

COUNCIL OF THE CITY OF PHILADELPHIA
COMMITTEES ON PUBLIC HEALTH AND HUMAN
SERVICES AND PUBLIC SAFETY

Room 400, City Hall
Philadelphia, Pennsylvania
Thursday, October 16, 2014
1:20 p.m.

PRESENT:

COUNCILMAN CURTIS JONES, JR., CO-CHAIR
COUNCILWOMAN MARIAN B. TASCO, CO-CHAIR
COUNCILWOMAN JANNIE BLACKWELL
COUNCILMAN WILLIAM K. GREENLEE
COUNCILMAN BOBBY HENON
COUNCILMAN KENYATTA JOHNSON
COUNCILMAN ED NEILSON
COUNCILMAN MARK SQUILLA

RESOLUTION 140789 - Resolution authorizing the Committees on Public Health and Human Services and Public Safety to conduct hearings regarding Citywide emergency preparedness for healthcare emergencies such as identification and safe treatment of individuals who have contracted an infectious disease, such as the Ebola virus, and strategies to effectively suppress the spread of such infectious disease.

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COUNCILMAN JONES: Good afternoon, everyone. We're going to get started.

Good afternoon. This is a joint hearing on the Committees on Public Health and Human Services as well as Public Safety. Joining me today are Councilman Henon, Councilman Neilson, Councilwoman Tasco, and Councilman Johnson, and we should be joined by other members of the joint committee.

Will the Clerk please read the resolution number and title of the resolution.

THE CLERK: Resolution 140789, authorizing the Committees on Public Health and Human Services and Public Safety to conduct hearings regarding Citywide emergency preparedness for healthcare emergencies such as the identification and safe treatment of individuals who have contracted an infectious disease, such as the Ebola virus, and strategies to effectively

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2 suppress the spread of such infectious
3 disease.

4 COUNCILMAN JONES: Thank you.

5 I'd like to first start this
6 hearing by giving a moment of silence to
7 the over 4,500 souls that have recently
8 lost their lives to infectious diseases
9 around the world.

10 (Moment of silence.)

11 COUNCILMAN JONES: Thank you.

12 The purpose of today's hearing
13 is to make sure that the City of
14 Philadelphia is organized, educated, and
15 coordinated in its efforts to detect and
16 further prevent the spread of infectious
17 diseases such as Ebola and Enterovirus
18 D68 as well as other diseases. We need
19 to be prepared not just for the unlikely
20 event that a person in Philadelphia
21 contracts Ebola, but we also need to be
22 prepared for more likely diseases that we
23 may come in contact with. We must
24 replace fear with facts. We must be
25 prudent, but not yet panicked, and that's

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2 the purpose of today. We must look at
3 how and do we have a design for a
4 response in an appropriate scale to match
5 the threat that we face that still
6 reflects the unlikely fact that the
7 disease may come to Philadelphia.

8 Some of the questions we need
9 to ask are, what are the standard
10 protocols in place for our institutions,
11 whether we're talking about mass
12 transportation such as the airports or
13 whether we're talking about rails such as
14 SEPTA. We need to know what Ebola is and
15 what it looks like and how it is
16 contracted.

17 We need to know how many of our
18 hospitals are equipped with PPEs, which
19 is a new word in our lexicon of language
20 as of late, personal protection
21 equipment, and containment units to
22 contain these deadly viruses.

23 It is disturbing to know that
24 since the polio era, we still have myths
25 and concoctions about how people contract

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2 diseases, and the fear factor is of great
3 concern. Congress is even considering
4 banning flights from different parts of
5 the world. The world is a global
6 village. That makes no sense. What
7 happens to one happens to all, and we
8 need just to be prepared to deal with it.

9 There are various types of
10 protocols that the Center for Disease
11 Control has recommended. One encouraging
12 communication from Washington was that
13 there will be a Rapid Response Unit that
14 is dispatched when and where these kinds
15 of viruses are detected. But some
16 commonsense questions still elude us.
17 How many of our nurse practitioners are
18 trained? How many of them are aware of
19 the protocols to deal with, identify, and
20 then contain these kind of infectious
21 diseases? Question before the other
22 viruses are, in our public schools, if
23 you tell me that washing your hands is a
24 preventable way to stop the spread of
25 disease, then we have to have operable

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2 bathrooms with hot water and soap
3 dispensers in them and we need to take
4 inventory and account of when they are
5 not present.

6 So with this, we're going to
7 look at how our responses are
8 coordinated, whether indeed at the end of
9 the day we've appropriated enough
10 resources for our first responders and
11 others that must deal with on the front
12 lines of these kinds of activities, and
13 whether or not we can answer some
14 questions. And at the end of the day, an
15 ounce of prevention is worth a whole
16 pound of cure.

17 With that, I want to ask are
18 there any other opening comments from
19 members of the Committee?

20 Councilwoman Tasco.

21 COUNCILWOMAN TASCO: Thank you,
22 Mr. Chair.

23 We appreciate the quick action
24 on behalf of this issue by our colleague
25 Councilman Jones. We've all had a strong

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2 jolt, a wake-up call to what could
3 possibly happen in our country relative
4 to not only Ebola but any other
5 infectious disease or crisis. And so
6 today it gives, I'm sure, some comfort to
7 our citizens that we are paying
8 attention. We want to find out what's
9 going on, give some assurances that if
10 someone appears to be ill, they go to a
11 hospital, that the protocol is in place
12 to make sure that they are taken care of
13 and the community is safe.

14 So I welcome this hearing
15 today, look forward to what you have to
16 say. I have confidence in our health
17 institutions in this city. They've been
18 remarkable in providing care to our
19 citizens and particularly to me. So I
20 thank you all for your commitment to
21 providing quality healthcare to our
22 citizens. Thank you very much for
23 coming.

24 COUNCILMAN JONES: Are there
25 any other comments or opening statements?

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2 No? I want to also -- yes.

3 Councilman Henon.

4 COUNCILMAN HENON: Good
5 afternoon and thank you, Mr. Chair and
6 Madam Chair, for holding these public
7 hearings. There's a lot of world news
8 that's happening around some of the
9 infectious diseases and Ebola and the CDC
10 and the processes and procedures, and I
11 just want to say for the record that
12 right here in the City of Philadelphia,
13 we are blessed to have the best
14 healthcare institutions in the world. So
15 that we have to our advantage. And it's
16 going to be interesting to hear from all
17 sides of how we respond and what our
18 protocols are going to be in addressing
19 some of the infectious potential diseases
20 that may take place, but once we have the
21 processes in place, I'm sure that would
22 put our region at ease. But it is
23 definitely going to be interesting to see
24 the perspective on both sides, from a
25 policy from the CDC, from institutional

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2 and academia, as well as to me, most
3 important, from those workers who are
4 going to be handling patients as they --
5 I don't want to say "as they," but if a
6 case happens to appear.

7 So it is definitely going to be
8 interesting to see and hear from those
9 workers who are on the front lines, who
10 are going to be addressing some of the
11 issues that we're going to be hearing
12 today. So thank you.

13 COUNCILMAN JONES: Joining us
14 is Councilman Squilla and then
15 Councilwoman Blackwell, who I must say on
16 the record and publicly has been on the
17 forefront of the humanitarian response
18 dealing with the African and Caribbean
19 community. This is nothing new for her.
20 This is something very new for us, but
21 nothing new for her, and we appreciate
22 her being a part of this committee.

23 Would you like to have some
24 opening remarks?

25 COUNCILWOMAN BLACKWELL: Yes,

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2 sir. Thank you.

3 Good afternoon. As always, I
4 thank God for the privilege of being here
5 today, and I would like to say that I
6 come before you today to speak on this
7 issue that has captured the headlines for
8 the past few weeks and one that causes
9 grave concern for many people around the
10 world, especially those who live in the
11 three West African countries currently
12 battling this outbreak.

13 The Ebola issue became a main
14 topic for discussion in September at a
15 meeting on the Mayor's Commission on
16 African and Caribbean Affairs held across
17 the hall in our City Council Caucus Room.
18 At that time, there had been no Ebola
19 patient that had landed on these shores.
20 Still, we were deeply concerned about the
21 rising casualties in Guinea, Liberia, and
22 Sierra Leone, especially since the
23 healthcare systems in these West African
24 countries are ill-equipped to handle such
25 emergencies.

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2 Ebola is a contagious disease,
3 and healthcare providers working with the
4 sick need to wear protective clothing to
5 shield them from bodily fluids they may
6 come in contact with as they treat
7 patients. These gowns, gloves, masks,
8 boots, and other clothing are practically
9 non-existent in most of the hospitals and
10 healthcare centers in West Africa. They
11 have to be imported. So our discussion
12 centered around sourcing for donations of
13 equipment, food, and medical supplies.

14 By the time we held our October
15 Commission meeting, one American doctor
16 and one healthcare worker had arrived in
17 our country, in the United States,
18 suffering from Ebola. Thank God they
19 were evacuated in an airplane with an
20 isolation unit, and when they reached the
21 United States, they were given the best
22 of care, leading to their recovery. Then
23 an Ebola patient, Thomas Eric Duncan,
24 arrived, was hospitalized on the second
25 visit to the emergency room and was

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2 immediately isolated because of his
3 disease. Since his unfortunate demise,
4 two American nurses who attended to him
5 have contracted the disease, and others
6 who may have had contact with them might
7 be at risk. This news has come as a
8 shocking surprise to most Americans who
9 thought that all protocols were enforced
10 and being stringently followed.

11 What we understand now is that
12 we must improve our communication and
13 monitoring as we provide the best care
14 for our three Ebola patients in the
15 United States. Large cities and states
16 are calling for public health officials
17 to devise a response plan just in case an
18 Ebola case is reported. On the
19 Commission, we have asked the
20 representatives of the three countries
21 stricken with the Ebola outbreak to
22 devise a unified plan that would
23 distribute any donated resources,
24 equipment or funds evenly to help their
25 countries fight the scourge. This

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2 unified approach will make it easier to
3 make an impact on all three countries and
4 slow the pace of deaths from the disease.

