

**Congress of the United States**  
**Washington, DC 20515**

November 12, 2014

President Barack Obama  
The White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

Dear Mr. President:

We write to urge you to expand the U.S. government's response to the Ebola epidemic by authorizing U.S. military medical personnel to provide direct care to patients in West Africa, ensuring that an outright travel ban on individuals traveling from West Africa is not put in place, and dedicating U.S. military airlift capacity for American aid workers to travel safely to and from the region. The safety of the American people and our uniformed personnel is of great concern, and this must be accounted for and addressed in every aspect of the U.S. government's Ebola response effort.

While we welcome recent reports that new infections may finally be on the decline in Liberia, the Ebola epidemic in West Africa remains a global public health and humanitarian crisis that threatens the national security of the United States. Public health experts agree that the single best way to protect against the further spread of Ebola into other countries, including the United States, is to stop it at the source in West Africa, and we cannot become complacent in confronting it. We support your Administration's commitments toward that end, including funding requests and the Executive Order you issued on October 16. We also appreciate and respect the institution of enhanced screening measures for individuals who are entering the United States from West Africa. This crisis is larger in scope and scale than initially anticipated, and we believe targeted response efforts will help curb the outbreak.

As of the date of this letter, 1,800 troops are currently in West Africa assisting with Ebola response efforts, with more expected to be deployed in the coming weeks. These troops include engineers, logisticians, and health professionals – all specifically trained for crisis conditions. The commitment of up to 4,000 military personnel under Operation United Assistance to assist with constructing Ebola Treatment Units (ETUs) and the logistical response in the region are essential contributions. While this commitment will provide for the training of medical personnel to staff ETUs in the long term, we have heard from those working on the ground in West Africa that there is uncertainty about who will staff and manage the ETUs in the immediate future, and whether the level of experience of newly-trained personnel under these high-risk conditions is commensurate with the critical nature of the task at hand.

U.S. military medical personnel are trained in highly-infectious disease response and are experienced in following strict protocols with an established chain of command, which is essential when operating in a high-risk, high-stress environment. That is precisely the expertise and experience that is now needed urgently in West Africa.

United States Public Health Service personnel are already set to provide direct care to infected health workers. Given the appropriate protocols that address the crucial health and safety of our service-members, allowing military medical personnel to provide direct care to patients will help ensure the containment of this outbreak both in West Africa, and within our borders.

Even with these military medical personnel contributions, thousands of additional highly-trained aid workers will be needed. Aside from Liberian health workers, American missionaries and aid workers have borne an overwhelming burden in responding to the Ebola outbreak during the first six months. Should a travel ban be put in place, these selfless Americans may not be able to re-enter their own country. Further, enacting a travel ban from West African nations would not be effective at stopping the spread of Ebola and only discourage aid worker participation. We should be offering incentives for aid workers. This includes assurances that they will have access to the best protective equipment and training; high-quality medical treatment; and immediate airlift to the United States—should, despite following proven and strict protocols to minimize transmission risk—a worst-case scenario arise.

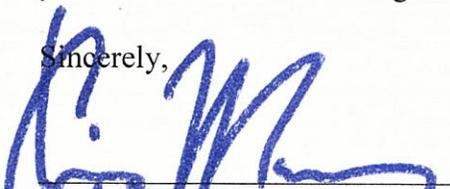
We urge you to coordinate with our international and non-governmental organization (NGO) partners on the ground in West Africa in order to establish a predictable, reliable protocol to ensure airlifts for American aid workers and military personnel, as well as more carriers that can safely transport aid workers and military personnel to the United States.

The circumstances in the hardest-hit nations in West Africa are desperate. The virus continues to threaten a region that already struggles with a weak health care infrastructure, poverty, and some of the lowest literacy and highest maternal mortality rates in the world. We agree with your assertion that the key to ending this crisis and ensuring the safety and security of the United States is to provide a robust response in West Africa.

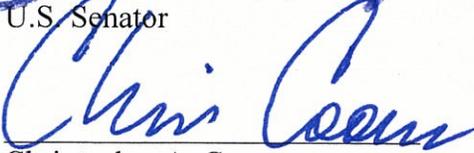
Maximizing medical support for aid workers and military personnel already on the ground through U.S. military airlift capacity, preventing a travel ban on flights to and from West Africa, and allowing U.S. military medical personnel to provide direct care to patients are crucial steps to isolating and stopping the Ebola virus.

We thank you for your efforts in the face of this global crisis and look forward to working with your Administration to bring about an end to this deadly epidemic.

Sincerely,



Christopher S. Murphy  
U.S. Senator



Christopher A. Coons  
U.S. Senator



Keith Ellison  
Member of Congress



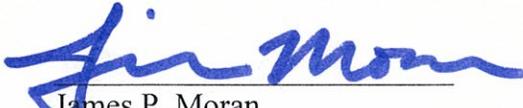
Karen Bass  
Member of Congress



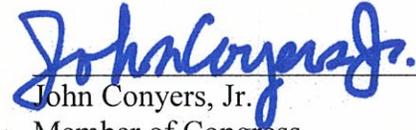
Martin Heinrich  
U.S. Senator



Barbara Lee  
Member of Congress



James P. Moran  
Member of Congress



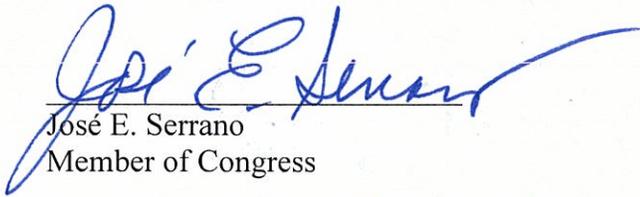
John Conyers, Jr.  
Member of Congress



Raul M. Grijalva  
Member of Congress



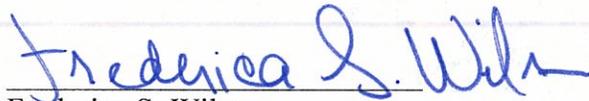
Brad Sherman  
Member of Congress



José E. Serrano  
Member of Congress



Judy Chu  
Member of Congress



Frederica S. Wilson  
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Lucille Roybal-Allard  
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