

**Calendar No. 572**113<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION**S. RES. 541**

Recognizing the severe threat that the Ebola outbreak in West Africa poses to populations, governments, and economies across Africa and, if not properly contained, to regions across the globe, and expressing support for those affected by this epidemic.

---

**IN THE SENATE OF THE UNITED STATES**

SEPTEMBER 10, 2014

Mr. COONS (for himself, Mr. FLAKE, Mr. MENENDEZ, Mr. DURBIN, Mr. CORKER, Mr. MARKEY, Mr. HEINRICH, Mrs. BOXER, Mr. REED, Mr. BOOKER, Mr. LEAHY, Mrs. SHAHEEN, Mr. KAINE, Mr. CASEY, Mr. CARDIN, Mr. CARPER, Ms. CANTWELL, Ms. KLOBUCHAR, Ms. LANDRIEU, Mr. RUBIO, and Mr. WHITEHOUSE) submitted the following resolution; which was referred to the Committee on Foreign Relations

SEPTEMBER 18, 2014

Reported by Mr. MENENDEZ, with an amendment to the preamble

[Strike the preamble and insert the part printed in *italic*]

---

**RESOLUTION**

Recognizing the severe threat that the Ebola outbreak in West Africa poses to populations, governments, and economies across Africa and, if not properly contained, to regions across the globe, and expressing support for those affected by this epidemic.

Whereas Ebola hemorrhagic fever is an extremely infectious virus that causes severe illness with a fatality rate that can well exceed 50 percent;

Whereas Ebola is spread through contact with blood, secretions, or other bodily fluids of infected humans and animals and can have an incubation period of up to 21 days;

Whereas the Ebola virus first appeared in the Democratic Republic of the Congo in 1976 and has afflicted communities in Africa at least 20 times since then;

Whereas the current Ebola outbreak first occurred in February 2014 in forested areas of southeastern Guinea and subsequently spread to Liberia, Sierra Leone, Nigeria, and Senegal, and the Democratic Republic of the Congo recently discovered the outbreak of a separate strain of the virus;

Whereas this is the first outbreak of Ebola in West Africa and the biggest and most complex to date, due to its emergence in populated, transient border areas, making containment a significant challenge;

Whereas, to date, Ebola had infected more than 3,600 people in West Africa and caused almost 2,000 deaths;

Whereas the current Ebola outbreak has occurred in countries with some of the weakest health systems in the world facing severe shortages of healthcare workers, laboratories essential for testing and diagnosis, clinics and hospitals required for treatment, and medical supplies and protective gear, such as latex gloves and face masks required to prevent contamination of health facilities;

Whereas these weak and inadequate healthcare facilities, a lack of health staff trained in Ebola response, and misconceptions about the virus have resulted in numerous in-

fections of health workers and patients unable to receive appropriate response and care;

Whereas effective countermeasures for stemming the spread of Ebola, such as isolation, meticulous infection control practices, case investigation, and contact tracing require more trained personnel and resources than are currently available in West Africa;

Whereas, although Ebola can be contained with good public health and burial practices, it continues to spread due to a lack of accurate public information, insufficient treatment facilities, limited local language capacities required for health education, and an unwillingness to allow those infected to be isolated from family members;

Whereas governments are collaborating closely with international donors and taking strong measures to contain the virus, including announcing states of emergency and establishing emergency response centers;

Whereas the limitations on transportation and travel and closing of businesses have had a devastating economic impact throughout the region and may cause social instability and exacerbate the humanitarian crisis if not properly managed and offset;

Whereas the international community has committed to support solutions to the current limitations on air traffic and establish a common operational platform to address acute problems associated with food security, protection, water, sanitation and hygiene, primary and secondary health care, and education, as well as the longer-term recovery effort that will be needed in the face of the complex social consequences of this emergency;

Whereas the Governments of the Democratic Republic of the Congo and Uganda have sent experts familiar with such outbreaks to Liberia to assist with the outbreak response, and the Government of Ghana has agreed to serve as the international community's logistics and coordination center and is providing a vital corridor for supplies and personnel;

Whereas, after visiting affected communities in West Africa, Centers for Disease Control and Prevention Director Tom Frieden said on September 2, 2014, "There is a window of opportunity to tamp this down, but that window is closing . . . we need action now to scale up the response.";

Whereas the United States Government has provided more than \$101,400,000 in support through the Centers for Disease Control and Prevention, the United States Agency for International Development, the World Health Organization, and the United States Armed Forces since February 2014;