5 So as we plot our way forward
6 to develop robust response protocols and
7 safeguard the population of this great
8 city, I beseech you to keep these points
9 in view:

10 One, our response should be
11 based on the best public health practices
12 backed by science.

13 Two, the general public should
14 receive timely communications about our
15 level of preparedness.

16 Three, we should try to avoid
17 being swayed by frenzy and by opinionated
18 individuals who have no medical knowledge
19 but claim to have a monopoly on common
20 sense.

21 Four, we should not
22 discriminate against individuals from
23 West Africa, because this is simply not,
24 quote/unquote, an American disease and is
25 no respect for persons.

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2 I'm confident that we will
3 prevail over these times. Our healthcare
4 system is as strong as ever, and our
5 government has sent thousands of military
6 and health personnel to Liberia to shore
7 up that country's efforts and provide the
8 needed equipment and skills.

9 As we discuss this issue this
10 afternoon, we must remain committed and
11 positive. And as some of the speakers
12 will say who are part of the Mayor's
13 Commission on African and Caribbean
14 Immigrant Affairs, just two days ago on
15 Channel 6, we had a telethon for money.
16 We've already established -- for
17 donations. We've already established the
18 Fund for Philadelphia as a source,
19 because it is one that people from our
20 City will trust for donations, and we
21 continue to do all that we can to be
22 supportive and to be unified.

23 And let me say that we thank
24 Councilman Jones and our entire Council.
25 We've been in touch with our colleagues,

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2 who are committed to doing all that they
3 can from Philadelphia outward to help us
4 as we deal with this scourge on our
5 world.

6 Thank you, Mr. Chairman.

7 COUNCILMAN JONES: Thank you,
8 Councilwoman, and we all appreciate you
9 being the liaison to all parts of the
10 world, our ambassador here in City
11 Council.

12 COUNCILWOMAN BLACKWELL: Thank
13 you.

14 COUNCILMAN JONES: Thank you.

15 So without further adieu, will
16 the Clerk please read the first panel to
17 testify.

18 THE CLERK: Council Chair,
19 would you please recognize Councilman
20 Greenlee has joined us.

21 COUNCILMAN JONES: Thank you.

22 Councilman Greenlee, thank you
23 for joining us.

24 We also have joining us our
25 representative from the state level,

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2 Representative Ron Waters. Thank you for
3 coming down and being concerned about
4 this. Your district represents a great
5 number of our brothers and sisters from
6 that part of the world.

7 REPRESENTATIVE WATERS: Thank
8 you, Councilman.

9 COUNCILMAN JONES: Thank you.

10 THE CLERK: Councilman, we have
11 a video presentation.

12 (Video played.)

13 THE CLERK: Dr. James Buehler;
14 Dr. Thomas Storey; the Honorable Gurly
15 Gibson, Embassy of Liberia in Washington,
16 DC.

17 (Witnesses approached witness
18 table.)

19 COUNCILMAN JONES: Thank you
20 all for coming. Please be seated, and
21 we'll begin from your left to my right, I
22 guess. State your name for the record
23 and pull the mic to you and please begin
24 your testimony.

25 COMMISSIONER BUEHLER: My name

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2 is Dr. Jim Buehler. I'm the Health
3 Commissioner for the City of
4 Philadelphia. I'm joined here today by
5 my colleague, Dr. Caroline Johnson, who
6 heads our Division of Disease Control and
7 who also leads our Emergency Preparedness
8 Unit.

9 Good afternoon.

10 COUNCILMAN JONES: Good
11 afternoon.

12 COMMISSIONER BUEHLER: Chairman
13 Jones, Chairwoman Tasco, and members of
14 the joint committee, thank you for the
15 opportunity to present testimony on
16 emergency public health preparedness
17 efforts around infectious diseases here
18 in Philadelphia and for the chance to
19 speak specifically about Ebola.

20 The Philadelphia Department of
21 Public Health is the lead department in
22 the City government for the prevention
23 and control of communicable diseases.
24 The protocols and operational strategies
25 for the control of a communicable disease

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2 emergency such as Ebola, SARS, pandemic
3 influenza are identified in our
4 department's Emergency Public Health
5 Response Plan, which was last reviewed
6 and updated just in September. And our
7 preparations for Ebola are really based
8 on our general capacity to deal with all
9 infectious disease threats to public
10 health and our experience over many years
11 in responding to a number of outbreaks,
12 some common, some less common.

13 The key roles and
14 responsibilities of our department are to
15 conduct surveillance; that is, we monitor
16 trends of disease in the community, to
17 investigate reports of communicable
18 diseases, and to investigate and respond
19 to disease outbreaks when they occur so
20 that we can understand what's the cause
21 and how to respond and how to bring them
22 under control. Additional activities in
23 response to disease outbreaks might
24 include screening of exposed people,
25 recommendation of vaccinations,

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2 recommendation of treatments. And the
3 keys to success include the importance of
4 communication with the communities who
5 are affected and with the healthcare
6 providers, open communication with public
7 and affected populations, and an
8 integrated support and involvement and
9 coordination across the different
10 government agencies and partner
11 organizations in our communities that
12 might be involved and have a stake.

13 During this past summer, as the
14 Ebola outbreak in West Africa emerged and
15 came to attention and continued to grow,
16 our Health Department began its
17 preparedness activities building on to
18 our underlying emergency preparedness
19 plans. We've issued guidance to
20 healthcare providers, we've provided
21 information to the public, and we've
22 worked in coordination with other City
23 agencies, hospitals, and other response
24 partners.

25 Public Health staff has

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2 participated in multiple conference calls
3 and in-person meetings with the Centers
4 for Disease Control and Prevention --
5 that's the federal United States
6 government agency that really is the lead
7 for protecting public health -- with the
8 Pennsylvania Department of Health and
9 with other state and local response
10 agencies that allows us to keep abreast
11 of the most recent developments
12 concerning Ebola.

13 We have developed,
14 disseminated, and updated guidance and
15 information to healthcare professionals
16 and the public based largely on guidance
17 that we receive from the Centers for
18 Disease Control in Atlanta. This
19 includes information that is disseminated
20 electronically through our Health Alert
21 Network that reaches nearly 5,000
22 healthcare providers in Philadelphia and
23 all hospitals. Our information is also
24 provided online in various formats, both
25 for the public and for healthcare

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2 providers. So we have general
3 information at our www.phila.gov/health.
4 We also have a special online portal that
5 has more tentacle guidance for healthcare
6 providers.

7 To date, we have issued three
8 health advisories to regional healthcare
9 providers on Ebola, one in July, late
10 July, a second in early August, and a
11 third earlier this month. And, of
12 course, in any situation, as new
13 information is gained, as new
14 understanding is developed, and as
15 national recommendations are updated, we
16 will in turn take that, adapt it to our
17 situation here in Philadelphia, and
18 update our recommendations and our
19 materials.

20 We also work closely with the
21 medical community on healthcare
22 preparedness. As an extension of
23 multiple conversations, earlier this
24 month we convened a conference call with
25 all hospitals and infection control

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2 specialists at those hospitals to review
3 the latest guidance on case management,
4 laboratory testing, responder and health
5 provider safety, waste management,
6 isolation of ill patients, quarantine of
7 exposed people.

8 We're also working with our
9 City government partners to optimize our
10 response to this crisis. On October 8th,
11 we participated in the meeting convened
12 by the Managing Director's Office of
13 Emergency Management in co-leading a
14 conversation that involved the Fire
15 Department, which includes Emergency
16 Medical Services, the Police Department,
17 the Philadelphia Airport to clarify each
18 agency's role under a variety of
19 situations or scenarios that might
20 present itself with Ebola here in
21 Philadelphia. We were joined in this
22 conference call by representatives of the
23 state's hospital association and from the
24 state health department. Our department
25 has also worked closely with the Fire

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2 Department's Emergency Medical Services
3 group to review activation of procedures
4 to inquire about histories of travel and
5 symptoms when callers call 9-1-1, as well
6 as procedures for transporting people
7 with possible Ebola to hospitals and to
8 do that safely.

9 Philadelphia Department of
10 Public Health also has a robust
11 relationship with multiple community
12 service agencies. Earlier this week we
13 convened a meeting in West Philly of
14 approximately 40 representatives from
15 different groups and organizations that
16 serve or represent West African
17 communities or that provide services
18 specifically for immigrants. This forum
19 allowed for community members to express
20 their concerns, to voice their questions,
21 for us to address their concerns, but it
22 also allowed us to start a conversation
23 that we hope will continue about ways
24 that we can work together to respond to
25 this problem, address fears, and if we do

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2 have illness in our city, respond to that
3 effectively.

4 We've also reorganized our
5 special web page for healthcare providers
6 to include a section dedicated just to
7 Ebola, where all of our health advisories
8 and alerts, our surveillance data, our
9 guidelines for case management, fact
10 sheets, patient education materials, all
11 of those things are available. We've
12 updated our plan for isolation of ill
13 people and quarantine of exposed people
14 to address in-home quarantine of contacts
15 of people with Ebola, including logistics
16 for feeding, environmental cleaning,
17 waste management, and personal protective
18 equipment and safety protocols for staff
19 conducting on-site followup.

20 In the coming week, we will be
21 convening a four-day full-scale exercise
22 that will involve participants from four
23 states, 11 counties, and two metropolitan
24 areas in the region to test emergency
25 public health response procedures to a

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2 large-scale infectious disease outbreak.
3 And this exercise has been in planning
4 for well over a year. We've modified the
5 planning of that to be able to have and
6 build into that conversations about Ebola
7 preparedness and response.

