United States Senate

WASHINGTON, DC 20510

April 11, 2019

The Honorable Mike Pompeo Secretary of State U.S. Department of State 2201 C Street, N.W. Washington, D.C. 20520 The Honorable Alex M. Azar II Secretary of Health and Human Services U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201

Dear Secretary Pompeo and Secretary Azar:

We write with strong concern about the ongoing Ebola outbreak in eastern Democratic Republic of the Congo (DRC), and the status of the U.S. government response. Since this latest outbreak began in August 2018 at least 1,029 cases have been confirmed, and 642 people have died. Political events and tenuous security in the Ebola-affected hotspots of eastern DRC has made the international public health response very challenging. Despite the best efforts of the international community and U.S. partners to help the DRC Ministry of Health stop the spread of the virus and provide care, including by implementing a ring vaccination campaign, tracing potential contacts, and deploying new diagnostics and therapeutics, the outbreak persists and is spreading to new areas of DRC. Furthermore, new cases are being reported in communities that are even more difficult for health workers to access due to lack of infrastructure, community resistance, and localized conflict.

The United States Agency for International Development (USAID) and Centers for Disease Control and Prevention (CDC) have been engaged since the earliest stages of this outbreak in support of the Congolese people. Unfortunately, the risk of this outbreak becoming more widespread or crossing into a neighboring country continues to grow. USAID and CDC experts were withdrawn from the field in September of last year due to security considerations, although we understand some have returned. Their presence was integral to supporting the efforts of DRC officials attempting to stop the outbreak. CDC's presence in other outbreaks has proven critical in helping to improve health care outcomes and the ability of public health workers to conduct surveillance and contact tracing that are key to preventing new infections, terminating the chain of transmission and getting the crisis under control.

The safety and security of U.S. government (USG) personnel stationed in DRC should always be of primary consideration. We appreciate the need to balance security challenges with the urgent public health needs surrounding the current outbreak and preventing an epidemic of the scale that occurred in West Africa in 2014.

The current international strategic response plan for the Ebola outbreak in DRC is now in its third iteration, and accompanying predictions about the outbreak extend through September of

this year. It is critical that the U.S. and our international partners continue working together to support and assist the DRC Ministry of Health to halt this outbreak and prevent Ebola from spreading across borders, and from becoming endemic in DRC. Therefore, given the critical nature of the situation in eastern DRC, we are interested in understanding the strategies in place or any plan in development by the Administration to provide the necessary security for USG personnel's public health response activities in the affected regions. As such, we request that you arrange for a briefing on the USG's strategy and efforts moving forward related to the current Ebola outbreak response. We respectfully request answers to the following by April 30th 2019:

- 1. When was the last formal security assessment of eastern DRC undertaken by the Regional Security Officer? Does the State Department or the Department of Health and Human Services (HHS) plan to request an additional or updated review of such security assessment?
- 2. What is the status of the most recent proposal for options for carrying out a security assessment? Please provide a timeline for next steps related to consideration of the proposal, and the timeline for an interagency decision with respect to the proposals put forward.
- 3. What security factors will be considered and evaluated as part of a security assessment in this situation? What officials are responsible for such security assessment and what is the process for making final determinations related to the deployment of U.S. personnel?
- 4. What alternatives to full-time, on the ground deployment of U.S. government staff to Ebola hotspots have been or are under consideration, including those that might allow access to the areas in which transmission continues, or is increasing?
- 5. What is the role, if any, of the Department of Defense in increasing the security footprint for our USG personnel in the region?
- 6. What discussions have been or are being held with the United Nations related to helping improve security in Ebola-affected regions to better facilitate access for health care officials responding to the epidemic?
- 7. What steps has the Administration taken to collaborate with international entities to support additional vaccine capacity for use in DRC and for purposes of stockpiling for continued outbreak response should cases continue to rise or a future outbreak occur?
- 8. What other actions is the USG preparing to undertake to help end this outbreak?
- 9. What mechanisms or frameworks are being developed to enhance and/or improve the USG's ability to respond to emergencies in conflict settings?

We greatly appreciate the work of the State Department and Department of Health and Human Services to collaborate with international partners and respond to the Ebola outbreak in the DRC, and we stand ready to assist to ensure that USG personnel have the necessary support to overcome the challenges of this ongoing outbreak.

Sincerely,

Robert Menendez

United States Senator

Lamar Alexander

United States Senator

Patty Murray

United States Senator