Whereas the United States Government helped to fund the development of the Zmapp biopharmaceutical experimental drug that was given to 2 United States health workers afflicted with the virus and was recently donated to 3 Liberian doctors with encouraging effect and has prompted calls for further research and development of such vaccines;

Whereas, on August 5, 2014, the United States Government deployed a multi-agency Disaster Assistance Response Team composed of staff from Federal agencies, including the United States Agency for International Development, the Centers for Disease Control and Prevention, the Department of Defense, the Department of Health and

Human Services, and the Forest Service to coordinate the United States Government's response efforts;

Whereas the World Health Organization published on August 28, 2014, a roadmap for scaled-up response that aims to stop the virus in 6 to 9 months and calls for 750 international and 12,000 local health workers to contribute to the halt of the Ebola outbreak; and

Whereas, earlier this year, the United States Government joined with partner governments, the World Health Organization, other multilateral organizations, and nongovernmental actors to launch the Global Health Security Agenda, a 5-year commitment to prevent, detect, and effectively respond to infectious disease threats such as Ebola: Now, therefore, be it

*Whereas Ebola hemorrhagic fever is an extremely infectious virus that causes severe illness with a fatality rate that can well exceed 50 percent;*

*Whereas Ebola is spread through contact with blood, secretions, or other bodily fluids of infected humans and animals and can have an incubation period of up to 21 days;*

*Whereas the Ebola virus first appeared in the Democratic Republic of the Congo in 1976 and has afflicted communities in Africa at least 20 times since then;*

*Whereas the current Ebola outbreak first occurred in February 2014 in forested areas of southeastern Guinea and subsequently spread to Liberia, Sierra Leone, Nigeria, and Senegal, and the Democratic Republic of the Congo recently discovered the outbreak of a separate strain of the virus;*

*Whereas this is the first outbreak of Ebola in West Africa and the biggest and most complex to date, due to its emergence*

*in populated, transient border areas, making containment a significant challenge;*

*Whereas, to date, according to the Centers for Disease Control and Prevention, Ebola had infected more than 4,400 people in West Africa and caused nearly 2,300 confirmed deaths;*

*Whereas the current Ebola outbreak has occurred in countries with some of the weakest health systems in the world facing severe shortages of healthcare workers, laboratories essential for testing and diagnosis, clinics and hospitals required for treatment, and medical supplies and protective gear, such as latex gloves and face masks required to prevent contamination of health facilities;*

*Whereas these weak and inadequate healthcare facilities, a lack of health staff trained in Ebola response, and misconceptions about the virus have resulted in numerous infections of health workers and patients unable to receive appropriate response and care;*

*Whereas effective countermeasures for stemming the spread of Ebola, such as isolation, meticulous infection control practices, case investigation, and contact tracing require more trained personnel and resources than are currently available in West Africa;*

*Whereas, although Ebola can be contained with good public health and burial practices, it continues to spread due to a lack of accurate public information, insufficient treatment facilities, limited local language capacities required for health education, and an unwillingness to allow those infected to be isolated from family members;*

*Whereas governments are collaborating closely with international donors and taking strong measures to contain the*

*virus, including announcing states of emergency and establishing emergency response centers;*

*Whereas the limitations on transportation and travel and closing of businesses have had a devastating economic impact throughout the region and may cause social instability and exacerbate the humanitarian crisis if not properly managed and offset;*

*Whereas the international community has committed to support solutions to the current limitations on air traffic and establish a common operational platform to address acute problems associated with food security, protection, water, sanitation and hygiene, primary and secondary health care, and education, as well as the longer-term recovery effort that will be needed in the face of the complex social consequences of this emergency;*

*Whereas the Governments of the Democratic Republic of the Congo and Uganda have sent experts familiar with such outbreaks to Liberia to assist with the outbreak response, and the Governments of Senegal and Ghana have agreed to serve as logistics and coordination centers for the international assistance effort, providing vital corridors for supplies and personnel;*

*Whereas, after visiting affected communities in West Africa, Centers for Disease Control and Prevention Director Tom Frieden said on September 2, 2014, “There is a window of opportunity to tamp this down, but that window is closing... we need action now to scale up the response.”;*

*Whereas the United States Government has provided more than \$175,000,000 in support through the Centers for Disease Control and Prevention, the United States Agency for International Development, the World Health Organiza-*