8 This will involve multiple
9 agencies working through the challenges
10 associated with an uncommon but severe
11 communicable disease, and it will
12 practice skills such as decision-making,
13 resource identification and management,
14 information-sharing and tactical
15 communications.

16 Our department also supports an
17 active Medical Reserve Corps of
18 volunteers. With about 1,800 active
19 volunteers, we are using the Ebola
20 situation to further educate and recruit
21 and train additional health volunteers to
22 participate if we need to call upon them.
23 Our next orientation for new volunteers
24 is next month. We expect about 100 new
25 volunteers to enroll at that time,

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2 including nurses, physicians,
3 pharmacists, and health profession
4 students. These volunteers can be called
5 upon in the event of a crisis.

6 Lastly, as you know, our
7 department operates eight primary
8 healthcare centers around the City. Two
9 of these are located in West
10 Philadelphia, near where the largest
11 concentration of people from West Africa
12 live. On October 3rd, the Director of
13 our Ambulatory Health centers pushed out
14 to each of the centers the latest
15 guidance on what to do if someone
16 presents with a travel history and
17 symptoms suggestive of Ebola. And we are
18 continuing the training of not just the
19 staff in those two centers but all of our
20 healthcare centers.

21 A few key points to remember
22 about Ebola:

23 People with Ebola are not
24 contagious if they're not sick. As they
25 get sick and get sicker, they'll become

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2 more contagious.

3 If a person with Ebola has not
4 developed any symptoms, they are not
5 contagious.

6 The time between exposure to
7 the virus and the onset of illness can be
8 anywhere from two to, at the most, 21
9 days. This means that if you traveled in
10 the past 21 days to a country where the
11 Ebola outbreak is active in West Africa,
12 if you've had that travel history, if
13 you've returned from one of those
14 countries in the past 21 days and you
15 have symptoms - fever, headache,
16 vomiting, diarrhea - you should call
17 9-1-1 and the appropriate response will
18 be initiated. This will involve
19 ambulance transport to a hospital
20 emergency room, advanced notice to the
21 hospital, and evaluation for the
22 possibility of Ebola. Thankfully, so far
23 we've had no cases of Ebola in
24 Philadelphia.

25 It is also important to keep in

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2 mind that many other illnesses that are
3 common in West Africa can cause fever and
4 disease, particularly malaria. We can't
5 forget about the threat of malaria.

6 My testimony today has been
7 focused on Ebola, but we shouldn't forget
8 all of the other infectious diseases, and
9 it's a good opportunity to remind parents
10 to make sure their kids' vaccinations are
11 up to date and to remind all of us to
12 take advantage of the opportunity to get
13 a flu vaccine this upcoming flu season.

14 Thank you for allowing us to
15 testify today. Again, as I mentioned,
16 I'm joined by Dr. Johnson, who is an
17 infectious disease expert, and we'll be
18 happy to answer your questions.

19 COUNCILMAN JONES: Are any of
20 the other panelists going to testify?
21 No? You are?

22 AMBASSADOR GIBSON: Yes.

23 COUNCILMAN JONES: Okay. Pull
24 the mic to you and state your name.

25 AMBASSADOR GIBSON: Good

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2 afternoon. I'm Gurly Gibson from the
3 Embassy of Liberia. Councilman Jones,
4 Councilwoman Tasco, and Councilwoman
5 Blackwell and other members of the
6 Council, I want to thank you for holding
7 this public hearing today. On behalf of
8 my government and I can speak maybe for
9 the region, I want to say thanks for your
10 concern and for bringing this to the
11 table.

12 I want to take this time, first
13 of all, to thank Councilwoman Blackwell
14 in a very special way, who has reached
15 out to the community when this first
16 started, and she's always been there with
17 us. This has been a very huge task, and
18 we do appreciate the City. We appreciate
19 all of you for the time you put into this
20 and for your empathy that you continue to
21 show. And I do in a way want to say that
22 we join all of you in praying for those
23 nurses who are sick who cared for
24 Mr. Duncan. It is unfortunate that he
25 died while being treated. And we thank

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2 you for all the care that you provided
3 for our citizen.

4 I want to say that -- I want to
5 first address the issue of a discussion
6 that is being held in Washington today
7 talking about stopping flights going in
8 and out of Africa. I want to just give a
9 special request to say that it is going
10 to be a death sentence just thinking
11 about halting all flights going in, only
12 because it will only escalate the
13 problems. We need airlines to go in to
14 be able to take in supplies to those
15 countries. If not, it's going to spread
16 and it's going to get worse and more
17 people going to die.

18 I understand your fear, I
19 understand your concern, but our
20 government has put in place mechanisms,
21 strategies, plans to help stop the spread
22 of Ebola. At our airports we have
23 medical teams that test every passenger
24 before they get on a flight. If anyone
25 has any fever, be it 99.9 or above, you

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2 are not allowed on the flight.

3 So I just want to say to all
4 that is listening today that you don't
5 need to be afraid of having people leave
6 Africa or having people going to Africa,
7 because we are doing all we can to help
8 stop the spread.

9 As far as the community, the
10 Liberian community, we understand that
11 there has been stigma in different
12 quarters. They have worked together.
13 The three countries are coordinating and
14 collaborating and have put into place
15 systems to help stop the spread. One way
16 they are doing it is when you have
17 someone come into the country to visit,
18 they have them isolated maybe into a
19 hotel or into a family home for 21 days,
20 and then we also educate and inform, you
21 know, change our behavior, no shaking
22 hands, no hugging, wash your hands
23 constantly. So these are some of the
24 things we've put in place.

25 Now, other countries are asking

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2 for support. I know it's easy to say
3 what it is that they're doing. We have
4 done what we can do at our level, but we
5 don't have the capacity. Our health
6 structure is not set up in a way to do
7 the kind of containment that we need to
8 do, and that's why we are reaching out to
9 other nations. And there are several
10 things that we need. We need things like
11 body bags. We need medical supplies. We
12 need health workers. We need doctors.
13 And so the reason why we are asking for
14 these things is that because without the
15 support to help boost what we are doing,
16 to help enhance our own work or plan that
17 we've put in place, it's going to be
18 difficult.

19 So we are today asking everyone
20 to just take a step back and reason with
21 us, that this is not asking for a
22 handout. We're asking for your support
23 so that together we can contain this
24 virus. And we all know that you have
25 your own issue at home as far as other

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2 issues that you have to address when it
3 comes to the healthcare system, but we
4 are saying today that we need your
5 partnership. We need you to stand with
6 us, because Ebola in West Africa and
7 problems in West Africa is problems for
8 everyone around the world. This is a
9 global issue.

10 So we are appealing that today
11 whatever decision comes out of
12 Washington, we hope there will be a
13 decision that will benefit the world,
14 that would not cut off Africa or West
15 Africa from the rest of the world.

16 Now, let me give you just a
17 little bit of statistics of all that is
18 going on according to a report.

19 From our Ministry of Health,
20 Liberia, we have about 4,000 cases. We
21 have about 2,000 deaths. I know that WHO
22 came out with a figure yesterday talking
23 about 10,000 in every week. What I
24 understand and I believe what they were
25 saying was that if something is not done

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2 urgently, there's some level of urgency
3 here that we need to look at, that if
4 something is not done urgently, this is
5 what we should expect. So in the next
6 three months or next two months, we need
7 to step up the effort and be able to
8 contain this, and that's what -- I know
9 that when they made that announcement,
10 there was panic all over the place and
11 people started to say, What is this? But
12 that is what they say. They saying that
13 we need to move quickly and the time is
14 now.

15 So we're talking about 84,000
16 body bags that we need that they don't
17 have. We're talking about PPE. We're
18 talking about things like gloves and rain
19 boots that the healthcare workers need to
20 use, those who are removing the bodies,
21 you know, things that they can use to be
22 able to protect themselves.

23 So I want to thank you today
24 for your time. I want to thank you for
25 this hearing and want to appreciate all

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2 you've done for our region. Thank you so
3 much.

4 COUNCILMAN JONES: Ambassador,
5 thank you, and our condolences for your
6 losses, and I want you to know that our
7 ambassador to you is Councilwoman Jannie
8 Blackwell. She keeps us informed,
9 whether it's Echoes of Africa or more
10 urgent matters like these crises that we
11 find ourselves in and keeps us in tune to
12 that. And there is no greater
13 cheerleader for that cause than our
14 Councilwoman, Councilwoman Blackwell. We
15 stand with her to stand with you to deal
16 with this crisis.

17 I'd like to ask a couple of
18 questions. Stay right where you are,
19 because you might be able to help us out.

20 You gave a comprehensive,
21 Commissioner -- and welcome to
22 Philadelphia. You didn't get any
23 honeymoon. You got thrown right into
24 this. So welcome on board.

25 COMMISSIONER BUEHLER: Thank

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2 you.

3 COUNCILMAN JONES: You gave a
4 comprehensive set of testimony, and what
5 is most encouraging is the coordination
6 effort with the federal and state
7 emergency management team. Can you
8 describe that a little bit for us.

9 COMMISSIONER BUEHLER: Sure.

10 So --

11 COUNCILMAN JONES: As well as
12 the hospitals.

13 COMMISSIONER BUEHLER: Sure.

14 So the CDC is the lead public health
15 agency. They've had decades of
16 experience dealing with all manner of
17 public health emergencies, infectious
18 disease outbreaks, but also specifically
19 with Ebola and other viruses like this.
20 So they have a core depth of knowledge
21 and expertise.

22 The CDC also has substantial
23 knowledge and expertise of infection
24 control procedures in hospitals and other
25 healthcare settings. So they really

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2 provide the national leadership and the
3 national guidelines. But then it's up to
4 us in local or state health departments
5 to take those guidelines and adapt them
6 to our situation, to our circumstances,
7 and to push those out to our
8 constituents, both to healthcare
9 providers and to the community at large.
10 So we draw on their resources and then we
11 use it so that it makes sense for
12 Philadelphia.

