like affordable health insurance and

Medicare and Social Security; where there are rules to protect our kids from dirty air or dirty water, rules to protect consumers from being taken advantage of. And I know you agree, those of you at CFPB, because that's your mission.

And that's why part of the financial reform that we passed in the wake of the worst financial crisis since the Great Depression was the creation of this agency, to make sure that we are looking at every aspect of the financial system and ensuring that the American people have the basic protections that they should be able to count on. You have one mission: You're a watchdog for consumers to make sure that the American people have somebody who's got their backs.

And because of the good work of many of the people who are here today, Americans have saved millions because they've been protected from predatory mortgage practices. You've protected folks from deceptive credit card practices. You've set up "Know Before You Owe" to help college be a little more affordable for young people and to make sure that they know the kind of debt that they're accruing. You've simplified mortgage forms so homeowners don't get tricked in the final print. But all this work, taken together, the rea-