

notwithstanding rule XXII, following the vote on cloture on S. 2199, the Senate proceed to executive session and vote on cloture on Executive Calendar Nos. 1003 and 1004; further, that if cloture is invoked on either of these nominations, on Tuesday, September 16, at 2:15 p.m., all postcloture time be expired and the Senate proceed to vote on confirmation of the nominations in the order upon which cloture was invoked; further, that there be 2 minutes for debate prior to each vote, and all rollcall votes after the first vote in each sequence be 10 minutes in length; further, with respect to the nominations in this agreement, that if any nomination is confirmed, the motions to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's action.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. REID. I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

THE EBOLA CRISIS

Mr. LEAHY. Madam President, over the past several months the world's attention has been focused on the Russian invasion of Crimea and fighting in the eastern Ukraine, the explosion of violence in Gaza, the flood of migrant children from Central America, and the horrific death and destruction in Iraq and Syria.

In each of these places vast numbers of innocent people have suffered terribly, and our own policies and capability to respond have been severely tested.

Yet one of the most urgent, difficult, and frightening challenges facing the world today is not the result of armed conflict or ethnic or religious extremism. It is the world's first Ebola epidemic, and it poses a potentially devastating threat to Africa and people everywhere.

Before the August recess we were preparing to receive dozens of African heads of state to Washington. At that time, Doctors Without Borders and other nongovernmental organizations had been ringing alarm bells for weeks about the worsening Ebola outbreak in West Africa.

But the World Health Organization and governments, including our own, were slow to respond to what was viewed as a manageable, localized public health problem, rather than a crisis that could spin out of control.

No longer. Infections and deaths in Liberia and Sierra Leone are increasing rapidly, with exponential acceleration in these countries and potentially in neighboring Guinea. Official reports

may be only a piece of the picture. The ability of these countries to locate, diagnose, isolate and treat patients, trace and monitor contacts, and safely bury the dead cannot possibly keep pace.

Unfortunately, the lack of urgency exhibited by much of the international community was exacerbated by budget cuts at the World Health Organization, for which there is ample blame to go around. After the 2009 global financial crisis, WHO's budget dropped by roughly 1 billion dollars, nearly 25 percent of their budget today.

By the time of the current Ebola outbreak, staff levels at WHO had been cut by 35 percent, and their ability to prepare for and respond to health emergencies suffered accordingly.

Today, the Ebola crisis has the full attention of the World Health Organization, the Centers for Disease Control and Prevention, USAID, President Sirleaf of Liberia, and other governments. They recognize that unless aggressive, coordinated actions are taken immediately, there will soon be tens of thousands of cases, the disease will spread into much of Africa, and it will be an ongoing global threat for many years to come.

The challenges are immense: weak government institutions; dysfunctional public health systems that cannot conduct reliable disease surveillance and response; lack of roads and other basic infrastructure; ethnic and political divisions in societies recovering from war; misconceptions about the disease and low levels of literacy; and inadequate and uncoordinated international aid.

While the epidemic is finally beginning to receive the attention it deserves, it is spiraling out of control. Huge numbers of cases are overwhelming local capacity to isolate and treat patients, trace their contacts, and safely bury the dead. The cost of personal protection gear is exorbitant and there is an acute shortage of trained people.

Also, the secondary effects of this crisis are increasingly apparent. Food insecurity is worsening and the economies of these countries, already fragile, are facing collapse as imports and exports are plummeting.

We and others have the knowledge and tools to contain and control this disease if cases are quickly isolated and contacts identified, but actions to date have not been well coordinated and have not always addressed the most urgent needs.

Just as for a raging wildfire, the focus should be on deploying all available resources to provide immediate support for urgent needs identified on the front lines to stop its spread, while there is time. It will require mobilization of the type and complexity as occurred after the Haiti earthquake.

In West Africa, that means immediately scaling up staff, transport, isolation and treatment capacity, infection control including personal protec-

tive equipment for health workers, funding through rapid and flexible funding mechanisms, training and supervision, laboratory services, communications resources, and management and logistics support.

There is nothing new about this approach. But it is required on a far larger scale than was used to control Ebola outbreaks in the past.

The situation today is grave, but we can prevent many of these deaths. And as we do so we need to help build stronger public health systems that can contain future disease outbreaks.

Past efforts to build capacity have clearly been woefully inadequate. As public health systems in these countries have been overwhelmed by Ebola, patients suffering from malaria, TB, pneumonia, and other illnesses are unable to get treatment.

We should all pay tribute to the courageous public health workers who have risked their lives—and in many cases, lost their lives—trying to save others from this terrible disease. It is inspiring to read the stories of nurses and doctors, and those who dig the graves and bury the dead, who have labored on as their colleagues have died, who live with the daily reality that at any moment they could be next. They are as brave as any soldier on the front lines of battle.

I also want to commend President Sirleaf, her Minister of Defense, and others who have tried their best to deal with this unprecedented emergency in the face of woefully inadequate resources.

The United Nations says that \$600 million is needed immediately to fight this disease. The United States has already provided tens of millions of dollars. USAID announced another \$75 million last week. The White House has requested additional funding for CDC, which would bring the U.S. contribution to over \$250 million.

The Department of Defense announced that it will provide logistical, laboratory, and other support. The World Bank has pledged over \$200 million. Other governments are also coming forward, as are private donors. The Bill and Melinda Gates Foundation recently pledged \$50 million to enhance response efforts and accelerate research on potential treatments and vaccines.

The Congress has a role to play, and I am hopeful that as additional funds are needed we will act responsibly and provide them. I am a cosponsor of S. Res. 541, which recounts the history of this outbreak and the steps that are urgently needed to control it. I commend Senators COONS, DURBIN, MENENDEZ and others who introduced it. This is not a partisan or political issue. It is a public health issue, a moral issue, and one that should unite us all to do what is necessary to defeat this epidemic.