13 COUNCILMAN JONES: Should I
14 understand you to say that even before
15 this outbreak but continually that you're
16 evaluating our infectious disease
17 response and containment protocols?

18 COMMISSIONER BUEHLER: They are
19 periodically updated, yes. That is
20 correct.

21 COUNCILMAN JONES: So if you
22 were to give it a grade currently -- and
23 I know you've only been there a while --
24 what would you -- if you had to give the
25 public a sense of where we are, a letter

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2 grade, where would you be confident we
3 are?

4 COMMISSIONER BUEHLER: I'd say
5 somewhere between an A and an A plus.
6 I've been extraordinarily impressed by
7 the group of people that I'm so fortunate
8 to be surrounded by in this position. We
9 have a remarkably strong infectious
10 disease group. We've got a strong public
11 health emergency preparedness group.
12 They have longstanding and deep
13 collaborative relationships and
14 partnerships with healthcare leaders
15 throughout the community, with our
16 hospitals, and that's grown out of
17 working with them for many years. So
18 we're not starting from scratch here.
19 We're building on a tremendous base.

20 COUNCILMAN JONES: So you
21 self-graded an A plus. Now allow me
22 to --

23 COMMISSIONER BUEHLER: I can't
24 take credit for that. But I do feel very
25 proud and confident in our group and the

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2 relationships that they have with the
3 hospitals, healthcare providers in our
4 community, as well as a variety of other
5 community groups and organizations.

6 COUNCILMAN JONES: Let me ask
7 you this: Within our city, not private
8 hospitals, what is our inventory of PPEs,
9 personal protection equipment? What is
10 our inventory?

11 COMMISSIONER BUEHLER: So I can
12 speak to the inventory that we have in
13 the Health Department for our staff that
14 might be going out to investigate cases
15 or work with exposed people, as well as
16 we're taking stock of our capacities in
17 PPE in our health clinics. Our goal is
18 not for people with Ebola to be coming to
19 outpatient clinics, whether they're our
20 clinics and any others. This really
21 needs to be a disease that is cared for
22 in the hospital setting and in the
23 emergency room setting.

24 We don't have city hospitals,
25 but we work closely with all of the

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2 hospitals in the community. As I
3 mentioned last week, we had a conference
4 call with the leaders from every
5 hospital, including their infectious
6 disease experts, and they've assured us
7 that they are prepared, that they have
8 the equipment that they need, that
9 they're taking stock of their
10 preparedness activities.

11 COUNCILMAN JONES: Let me stop
12 you.

13 COMMISSIONER BUEHLER: I think
14 they're in good shape.

15 COUNCILMAN JONES: So I'm not
16 talking about the hospitals. Your
17 contention is that within our health
18 centers, we don't need PPEs?

19 COMMISSIONER BUEHLER: Well, we
20 will need some PPE.

21 COUNCILMAN JONES: How many do
22 we have now? Do we have a unit that
23 is -- let's say you have eight centers
24 and let's say someone walks in one of the
25 centers. Your response would be to

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2 call --

3 COMMISSIONER BUEHLER: So if an
4 individual comes into one of our
5 centers -- and hopefully this is what
6 would happen in any doctor's office in
7 the City. But if an individual comes to
8 one of our centers and says, I've just
9 returned from one of these three
10 countries in West Africa that's been
11 within the last 21 days and I've got
12 these symptoms, the immediate response is
13 to put them into a private room, to give
14 them a mask, and then one of our
15 healthcare providers would don the
16 appropriate protective equipment, go in
17 and do a further interview --

18 COUNCILMAN JONES: What is that
19 equipment?

20 COMMISSIONER BUEHLER:
21 According to current CDC guidelines.

22 COUNCILMAN JONES: So we do
23 have --

24 COMMISSIONER BUEHLER: Yes.
25 Yes.

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2 COUNCILMAN JONES: That's what
3 I asked you. Okay.

4 COMMISSIONER BUEHLER: I'm
5 sorry I wasn't that clear.

6 Conduct a further interview to
7 verify that information, and then we
8 would call 9-1-1 so that the Emergency
9 Medical Services team that has the
10 capacity to safely transport that
11 individual to a hospital would come and
12 make that happen.

13 COUNCILMAN JONES: So we would
14 then move them to a facility?

15 COMMISSIONER BUEHLER: Right.
16 We are not going to try to take care
17 of -- further evaluate that patient in
18 our clinic.

19 COUNCILMAN JONES: A quick
20 followup. So is there a designated or
21 several designated hospitals that you
22 feel comfortable are equipped to handle
23 this type of response?

24 COMMISSIONER BUEHLER: So,
25 again, when we discussed this on the call

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2 with every hospital last week, the plan
3 is that all the hospitals that currently
4 receive transports from emergency medical
5 services should be prepared to receive a
6 patient with this history and these
7 symptoms and perform the appropriate
8 evaluation and, if necessary, treatment.

9 COUNCILMAN JONES: So what are
10 those hospitals?

11 COMMISSIONER BUEHLER: Any
12 hospital that has an emergency room that
13 receives emergency transports. We can
14 get back to you with the list. I can't
15 rattle that off right now.

16 COUNCILMAN JONES: I'm going to
17 yield and go with Councilman Squilla on
18 this.

19 COUNCILMAN SQUILLA: Thank you,
20 Mr. Chair, and thank you, Dr. Buehler,
21 for being here. Again, I know your
22 honeymoon was short, but throw you right
23 into the fire.

24 Obviously we know about the
25 protective gear that our healthcare

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2 professionals wear and our brave
3 healthcare professionals that we have
4 that even volunteer to go to these
5 locations, but did we have those same
6 protections in place for the healthcare
7 people in Dallas; do you know?

8 COMMISSIONER BUEHLER: I can't
9 speak to Dallas. What I can say is that
10 we don't know yet, at least we haven't
11 heard from CDC, exactly what the problem
12 was in Dallas. Was that a problem with
13 the nature of the gear they were using
14 and it was being used properly or was it
15 a problem with some failure in how the
16 equipment was used. We know that CDC is
17 reviewing its infection control
18 guidelines and recommendations, and if
19 those are updated, then we will respond
20 and incorporate -- upgrade our
21 recommendations as well.

22 COUNCILMAN SQUILLA: I guess
23 because the fear would then end up being
24 that the people who helped take care of
25 these patients would then become

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2 infected, and that's not something that
3 we want to, I guess, continue. So we
4 have to make sure that that equipment is
5 protective enough for this type of virus.
6 And also the same would then go for our
7 first responders. If there's a call that
8 goes out to our EMTs and our Fire
9 Department and they go, do they
10 automatically put on this equipment
11 before they go in there, knowing that
12 this may be a cause? So are they also
13 protected?

14 COMMISSIONER BUEHLER: I would
15 be happy to let our colleagues from the
16 Fire Department respond here, but let me
17 just speak briefly and they may wish to
18 amplify.

19 We are consulting with the
20 Medical Director for the Fire Department
21 and EMS regarding these standards. There
22 is an inject now into the 9-1-1 call
23 protocol so that if it's appropriate, the
24 caller is asked about their travel
25 history. If they have this travel

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2 history and if they have these symptoms,
3 that will be known to the 9-1-1 team when
4 they get underway, and they'll have the
5 opportunity to wear the appropriate
6 protective gear.

7 COUNCILMAN SQUILLA: But we do
8 have that protective gear in place?
9 We'll wait until the Fire Department
10 comes up, I guess --

11 COMMISSIONER BUEHLER: Yes.
12 Again --

13 COUNCILMAN SQUILLA: -- at that
14 time.

15 And obviously this is going to
16 be new to Philadelphia. Hopefully we
17 haven't had it, but it's not only people
18 traveling from now West Africa or Africa,
19 but maybe you were in Dallas, maybe you
20 had some type of -- in the hospital, the
21 same hospital, that somebody else was in.
22 Would that also draw a red flag?

23 COMMISSIONER BUEHLER: It
24 shouldn't, no. Just simply being in
25 Dallas or being a patient at that

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2 hospital, no. This is a disease that
3 requires very close contact to spread.
4 So you've got to have contact with blood
5 or vomit or another fluid from a person
6 that's sick. So just having been in
7 Dallas or that other scenario, that's not
8 going to be a concern.

9 COUNCILMAN SQUILLA: Okay.

10 Thank you very much.

11 COUNCILMAN JONES: Thank you,
12 Councilman.

13 We're going to go -- were
14 you --

15 COUNCILWOMAN BLACKWELL: Yes,
16 just a comment.

17 Thank you all for your
18 comments, and certainly to the Honorable
19 Gurly Gibson, we thank you for your
20 leadership. We want you to know that
21 we're dealing with another radiothon on
22 WURD and we'll be in touch with you with
23 setting that up again. And also we note
24 your extreme sadness since the beginning
25 of this has happened at all of our

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2 meetings, and we thank you for your
3 leadership and your commitment.

4 AMBASSADOR GIBSON: Thank you.

5 COUNCILWOMAN BLACKWELL: Thank
6 you.

7 COUNCILMAN JONES: Thank you,
8 Councilwoman.

9 Councilman Neilson.

10 COUNCILMAN NEILSON: Good
11 afternoon and thank you for your
12 testimony. Commissioner, like yourself,
13 I'm a little new around here too. So I'm
14 going to try to make sure I understand
15 this correctly.

16 As the Health Commissioner,
17 would you say for your responsibility to
18 make certain that not only the people of
19 Philadelphia, that our staff, our first
20 responders are in compliance with all
21 these CDC regulations that are sent with
22 you, to make certain that all our
23 departments are following the right
24 protocol? Would that be under your
25 jurisdiction?

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2 COMMISSIONER BUEHLER: No.

