

Congress of the United States  
House of Representatives  
Washington, DC 20515-4324

October 17, 2014

Hon. Daniel R. Levinson  
Inspector General  
Department of Health and Human Services  
330 Independence Ave. SW  
Washington DC, 20201

Dear Inspector General Levinson:

I am writing to you regarding my concern about the way the Centers of Disease Control and Prevention (CDC) has dealt with the cases of the Ebola virus disease in Dallas, Texas, and to request an investigation into the missteps that have occurred so that future mistakes can be avoided.

It has now been reported that a second healthcare worker at Texas Health Presbyterian Hospital, Amber Jay Vinson, has been diagnosed with Ebola after treating the late Liberian national, Thomas Eric Duncan. Her and her colleague's contraction of this disease demonstrates that the protocols in place at US healthcare facilities and/or their implementation are dangerously inadequate, despite attestations to the contrary by the CDC. With that in mind, I respectfully request that your office thoroughly investigate the missteps, oversights, and misstatements that have been made by the CDC leading-up to and during the current Ebola presence in the US. Furthermore, I would respectfully appreciate that your investigation address the following questions:

1. On what basis did CDC officials claim that US hospitals are prepared to contain Ebola?
2. Have the contractions of Ebola at Texas Health Presbyterian by healthcare workers been the result of inadequate protocol, inadequate implementation of and adherence to that protocol, or both? What, precisely, are these inadequacies and how and when will they be fully remedied? Why has the CDC claimed that the US healthcare system is prepared to contain Ebola while these these inadequacies exist in US hospitals?
3. There are reports, including by the members of the nurses' union at Texas Health Presbyterian, that healthcare workers are not given actual training on how to handle cases of Ebola and are, in some cases, simply referred to posters on bulletin boards with website links. Does the CDC consider this adequate training? Why is not actual training provided before a healthcare worker treats an Ebola patient?
4. The nurses' union at Texas Health Presbyterian reports that Mr. Duncan was allowed to remain for hours in a public emergency room while expelling bodily fluids, that medical waste accumulated during his stay at the hospital, and that, due to a lack of adequate protective equipment, health workers had to fashion makeshift gear for themselves with medical tape that had exposure points. How was such a scenario, if verified, allowed to persist? How can the CDC

prevent it from occurring in other US hospitals?

5. The nurses' union also reports that healthcare workers have been facing frequent changes of protocol during the development of Ebola's presence in Dallas. Why were initial protocols not adequate, despite initial claims by the CDC that US hospitals had effective protocols in place? How can healthcare workers be expected to be well versed in the latest protocols if, as has been reported, full and proper protective training is lacking?

6. Standard medical protective wear is, as this experience shows, not adequate to protect against the high degree of infectiousness of Ebola. Do US hospitals all have an adequate supply of the high level of protective gear needed to diagnose and treat Ebola? If so, why were these suits apparently not used by all relevant personnel in Texas Health Presbyterian? If not, how can the US healthcare system be safe for Ebola treatment?

7. Why had over 70 healthcare workers treated Mr. Duncan, many without sufficient training and protection to guarantee their safety? Why was this high number of personnel necessary to address his case? Any unnecessary personnel should not be exposed to any needless risks.

8. How does the CDC plan to adequately protect healthcare workers who initially meet a patient with Ebola symptoms when, at the time of the patients' first approach for service, there is not yet a diagnosis and, to the workers' knowledge, the new patient might have any condition?

9. Amber Jay Vinson reportedly flew on a commercial airline from Cleveland to Dallas/Fort Worth on October 13, one day before she reported symptoms of Ebola. How could a healthcare worker, who had contact with Mr. Duncan less than three weeks prior, be permitted to travel on commercial airliners when authorities claimed that such workers would be thoroughly and closely monitored so as to contain the disease?

Thank you for your review of this correspondence and I look forward to your reply and the results of your investigation. Should you have any questions regarding this letter, please feel free to contact me, or my Legislative Director, Scott Cunningham, at 202.225.6605 or [scott.cunningham@mail.house.gov](mailto:scott.cunningham@mail.house.gov).

Sincerely,



Kenny Marchant  
Member of Congress