

HONORING CAPTAIN MARY R.  
McCORMICK

**HON. SAM GRAVES**

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

*Thursday, September 18, 2014*

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Captain Mary R. McCormick, a proud veteran of our United States Navy, on her retirement after 26 years of service.

After graduating first in her class as an Ensign in the JAG Corps Student Program from the Navy Justice School in 1988, Captain McCormick was released from active duty on June 30, 1992 and soon was affiliated with the Select Reserves. Captain McCormick has impeccable knowledge concerning military and civilian appellate criminal law. She has represented servicemembers from all military branches during her six-year civilian military appellate practice, and she has served five years as appellate counsel.

Captain McCormick served as an Assistant Attorney General for the State of Colorado from October 1992 through June 1995 where she was lead appellate attorney. She was recalled to active duty from November 2010 through September 2013, to serve as Appellate Defense Counsel for Guantanamo detainees.

Captain McCormick was named Missouri's Elder Law Attorney of the Year for 2006 and she is author of the treatise Missouri Elder Law published annually by West/Thomson Reuters.

Mr. Speaker, I proudly ask you to join me in recognizing Captain Mary R. McCormick for her admirable service to our country as well as her passion for the law.

GLOBAL EFFORTS TO FIGHT  
EBOLA

**HON. CHRISTOPHER H. SMITH**

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Thursday, September 18, 2014*

Mr. SMITH of New Jersey. Mr. Speaker, yesterday, I convened a second hearing in just five weeks on the Ebola crisis in West Africa to underscore just how serious a crisis we are facing—an international pandemic which threatens to balloon unless confronted head on.

Earlier this week, I spoke with Dr. Tom Frieden, Director of the U.S. Centers for Disease Control and Prevention and the lead witness at our August 7 emergency recess hearing on Ebola and he said that this is the worst health crisis he has ever seen and that Ebola is at risk of spreading beyond those countries currently affected—Guinea, Liberia and Sierra Leone.

Since our emergency hearing in August, we have seen a constant movement upwards in the number of cases predicted. The World Health Organization now estimates that we will see as many as 20,000 cases of Ebola in this epidemic before it is ended. One hopes that that number does not increase further, but it may be a conservative estimate.

I held yesterday's hearing to take stock of where our intervention efforts stand, particu-

larly in light of the President's decision to commit U.S. military personnel to Liberia to fight this disease. Liberian President Ellen Johnson Sirleaf, with whom I also spoke earlier this week, has conceded that the Ebola epidemic "has overwhelmed" her country's containment and treatment capabilities. A global response, with the United States in the lead, is thus necessary.

It is important to note that in a letter last week to President Obama, President Ellen Johnson Sirleaf wrote that "The virus is spreading at an exponential rate and we have a limited time window to arrest it. Mr. President, well over 40% of total cases occurred in the last 18 days. Our message has gotten out and our citizens are self-reporting or bringing in their relatives. But our treatment centers are overwhelmed. MSF is now running a 160 bed-unit that will expand even further. I am being honest with you when I say that at this rate, we will never break the transmission chain and the virus will overwhelm us."

I held the follow-up hearing yesterday morning to determine if there is a reasonable hope for vaccines, treatments and detection strategies in time to help with this health emergency.

I hesitate to provide figures for the number of people infected or who have succumbed to this virus because even as we hold this hearing, dozens, if not hundreds, of new infections will be documented. According to the latest figures, infections are approaching 5,000 people, and 2,500 deaths.

Ebola, which is mostly unknown in West Africa, presents itself early in the infection like usually non-fatal diseases such as Lassa fever, malaria or even the flu. The temperature seen in early stages might even be brought down with regular medicines. Therefore, many people may not believe, or may not want to believe, they have this often fatal disease.

If someone is in denial or unknowledgeable about this disease, they may not seek treatment until it is too late—both for them and for the people they unknowingly infect. Families in Africa tend to help one another in times of need, an admirable trait that unfortunately increases the risk of infection. The sicker a person gets with Ebola, the more contagious they are, and never more so than when they die. So burials that don't involve strict precautions to avoid direct contact with highly contagious corpses make transmission of this deadly disease almost inevitable. Burial traditions make avoidance of infection problematic.

The porous, lightly-monitored borders in West Africa lend themselves to cross-border transmission, as people go back and forth along well-travelled roads and into marketplaces where hundreds of people, also travelling, make contact with those who are infected.

Patrick Sawyer, a Liberian-American, reportedly was caring for his dying sister a few weeks ago. After she died, apparently of Ebola, he left Liberia on his way to his daughter's birthday party in Minnesota. He collapsed at the Lagos airport in Nigeria and died within days. Had he left Liberia a week or even days earlier, he might have made it home to Minnesota, but he likely would have infected people along the way, including his own family. We can say that because Sawyer infected several people in Nigeria, which led to Ebola being transmitted to health care workers and then to dozens of other people.

We'll never know now if Sawyer realized he had contracted Ebola and just wanted to go home for treatment or whether he thought his symptoms were from some other illness. Many people are just like him, however, and they are spreading this disease even to places where it had been brought under control. For example, the Macenta region of Guinea on the Liberian border was one of the first places this disease surfaced, but by early September, no new cases had been seen for weeks. Doctors Without Borders closed one of its Ebola treatment centers to focus on harder-hit areas. Infected people leaving Liberia for better treatment in Guinea have once again made Macenta a hotspot for the disease.

The U.S. Centers for Disease Control and Prevention has established teams in Guinea, Liberia, Sierra Leone and Nigeria to help local staff do fever detection and to administer questionnaires on potential troublesome contacts. The agency also is helping to establish sites at airports for further testing and/or treatment.

Liberia and Sierra Leone are the hardest hit by this Ebola outbreak. This is undoubtedly partly because of the weak infrastructures of two countries emerging from long conflicts. However, post-conflict countries also have significant segments of the population who don't trust the central government. The unfortunate mishandling by the Liberian government of an attempted quarantine in the capital demonstrates why trust has been so difficult to come by.

The Liberian government established barriers to block off the West Point slum area after a holding center for Ebola victims was ransacked and contaminated materials were taken. This quarantine was done without informing its 80,000 inhabitants or consulting with health care workers. Not only did this prevent people from pursuing their livelihoods or bringing in much-needed supplies, this move created great suspicions over the motives of the Liberian government. This suspicion was heightened when the official in charge of the area was called to a meeting and was seen leaving just as everyone else was trapped behind barriers.

The furor over this quarantine forced the government to abandon it 10 days into its planned 21-day term. Liberian officials assure us they have learned from their mistakes, that the quarantine and has alerted Liberians to the reality of the Ebola epidemic. The human rights of victims and those who live in proximity to them must not be sacrificed by the emergency situation Ebola presents.

Despite the fact that the drug ZMapp appears to have saved the lives of Americans Nancy Writebol and Dr. Kent Brantly, one of the witnesses from yesterday, there are no proven, readily available treatments for Ebola. The death rate for this disease, once more than 90%, is now down to 53% despite the number of cases growing exponentially.

In Africa, a few patients apparently have been successfully treated with ZMapp, and some others have been saved using other treatment methods, especially when the disease was identified early. Yet there is not now, nor will there be in the short term, large quantities of this medicine or any others. There are several Ebola therapeutics under development, but if this outbreak cannot be brought under control soon, even the most optimistic timetable for the testing and production