3 That's really under the Fire Department
4 and EMS, but we do consult --

5 COUNCILMAN NEILSON: Excuse me.

6 I'm not -- first responders, there's a
7 whole lot of first responders we have.
8 You mentioned in your testimony that you
9 talk to the ambulance companies and the
10 Fire Department and the Police
11 Department. I mean, to me that's like
12 all the first responders. I'm not just
13 specifying one department. Your efforts,
14 from what I'm reading here in your
15 testimony, is that that is your duty to
16 make certain that they have all the
17 information they need. Whose duty would
18 it be to make certain that they're in
19 compliance with the suggestions that are
20 put out by the federal government within
21 the City government? Because I know we
22 can -- I don't want to -- I mean, it's a
23 fair question, I believe, because if our
24 City healthcare centers aren't in
25 compliance, who would I question that?

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2 Would I question you?

3 COMMISSIONER BUEHLER: So it's
4 really -- let's take these one at a time.
5 It's a very good question. It's an
6 important question.

7 So we provide consultation and
8 information to the other City departments
9 that you've enumerated. It's really up
10 to each department then to make sure that
11 they're equipped and prepared.

12 COUNCILMAN NEILSON: Is there a
13 check and balance, so to say, or do we
14 just take their word for it that they're
15 prepared? Is there some way that you
16 inspect or at least make certain that
17 we're trying to go within those
18 guidelines?

19 COMMISSIONER BUEHLER: We don't
20 have that authority. We don't follow up
21 on them.

22 COUNCILMAN NEILSON: I just
23 wanted to see, because we're hearing a
24 lot of different things, and everybody
25 asked this. I just don't like the blame

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2 game. I want to see who is responsible
3 to make certain that our departments are
4 falling within the guidelines set forth.

5 And, Your Honor, thank you so
6 much for coming today. I really
7 appreciate it. I know you made a long
8 trip and it's sometimes a timely trip,
9 but I think it's important that people in
10 Philadelphia know the detriments that
11 happen if we do shut down airplanes and
12 all the other stuff that goes inside to
13 making your country safe as well as ours.
14 And I take it a little personally. I
15 have an aunt who is a missionary in
16 Zambia, and of course we check on her
17 daily just to make certain that our
18 family there is okay.

19 But thank you so much, and
20 thank you, everyone.

21 AMBASSADOR GIBSON: Thank you
22 for all you do.

23 COUNCILMAN NEILSON: Thank you,
24 Mr. Chairman.

25 COUNCILMAN JONES: Councilman

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2 Neilson, that was an appropriate
3 question, and I would only say because
4 you are new that we may -- there's
5 certain events that change how we do
6 business, and in this particular case, we
7 will probably ask you going forward to
8 take a more assertive role from the
9 health perspective. I don't ask you to
10 put out fires, but then again, the
11 primary responsibility here is to make
12 sure all of our first responders, as
13 Councilman Neilson said, are following
14 those protocols, have the appropriate
15 equipment, because if one of those
16 responders slips, it has catastrophic
17 impact.

18 So I think that is an
19 appropriate role for you to ask the
20 questions, because we're going to ask
21 them of you come budget time. So this is
22 a forewarning, if you would, because
23 we're all -- there's no "gotcha" moments
24 here. We all want to get it. So we're
25 giving you this that we -- my Fire

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2 Commissioner, his responsibility is when
3 I call 9-1-1, to get me out, and we've
4 talked about that. He's promised me that
5 that would happen. But I call on you to
6 keep me safe by way of health and public
7 health. So we're going to need you to
8 work as a team with the commissioners and
9 people that don't know what maybe the --
10 that's not their highest priority, the
11 federal CDC guidelines. So we're going
12 to ask that you do that.

13 Are there any other questions
14 for this panel?

15 (No response.)

16 COUNCILMAN JONES: Seeing none,
17 thank you. And please stick around
18 because we may call you back up. Thank
19 you so much. And, again, Ambassador,
20 thank you for gracing our halls, and our
21 prayers and thoughts and actions will be
22 with you.

23 AMBASSADOR GIBSON: Thank you.
24 I appreciate it.

25 COMMISSIONER BUEHLER: Thank

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2 you very much.

3 COUNCILMAN JONES: Can you call
4 up the next panel to testify.

5 THE CLERK: Mark Gale, Samantha
6 Phillips, Commissioner Derrick Sawyer,
7 Karyn Lynch.

8 (Witnesses approached witness
9 table.)

10 COUNCILMAN JONES: Thank you
11 all for your patience. We'll start from
12 right to left. If you would state your
13 name. You've been here before, and
14 please present your testimony. If you
15 choose to abbreviate, it's okay with us.
16 We have an ambitious schedule. We can
17 get right to a lot of the questions and
18 answers.

19 MR. GALE: Very good. Thank
20 you.

21 Good afternoon, Chairman Jones
22 and Chairwoman Tasco, members of the
23 Public Health and Human Services and
24 Public Safety Committee. My name is Mark
25 Gale. I serve as the Chief Executive

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2 Officer for Philadelphia International
3 Airport. I'm here to present testimony
4 on behalf of the airport on Resolution
5 No. 140789 and as it pertains
6 particularly to the Ebola virus.

7 First, let me state that the
8 airport has had a long history of dealing
9 with emergency situations, aircraft
10 incidents, accidents, medical issues,
11 security issues, repatriation issues. We
12 also have a long history in coordinating
13 with federal, state, and local officials
14 on all of these significant events.

15 Currently at the airport we
16 have procedures for dealing with
17 communicable disease that have been
18 closely coordinated with numerous
19 agencies, including the Centers for
20 Disease Control, U.S. Customs and Border
21 Protection, State and City Health
22 Departments, City's Office of Emergency
23 Management, Philadelphia Police
24 Department, Philadelphia Fire Department,
25 as well as our airline community.

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2 Since it was announced that the
3 first Ebola patient had been diagnosed in
4 this country, we have been working
5 closely with all the federal, state, and
6 local agencies, especially the offices of
7 CDC and CBP located in the airport's
8 international terminal complex, regarding
9 the surveillance of incoming
10 international passengers for potentially
11 communicable disease, including Ebola.
12 We have held a series of internal and
13 external meetings with the above
14 stakeholders and agencies as well as
15 other stakeholders at the airport,
16 including law enforcement, such as the
17 Transportation Security Administration,
18 or TSA, U.S. Immigration and Customs
19 Enforcement, and the Federal Bureau of
20 Investigation, to keep the lines of
21 communication open with our partners
22 within the airport community.

23 It should be noted that PHL, or
24 Philadelphia International Airport, does
25 not have any direct flights from any of

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2 the countries that are most severely
3 affected by this epidemic. Additionally,
4 PHL is currently not one of the five U.S.
5 airports designated by CDC and the
6 Department of Homeland Security for
7 enhanced Ebola screenings. Those five
8 airports - JFK in New York, Newark in New
9 Jersey, Chicago O'Hare, Washington Dulles
10 Airport, and Atlanta Airport - were
11 selected because they receive
12 approximately 94 percent of the travelers
13 entering the United States from the three
14 affected countries in West Africa -
15 Guinea, Sierra Leone, and Liberia.

16 The current guidance, as
17 provided to us by CDC, calls for the
18 Customs and Border Protection personnel,
19 or CBP, to observe all international
20 travelers entering the United States for
21 symptoms or overt signs of illness and to
22 ask a series of questions about their
23 recent travel. If CBP identifies a
24 passenger suspected to be infected or of
25 concern, CBP will coordinate with the

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2 Center for Disease Control, or CDC,
3 personnel and local public health
4 officials and authorities for further
5 medical evaluation. This intervention is
6 typically done by the CDC at the airport
7 and involves escorting the passenger to a
8 separate area away from the rest of the
9 passengers for further assessment. The
10 outcome of that evaluation or assessment
11 will determine what actions occur next,
12 such as permitting the passenger to
13 continue on or if other evaluation,
14 testing or treatment is required and
15 potentially transport.

16 As everyone knows and is here
17 today, this is a dynamic situation.
18 Information regarding the spread of this
19 virus is developing daily, and we very
20 much value the information that is shared
21 and discussed here today. We at the
22 airport community continue to monitor
23 this situation extremely closely, as the
24 safety of our passengers and our
25 employees is of the utmost priority.

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2 I thank you for the opportunity
3 to testify, Mr. Chairman. My staff and I
4 are here today to answer any questions
5 that you may have.

6 COUNCILMAN JONES: Thank you so
7 much. We'll allow everyone to testify
8 and then ask questions.

9 MS. PHILLIPS: Good afternoon.
10 My name is Samantha Phillips and I'm the
11 Director of the Office of Emergency
12 Management. I am joined by an extensive
13 group of colleagues to address
14 Philadelphia's preparedness for a variety
15 of hazards; namely, Ebola and other
16 public health emergencies. Thank you for
17 affording me the opportunity to testify
18 today.

19 While we have no reason to
20 expect any significant threat, this is,
21 of course, no reason to be unprepared for
22 the arrival of Ebola or any infectious
23 disease. We have the tools and expertise
24 to manage Ebola in the City of
25 Philadelphia. With that said, this

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2 hearing is opportune, because managing
3 emergencies and crises in large
4 metropolitan areas brings complexity that
5 warrants enhanced coordination and
6 planning. We also have the advantage of
7 observing how other U.S. cities are
8 responding. We can learn from those
9 experiences and modify our approaches.

10 As background information, the
11 Office of Emergency Management, OEM, is
12 multi -- the mission of the Office of
13 Emergency Management is multi-faceted.
14 OEM is responsible for ensuring the
15 readiness of the City of Philadelphia for
16 any kind of emergency. We do this
17 through an integrated and collaborative
18 public education strategy. We work with
19 organizations throughout the City to
20 build contingencies. We mitigate the
21 impact of emergencies, and we enable the
22 City to recover as quickly as possible.
23 Unlike my colleagues from the Department
24 of Public Health, the Airport, the Fire
25 Department and hospitals, among others,

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2 OEM does not provide direct service.