*tion, and the United States Armed Forces since February 2014 and intends to mobilize additional resources and support as announced by President Obama on September 16, 2014;*

*Whereas the United States Government helped to fund the development of the Zmapp biopharmaceutical experimental drug that was given to United States health workers afflicted with the virus and was recently donated to Liberian doctors with encouraging effect and has prompted calls for further research and development of such vaccines;*

*Whereas, on August 5, 2014, the United States Government deployed a multi-agency Disaster Assistance Response Team composed of staff from Federal agencies, including the United States Agency for International Development, the Centers for Disease Control and Prevention, the Department of Defense, the Department of Health and Human Services, and the Forest Service to coordinate the United States Government's response efforts;*

*Whereas the World Health Organization published on August 28, 2014, a roadmap for scaled-up response that aims to stop the virus in 6 to 9 months and calls for 750 international and 12,000 local health workers to contribute to the halt of the Ebola outbreak; and*

*Whereas, earlier this year, the United States Government joined with partner governments, the World Health Organization, other multilateral organizations, and nongovernmental actors to launch the Global Health Security Agenda, a 5-year commitment to prevent, detect, and effectively respond to infectious disease threats such as Ebola: Now, therefore, be it*

1       *Resolved, That the Senate—*



1           (1) recognizes the severe immediate threat that  
2 Ebola poses to populations, governments, and econo-  
3 mies in Africa;

4           (2) recognizes that the limited capacity of the  
5 initial outbreak countries of Guinea, Sierra Leone,  
6 and Liberia to combat the epidemic has been ex-  
7 hausted and the potential threat to regions beyond  
8 Africa if this, the largest of all Ebola outbreaks, is  
9 not contained;

10          (3) expresses support for those affected by this  
11 epidemic and affirms its sympathy for victims of  
12 Ebola and their families;

13          (4) supports the Governments of Guinea, Libe-  
14 ria, Sierra Leone, Nigeria, Senegal, and the Demo-  
15 cratic Republic of the Congo for their ongoing ef-  
16 forts to combat the Ebola virus in their countries  
17 and regionally;

18          (5) urges citizens of affected countries to re-  
19 spect preventative guidelines provided by their gov-  
20 ernments and medical professionals from Africa and  
21 around the world in order to stem the outbreak;

22          (6) supports the work of the Centers for Dis-  
23 ease Control and Prevention, the United States  
24 Agency for International Development, the Depart-  
25 ment of Defense, the Department of Health and

1 Human Services, the Department of State, the For-  
2 est Service, and other United States Government  
3 agencies providing technical, logistical, and material  
4 support to address the Ebola crisis in West Africa;

5 (7) encourages deepened United States and  
6 international commitments to the global Ebola re-  
7 sponse;

8 (8) welcomes the delivery of assistance and in-  
9 creased engagement from donors such as the Eco-  
10 nomic Community of West African States  
11 (ECOWAS) and the African Union, the World  
12 Bank, the European Union, and the Government of  
13 Canada;

14 (9) expresses support for the promotion of in-  
15 vestments in global health in order to ensure that  
16 governments can better prevent and detect, contain,  
17 and eventually eliminate outbreaks of disease while  
18 also providing other essential health services;

19 (10) supports the World Health Organization's  
20 Ebola Response Roadmap and a common operational  
21 platform in response to the crisis;

22 (11) encourages the Governments of Guinea,  
23 Liberia, Nigeria, Senegal, and Sierra Leone to work  
24 together and with other nations and regional and  
25 subregional organizations to establish institutional

1 emergency response systems to more effectively re-  
2 spond to this and future outbreaks of Ebola and  
3 other highly infectious diseases;

4 (12) welcomes proactive measures taken by gov-  
5 ernments in West Africa to formulate national plans  
6 of action in response to the crisis; and

7 (13) recognizes the work of thousands of Afri-  
8 can, United States, and international officials and  
9 volunteers on the ground in West Africa, particularly  
10 healthcare workers, who are working diligently and  
11 at great risk to help address this multidimensional  
12 crisis, and encourages other healthcare workers and  
13 logisticians to volunteer.

**Calendar No. 572**

113<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**S. RES. 541**

---

---

**RESOLUTION**

Recognizing the severe threat that the Ebola outbreak in West Africa poses to populations, governments, and economies across Africa and, if not properly contained, to regions across the globe, and expressing support for those affected by this epidemic.

---

---

SEPTEMBER 18, 2014

Reported with an amendment to the preamble