

Speaker Paul Ryan  
H-232 The Capitol  
Washington, DC 20515

Majority Leader Kevin McCarthy  
H-107, The Capitol  
Washington, DC 20515

Dear Speaker Ryan and Majority Leader McCarthy,

On behalf of the Global Health Council (GHC) Global Health Security Roundtable and Global Health Security Agenda Consortium comprising more than 40 organizations, we write to express our alarm regarding the proposed rescission of \$252 million in unspent 2015 Ebola supplemental funds from the International Disaster Assistance (IDA) account. We believe these unused funds are and will be critical to address real, identifiable gaps in funding and programmatic reach in the United States' global health security efforts.

The Ebola outbreak in West Africa in 2015 was both a challenge in and of itself, and a wakeup call for the United States, agencies, vulnerable countries, and international health organizations and partnerships, including the World Health Organization. It is still a challenge, as clearly demonstrated by the current—and ninth—Ebola outbreak in the Democratic Republic of Congo (DRC), where 30 probable and suspected cases of the deadly hemorrhagic fever have been identified. Of those, 18 already have died, with the potential for the outbreak to become more serious and spread because of its location in a town upriver from the densely populated capital of Kinshasa.

In all cases, reprogrammed Ebola funds have allowed the United States and countries we partner with to address real, specific, and fundamental systemic weaknesses in surveillance, reporting, and responding to epidemic threats. These threats are current and ongoing, requiring vigilance, expertise, and basic health infrastructure that are severely lacking in some of the most vulnerable countries. However, there have been some tremendous successes. In Madagascar, which recently experienced the plague, USAID was able to use its Emergency Reserve Fund and programmatic expertise to quell that outbreak quickly. In Cameroon, USAID helped reduce that country's response time to recent outbreaks of cholera and bird flu from 8 weeks to just 24 hours. Uganda now has a secure lab for studying dangerous germs, and Liberia—ground zero for the 2015 Ebola outbreak—now has more than 115 frontline disease detectives trained to respond locally. This work needs to continue.

Additionally, the concern is far beyond simply responding to disease outbreaks. What the Ebola experience demonstrated is that the weakest link in the global system of surveillance, reporting, and response is a direct threat to our own health security. The ability for a country health system to identify and report an outbreak in a timely fashion, and possibly provide samples of the pathogen for vaccine or countermeasures development, has enormous implications for the lives and health of Americans. According to the Government Accountability Office, a severe pandemic could result in twice as many deaths as all US battlefield fatalities since 1776 and in 2015, Ebola cost US taxpayers a total of \$5.4 billion, with estimated costs of \$1 million to treat just two Ebola patients at the Nebraska Medical Center. Reprogrammed Ebola funds have for the past three years been the backbone of addressing potential weaknesses in the global system and halting the ensuing effects before it reaches American shores.

The unspent Ebola funds have been able to cover health security requirements that are current and ongoing. We believe it is unwise to rescind the remaining unspent funds.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Loyce Pace', with a large, stylized initial 'L'.


Loyce Pace, MPH  
President and Executive Director  
Global Health Council

A handwritten signature in dark ink, appearing to read 'Carolyn Reynolds', with a large, stylized initial 'C'.

Carolyn Reynolds  
Vice President, Policy and Advocacy  
PATH  
*Co-chair, Global Health Council Global Health Security Roundtable*  
*Deputy Chair, Global Health Security Agenda Consortium*

A handwritten signature in dark ink, appearing to read 'Ashley Arabasadi', with a large, stylized initial 'A'.

Ashley Arabasadi  
Health Security Policy Advisor  
Management Sciences for Health (MSH)  
*Chair, Global Health Security Agenda Consortium*

A handwritten signature in dark ink, appearing to read 'Annie Toro', with a large, stylized initial 'A'.

Annie Toro  
Director  
International Regulatory Policy and Advocacy  
United States Pharmacopeia (USP)  
*Co-chair, Global Health Council Global Health Security Roundtable*