3 Rather, we serve in a coordinating
4 capacity and are charged with enhancing
5 communication efforts, streamlining
6 response operations, and supporting first
7 responders through planning and resource
8 acquisition and mobilization.

9 You are probably most familiar
10 with OEM's work during the numerous
11 snowstorms and weather events we have
12 experienced in the past years. The
13 protocols we use for citywide weather
14 events are similar tools we will use
15 should we be faced with a large-scale
16 public health emergency. Those
17 strategies and tools include coordinating
18 interagency conference calls and
19 meetings, vetting information for
20 accuracy and information-sharing,
21 ensuring that agencies are responding
22 consistently and have the appropriate
23 tools and resources available to them,
24 and supporting City leadership and
25 officials. While I hope this will not be

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2 required, we can activate the City's
3 Emergency Operations Center and other
4 supporting elements if enhanced
5 coordination is required. For Ebola
6 specifically, we have convened conference
7 calls, adapted call-taking procedures at
8 9-1-1 centers to provide enhanced
9 screening, outlined response protocol for
10 specific scenarios, coordinated across
11 City leadership, and are ensuring first
12 responders have and are utilizing
13 appropriate personnel equipment. We will
14 continue to do those things for the
15 foreseeable future.

16 In addition to OEM's
17 coordination and convening role, I want
18 to briefly summarize this city's planning
19 and preparedness efforts, all which have
20 contributed to making us ready for these
21 exact scenarios. Most notably, OEM has
22 spent considerable time and effort on the
23 development of citywide emergency
24 response plans. These plans range in
25 topic from mass care and sheltering,

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2 hazardous materials response, resource
3 and logistics management, mass casualty,
4 and mass fatality. Components of these
5 plans, and perhaps the plans in entirety,
6 will be utilized to guide the City
7 through a public health emergency. In
8 addition, OEM has supported our
9 colleagues in the Health Department on
10 the development of public health plans
11 for pandemic response and mass
12 prophylaxis. The City does not have an
13 Ebola plan per se, but we have components
14 that we need to effectively respond and
15 manage an infectious disease outbreak.

16 In addition to planning, we
17 have used grant funding; namely, the
18 Homeland Security Grant Program and the
19 Urban Area Security Initiative grants, to
20 support our readiness. These grants have
21 aided in equipping our first responders
22 with personal protective equipment and
23 procure other tools to aid communities,
24 supported hundreds, if not thousands, of
25 hours of training, and have assisted with

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2 the development and execution of drills
3 and exercises to thoroughly test our
4 tactics, techniques, and procedures.

5 In closing, there are a variety
6 of known and emerging threats that we
7 face here in the City. I will not say
8 that we will never be surprised or face a
9 new threat, but I want to stress the
10 importance of a coordinated response
11 effort, frequent information-sharing and
12 communication, and the value of
13 leveraging the tools we have built,
14 trained on, and exercise.

15 Thank you again for the
16 opportunity to testify. This concludes
17 my formal remarks. I'm certainly
18 available for questions.

19 COUNCILMAN JONES: Thank you.

20 Now, you're with the public
21 schools. Maybe we'll save you for a
22 second and deal with -- if that's okay
23 with the Committee.

24 A couple of quick questions.
25 First of all, thank you for your

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2 testimony, and it's my understanding that
3 we are not a part of the five major
4 airports that are on heightened awareness
5 about the Ebola virus, but what we know
6 is and what I just heard in testimony,
7 that in three months, if not treated, it
8 can be 10,000 folk coming from different
9 places. So we may have been spared the
10 first round, but it may wind up in a
11 second tier run coming through other
12 parts of the world. So that's why it
13 does not make sense to me to isolate one
14 part of the world or West Africa, because
15 at some point if we don't contain this,
16 it will be all over. So we need to be
17 prepared anyway.

18 So what are the standard
19 protocols? You mentioned that if -- you
20 ask a series of questions. If indeed you
21 strike on two of the questions, that
22 you've come from a high risk part of the
23 world and then you have a fever, we then
24 contain you. What happens then? So you
25 contact which hospital to come and deal

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2 with the situation?

3 MR. GALE: Just for
4 clarification, Councilman, it's not the
5 airport or the City of Philadelphia
6 that's actually doing this interrogation
7 or asking the questions. The first line
8 of defense at the airport on
9 international travel is done by a federal
10 agency, by the U.S. Customs and Border
11 Protection. With their systems, they're
12 able to look at an individual's travel.
13 They know who is coming in to
14 Philadelphia, whether or not they're a
15 passport holder of one of the three
16 countries that are primarily in question
17 here. They know if you're a U.S. citizen
18 that has traveled to that part of the
19 world. They're even aware if you're not
20 either from that part of the world as a
21 resident or a citizen or a U.S. citizen
22 and potentially just passing through that
23 part of the world. They're able to
24 actually look at that data and
25 information and target folks that they

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2 may want to question a little bit
3 further, in addition to observing all
4 passengers that are being processed
5 through the international portion of
6 Philadelphia International Airport.

7 COUNCILMAN JONES: So a
8 scenario, someone comes in, they have a
9 high fever, they've traveled within 21
10 days in that region, we find that they
11 may possibly be sick. What are your
12 protocols going forward specifically?

13 MR. GALE: It depends on when
14 we get the notification, Councilman. If
15 we get notification from the aircraft
16 that's inbound that there is a medical
17 emergency on board, the airlines are
18 required not only to contact the airport
19 but the U.S. Customs and Border
20 Protection folks, who will meet the
21 aircraft and make a determination as to
22 whether or not it's safe to deplane the
23 aircraft or we need to do something
24 different.

25 In the case where somebody may

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2 already be off the aircraft and it's in
3 the passport control section of the
4 airport and they're going through the
5 process of being checked into the country
6 and they're going through questioning,
7 once there's a trigger, if a U.S. Customs
8 and Border Protection officer determines
9 either you've traveled to that part of
10 the world, there's a concern here in the
11 series of questions that they've asked,
12 they will call for intervention from a
13 CDC representative. Remember, the
14 airport is one of approximately 18 -- has
15 one of approximately 18 U.S. quarantine
16 stations in the country, and one of them
17 is right at Philadelphia International
18 Airport and is staffed by CDC personnel.
19 They would intervene and take the --

20 COUNCILMAN JONES: That's
21 important information. So in the
22 airport, there is a CDC facility already
23 teed up?

24 MR. GALE: There is.

25 COUNCILMAN JONES: Okay.

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2 MR. GALE: There is. And not
3 knowing -- the temperature of that
4 individual and some of the additional
5 questions wouldn't take place right on
6 the floor where we have thousands of
7 people coming through. They would be
8 escorted off to the side, into a private
9 room, into the quarantine station where
10 additional questions would take place and
11 a temperature would be taken. Depending
12 upon the outcome of those additional
13 questions and medical evaluation by CDC
14 personnel, they may then in fact contact
15 Philadelphia Department of Public Health,
16 CDC headquarters in Atlanta, and other
17 public health officials to determine what
18 the next course of action should be.
19 Sometimes the passenger --

20 COUNCILMAN JONES: Do you
21 contact Emergency Management as well?

22 MR. GALE: I don't think
23 they're in direct line with Emergency
24 Management, but Emergency Management
25 would get a notification if there was an

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2 issue.

3 Once the CDC personnel confer
4 and consult with the quarantine officers,
5 with their headquarters, with the City's
6 Public Health Department, with the
7 Philadelphia Fire Department, EMS, if
8 necessary, that passenger could, if they
9 don't pose a threat or thought not to
10 pose a threat, they could be allowed to
11 leave the facility just with the rest of
12 the passengers. If they are deemed to be
13 somebody that we need to be concerned
14 with and that we'd like to see more
15 testing and evaluation done, then they
16 could call for transport, which we would
17 then take the passenger down a designated
18 pathway away from all the passengers to
19 an awaiting transport.

20 COUNCILMAN JONES: How many
21 instances over the past year have we had
22 to invoke those protocols?

23 MR. GALE: None that I'm aware
24 of, Councilman. Again, remember, of the
25 94 percent for this particular issue with

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2 Ebola, there are very few passengers,
3 relatively very few passengers, that are
4 arriving directly into Philadelphia
5 International Airport from one of those
6 three countries. There are passengers
7 that arrive into Philadelphia who have
8 cleared another port of entry. Maybe
9 they've flown into JFK and they connect
10 down to Philadelphia. Maybe they cleared
11 in Detroit and they connect down to
12 Philadelphia. In that case, if the
13 initial port of entry that's required to
14 do the screening -- because they're
15 arriving into Philadelphia International
16 Airport as a domestic passenger
17 potentially in one of the other terminal
18 complexes.

19 COUNCILMAN JONES: Are there
20 any other questions for these two
21 witnesses?

22 Councilman Neilson.

23 COUNCILMAN NEILSON: Thank you,
24 Mr. Chairman.

25 Ms. Phillips, I believe in your

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2 testimony that you said that part of your
3 position is to ensure that all the first
4 responders in the City have all the
5 equipment they need. A couple questions.
6 Do you know of any equipment that our
7 first responders need currently that are
8 not fulfilled?

9 MS. PHILLIPS: I do not. We
10 are starting to think about what this
11 looks like in a few weeks or a few months
12 from now, and so we'll be making --

13 COUNCILMAN NEILSON: Not just
14 so much this. As a whole. We're talking
15 about a lot of stuff here. Not just
16 talking about Ebola, but you mentioned
17 that it's your job to make certain that
18 they have all that.

19 MS. PHILLIPS: No, I don't.
20 I'm not aware. Well --

21 COUNCILMAN NEILSON: So there's
22 no list of wants over there at that
23 department? You brought it up. That's
24 why I just want to --

25 MS. PHILLIPS: There are no

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2 unmet needs that have been brought to my
3 attention.

4 COUNCILMAN NEILSON: Because I
5 see the Commissioner coming up next.
6 Maybe he might have a little want there.

7 MS. PHILLIPS: He will confirm
8 that.

9 COUNCILMAN NEILSON: Your
10 funding that you talked about, getting
11 grants, that's through FEMA, I suppose?

12 MS. PHILLIPS: It's the
13 Department of Homeland Security, but it's
14 managed by FEMA.

15 COUNCILMAN NEILSON: And do you
16 also apply for any grant money from PEMA,
17 Pennsylvania Emergency Management.

18 MS. PHILLIPS: The PEMA is the
19 grantee, so it's a passthrough from the
20 feds to the state, and we then get it at
21 the local level.

22 COUNCILMAN NEILSON: Do you
23 know how much money we spent in the last
24 12 months on new equipment?

25 MS. PHILLIPS: As a region, we

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2 have spent approximately \$14 million on
3 public safety and homeland security
4 equipment. There are some very small
5 pots of money, \$140,000, that went to
6 some hazardous materials response
7 equipment, and then through -- there are
8 two collections. For example, there's
9 another small pot of money that goes to
10 the Fire Department as well.

11 COUNCILMAN NEILSON: Thank you.
12 No more questions,
13 Mr. Chairman.

14 COUNCILMAN JONES: Thank you,
15 Councilman.

16 All right. Now we can proceed
17 with our testimony, but if you could
18 stick around, we may have other
19 questions.

20 MS. PHILLIPS: Sure.

21 COUNCILMAN JONES: Thank you,
22 and thank you for your patience. State
23 your name for the record, begin your
24 testimony.

25 MS. LYNCH: Thank you,

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2 Chairman. Good afternoon. My name is
3 Karyn Lynch and I am representing today
4 the School District of Philadelphia. I
5 will make my comments very brief to allow
6 the opportunity to answer any questions
7 that you or the Committee members might
8 have.

9 Dr. Buehler spoke earlier about
10 the Public Health Department's
11 responsibility and role with regard to
12 immunization issues and the Ebola
13 experience that our country is
14 experiencing right now, and I will join
15 in and share that the School District of
16 Philadelphia works very, very closely
17 with the Public Health Department, and in
18 fact we defer to them in this role and
19 this responsibility, follow their lead
20 and follow their guidance, and speak with
21 them when there are epidemics. As
22 recently as H1N1, we take their
23 direction, their lead. We circulate
24 their documentation, and the working
25 relationship has been extremely close,

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2 ongoing. The protocols are well
3 outlined, and in fact we've put together
4 guidelines that we follow that all of our
5 health professionals within the School
6 District have, and we put it together
7 with the Public Health Department. So I
8 stress that.

9 In addition, I would share with
10 you that to date we have sent protocols
11 to all of our school nurses. We have
12 advised our facilities and cleaning
13 staff. We have identified additional
14 cleaning chemicals that are used within
15 our schools that have been distributed in
16 the event that we have any types of
17 infections that are known. But the one
18 thing that I also wanted to stress today
19 is that you know that we receive new
20 students that are enrolled in our schools
21 every single day, and without much delay,
22 we maintain within the School District a
23 database that tells us all of the new
24 students that are coming in. Our school
25 nurses have been trained and follow the

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2 protocol as well to contact each school.
3 They look to our database to see if there
4 are any new students that meet the
5 profile. We follow up on those new
6 students if any meet the profile in fact
7 of a student that might be coming or
8 traveling from West Africa that has been
9 in the country for fewer than 21 days.
10 We follow up with those students to see
11 whether or not they've had any health
12 issues, whether or not they're running a
13 temperature, and we communicate with the
14 Public Health Department in fact. And to
15 date, we have not had any experiences at
16 all that have been reported.

17 We plan a professional
18 development experience that's going to
19 happen on November 4th for all of our
20 health nurses, and we're inviting
21 Caroline Johnson and others from the
22 Health Department to come and to speak
23 with our nurses about this opportunity to
24 yet reinforce and reaffirm the
25 information that they need to have,

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2 up-to-date information regarding Ebola
3 and the spread of this effort.

4 One last thing. I will share
5 that our nurses are in fact promoting yet
6 again the importance with our students of
7 washing their hands with soap and the
8 lengthy time that it needs to occur, and
9 our facility staff are continuing to
10 clean, wipe, and swipe areas that are
11 frequently touched, door handles, opening
12 rails by our students and our
13 school-based staff.

14 Thank you.

15 COUNCILMAN JONES: Thank you.

16 I happen to know this
17 personally. Councilman Greenlee goes to
18 a lot of schools. Councilwoman Blackwell
19 visits schools. More recently he's been
20 in some schools in my district, and one
21 of the concerns I would have -- and I
22 don't need you necessarily to give me an
23 inventory today, but similar to the
24 Health Commissioner, this is something
25 that I'm going to make note of to ask

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2 during budget.

3 When we start to look at where
4 our nurses are deployed, I know we've had
5 some challenging budgets in the past
6 where we've had to limit the number of
7 nurses. In light of EV68 and other types
8 of infectious diseases among our kids, I
9 know my kids -- you know, when one kid in
10 my kid's public school got sick, you knew
11 it was just a matter of time for it to
12 spread to the whole class, and if we're
13 encouraging this kind of vigilance, I
14 think -- is there any way to know by the
15 next 30 days how many nurses will be back
16 in the schools? We've had some better
17 budget picture, but do we know if we're
18 deploying every school with a nurse?

19 MS. LYNCH: We have 182 nurses.
20 They are deployed to slightly over 300
21 locations, because, again, it's not just
22 the public schools, the School District
23 schools that they're in, they're also in
24 private schools where our IU is
25 responsible for providing those services.

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2 I am not aware of an increase in that
3 number. I am aware that all that we have
4 are deployed and are vigilant about this
5 topic.

6 COUNCILMAN JONES: So, again, a
7 heads-up. With these kinds of increased
8 threats, we want to make sure that that
9 is a priority, because it is a health
10 concern not just for the kids there but
11 for their parents and the community at
12 large. So we'll be asking that question
13 again. Like I said, I don't need an
14 answer right now, but it is a heads-up
15 that we will be looking at this.

16 We're entering in flu season.
17 I guess I'm saying that right. I don't
18 know the exact date when it starts, but
19 I'm assuming that it's about to happen.
20 If we're also encouraging young people to
21 wash their hands, they have to have soap
22 in the rooms. And so we will be kind of
23 doing an inventory. Not checking every
24 bathroom, but we're going to periodically
25 make note of that, because you can't wash

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2 your hands if there is no soap. And I
3 know we've been in desperate budget
4 times, but if you notice, we're starting
5 to think a little more health conscious
6 too. We're going to get permanent
7 dispensers. And I don't know how much
8 these things actually work, but I know
9 washing your hands can't hurt. So we
10 want to try to encourage this kind of
11 mindset at an early age.

12 So we'll be correlating our
13 education effort with our access to these
14 kinds of products and these kinds of
15 bathroom facilities. So I just wanted to
16 give you a heads-up on nurses and
17 bathrooms. We'll be into the details of
18 that.

19 Are there any other questions?

20 (No response.)

21 COUNCILMAN JONES: Seeing none,
22 thank you so much.

23 MS. LYNCH: Thank you.

24 COUNCILMAN JONES: Can you read
25 the next panel of witnesses to testify.

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2 THE CLERK: Commissioner

3 Sawyer.

4 COUNCILMAN JONES: Oh,
5 Commissioner Sawyer. I'm sorry. Sorry,
6 Commissioner. You were sitting back
7 there.

8 Commissioner, is this your
9 first time to testify officially?

10 COMMISSIONER SAWYER: This is
11 my first time.

12 COUNCILMAN JONES: Welcome. We
13 got a lot of firsts today. Welcome.
14 Welcome, Commissioner.

15 COMMISSIONER SAWYER: Thank
16 you. So first I'd like to say thank you
17 for allowing me to testify before your
18 Committee. I'm going to give you a quick
19 overview of how we're preparing for Ebola
20 and I'll talk about the infectious
21 disease surveillance tool that we're
22 using and then the supplies that we have
23 on hand.

24 COUNCILMAN JONES: Thank you.

25 COMMISSIONER SAWYER: So

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2 overview: The Philadelphia Fire
3 Department practices standard precautions
4 on all responses for potentially
5 infectious material or body fluids. All
6 emergency service providers, emergency
7 medical technicians and paramedics,
8 receive an infectious disease overview
9 and awareness during initial training.
10 All firefighters and paramedics receive
11 infectious disease training upon entering
12 the Fire Training Academy. We maintain
13 communication to the field forces via
14 general memorandums, chief staff notes
15 regarding any current infectious disease
16 issue. In addition, an infection control
17 folder -- right now we have an Ebola
18 folder -- is maintained and updated with
19 information and is accessible to all
20 members on our P drive.

21 Emergency Medical Services and
22 exposure control officer is continuously
23 reevaluating current practices and
24 policies as it relates to the protection
25 of the members and patients we serve. We

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2 are following all Centers for Disease
3 Control and Prevention Ebola
4 recommendations. We have an open line of
5 communication with the Health Department,
6 Philadelphia International Airport,
7 Pennsylvania Department of Health,
8 Centers for Disease Control and
9 Prevention, and the Office of Emergency
10 Management.

11 Now I'm going to move into our
12 infectious disease surveillance tool. We
13 have a brand new priority dispatch
14 system, and part of that dispatch system
15 allows us to implement a disease
16 surveillance tool, and as of Monday,
17 October the 13th, the Fire Communications
18 Center initiated an infectious disease
19 surveillance tool contained in our
20 priority dispatch system specifically for
21 Ebola. The surveillance tool was
22 activated on specific chief complaints
23 associated with Ebola, calls or acts if
24 they have traveled to the affected West
25 African countries or have been in contact

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2 with anyone who has traveled there.

3 There are no follow-up questions. If
4 yes, the caller is asked if they have a
5 fever and other related signs and
6 symptoms. Responses are provided to
7 emergency responders' positive travel
8 history.

9 Supplies: Right now we have
10 infection control kits, which contain
11 gloves, gowns, masks, face shields, hand
12 sanitizer, Opti-Cide 3, which is a
13 disinfectant, and all of these are CDC
14 compliant. Additionally, we have been
15 training all of our paramedics, and by
16 Friday evening, this Friday evening, we
17 should have all of our paramedics trained
18 of how to take precautions towards Ebola.

19 At this time, I'll entertain
20 questions.

21 COUNCILMAN JONES: Councilman
22 Neilson.

23 COUNCILMAN NEILSON: Thank you,
24 Commissioner, for coming. Great to see
25 you. We talk about the training that the

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2 firefighters, everyone goes through as
3 part of their training, and you just
4 mentioned the continuing education that
5 you're doing now and will be done by
6 Friday.

7 How often does the continuing
8 education for your members happen? I
9 mean, things change every day, and I know
10 how the Department works and being a son
11 of a fireman, I just want to make sure
12 people know that our first responders are
13 trained very well.

14 COMMISSIONER SAWYER: Okay. As
15 far as the Emergency Medical Services,
16 they're tied as yearly. I believe they
17 have to have 24 hours of continuous
18 education every two or three years.
19 There's a little bit more for paramedics.
20 So continuing education when it comes to
21 Emergency Medical Services is ongoing
22 every year.

23 COUNCILMAN NEILSON: 9-1-1
24 questions that you mentioned. So when
25 someone calls 9-1-1 for a rescue squad or

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2 something like that, is that one of the
3 questions they'll now ask, is, Hey, have
4 you traveled to West Africa lately?

5 COMMISSIONER SAWYER: Well,
6 it's based on what the call is in
7 reference to. So if we have a call with
8 someone with a fever, then that's going
9 to prompt the dispatcher to ask the
10 question, Have you traveled in one of
11 these three African countries within the
12 last two weeks, 21 days, whatever that
13 is. If they say yes, then they'll start
14 asking them about their symptoms. So
15 they'll start recognizing the symptoms,
16 take them down, and then that could
17 prompt a response where the memberships
18 don their protective equipment.

19 COUNCILMAN NEILSON: So it
20 would be kind of like a flowchart, you
21 answer yes, you go here; no, you go here;
22 and kind of like feel the people out on
23 the other end of the phone?

24 COMMISSIONER SAWYER: That's
25 correct.

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2 COUNCILMAN NEILSON: Thank you,
3 Commissioner.

4 Ms. Phillips' earlier
5 testimony, you heard me talk to her about
6 helping you get some of your wants,
7 rereading the paper about the needs of
8 our departments, and I would ask instead
9 of putting it on the record here just
10 that you supply her with a complete list
11 of the needs of our department for our
12 first responders, because we want to make
13 sure that all the public is out of harm's
14 way. And welcome aboard, as we both
15 welcomed each other within a week.

16 Thank you.

17 COUNCILMAN JONES: Thank you,
18 Councilman.

19 Councilman Squilla.

20 COUNCILMAN SQUILLA: Thank you,
21 Mr. Chairman.

22 And welcome.

23 COMMISSIONER SAWYER: Thank
24 you.

25 COUNCILMAN SQUILLA: When we

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2 talked about -- I know we were mentioning
3 earlier with the Health Commissioner
4 about, I guess, standards and materials
5 that we need to protect ourselves,
6 protective gear and so forth. Do we have
7 training on particular ways to put these
8 type of equipment on and to make sure
9 that something, even if when you're there
10 to protect somebody and help them, that
11 we're not also putting in danger any of
12 our first responders?

13 COMMISSIONER SAWYER: Yes. As
14 I stated earlier, we plan to have
15 additional training. We're training all
16 the paramedics. We plan on having that
17 training completed by Friday. There's
18 still going to be more training needed
19 for the EMTs, but the paramedics should
20 be trained.

21 One of the things that we've
22 done or included in our training is added
23 a buddy system. So what I mean by that,
24 we took a standard used in HAZMAT, or
25 hazardous materials, and added a buddy

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2 system so that when someone is donning or
3 taking off their equipment, that they
4 have a buddy to help them to make sure
5 they follow all the procedures and
6 precautions.

7 COUNCILMAN SQUILLA: So right
8 now when we do have a response, nobody
9 responds just with one single person;
10 there's always two?

11 COMMISSIONER SAWYER: That's
12 correct.

13 COUNCILMAN SQUILLA: So that's
14 already in place at this point?

15 COMMISSIONER SAWYER: We've
16 already started that process, yes.

17 COUNCILMAN SQUILLA: All right.
18 And once this is done -- I mean,
19 training -- as we're learning now, things
20 might change depending on what we find
21 out is maybe defective or didn't work the
22 way we want it to, and then we're going
23 to need more resources and I guess
24 hopefully through us or whatever we need
25 to do to make sure that you have what you

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2 need to make sure this training is in
3 place and everybody is protected, because
4 what we want here on City Council is the
5 same thing that you want, make sure all
6 your members are protected and safe,
7 because they're the ones that actually
8 are the first ones usually at a scene --

9 COMMISSIONER SAWYER: Correct.

10 COUNCILMAN SQUILLA: -- and to
11 help protect them. So thank you.

12 COMMISSIONER SAWYER: Yes.

13 This is a continuous improvement process.
14 I said earlier that we're in constant
15 contact with the CDCs and the Department
16 of Health, and as we get new information,
17 if it's required to forcefully adjust,
18 we'll adjust.

19 COUNCILMAN JONES: Thank you,
20 Councilman.

21 Quick question on that. You
22 have a HAZMAT unit?

23 COMMISSIONER SAWYER: Yes, we
24 do.

25 COUNCILMAN JONES: Can you

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2 describe that a little bit.

3 COMMISSIONER SAWYER: We have a
4 HAZMAT task force. It's an engine and
5 ladder, state certified. They respond to
6 any hazardous materials incidents.

7 I think the misconception or
8 you have to be careful of not mixing a
9 HAZMAT incident with a virus or a bio
10 incident. So we're not using the HAZMAT
11 suits to protect us from a virus. What
12 we're using is gowns recommended by the
13 CDC. And we actually purchased new gowns
14 which were better and we actually took an
15 additional step. So, for example, a
16 surgical mask is all that's required. We
17 upgraded that mask to an N95 mask, which
18 is a little bit stronger, and you have
19 the face shield with that mask.

20 They recommend little footies
21 for your shoes. We actually ordered
22 booties, so you have actually added
23 protection with your gown.

24 So we have to be careful not to
25 mix up Level B suits with --

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2 COUNCILMAN JONES: But that's
3 what I want to -- so for a layperson that
4 is not in that industry, there's levels
5 to this by way of total kind of
6 protection versus minimal protection,
7 correct?

8 COMMISSIONER SAWYER: Correct.
9 Yes.

10 COUNCILMAN JONES: So is the
11 standard, the CDC standard, is that the
12 baseline?

13 COMMISSIONER SAWYER: They give
14 you the baseline, but, like I said, we've
15 gone above and beyond.

16 COUNCILMAN JONES: You've gone
17 above and beyond. That's what I wanted
18 to get to.

19 So this HAZMAT unit, how many
20 members of the force are in or are
21 trained and qualified to be in?

22 COMMISSIONER SAWYER: I'm not
23 sure of the total number. I could tell
24 you that we have four platoons. I
25 believe it's probably nine or ten members

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2 per shift. So multiply that by four.
3 But in addition to those members that are
4 trained, we have trained HAZMAT backups.
5 So I can get the full number of people
6 that are trained.

7 COUNCILMAN JONES: I mean, just
8 rough guess.

9 COMMISSIONER SAWYER: But I'm a
10 HAZMAT technician myself. So it's hard
11 to say how many we have total, but I
12 could find that out.

13 COUNCILMAN JONES: So if the
14 President is talking about creating this
15 Rapid Response Team, they would
16 coordinate that with you?

17 COMMISSIONER SAWYER: They
18 would coordinate with us. We would
19 probably put together a task force of
20 people. When we did this for Anthrax, we
21 had someone from Health, Fire Department,
22 Police. So we would partner with all
23 those different agencies and put together
24 a task force if that was required.

25 COUNCILMAN JONES: So I guess

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2 as a layperson, I'm trying to understand
3 that if you don that protective gear,
4 you're prepared for every level of
5 threat, even down to the common cold with
6 that?

7 COMMISSIONER SAWYER:
8 Virus-wise, not hazardous materials.
9 Virus.

10 COUNCILMAN JONES: So if we
11 were talking about a chemical spill, that
12 wouldn't be pertinent?

13 COMMISSIONER SAWYER: No, it
14 would not.

15 COUNCILMAN JONES: But any kind
16 viral kind of contagion, that --

17 COMMISSIONER SAWYER: That will
18 protect us.

19 COUNCILMAN JONES: Okay.
20 That's what I wanted to know.

21 COUNCILMAN NEILSON:
22 Mr. Chairman, if I could follow up on
23 that.

24 COUNCILMAN JONES: Councilman
25 Neilson.

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2 COUNCILMAN NEILSON: So the
3 protective equipment, Commissioner, that
4 you have, is that equipped in every one
5 of your vehicles?

6 COMMISSIONER SAWYER: Every
7 single medic unit. We're getting them
8 out to the engines and ladders also. We
9 have 700 of these, four on each medic
10 unit, and we have another order for 1,000
11 coming in.

12 COUNCILMAN NEILSON: So we have
13 1,700 total.

14 COMMISSIONER SAWYER: We will
15 have. We have 700 currently, 1,000 on
16 order, four of these on each medic unit.

17 COUNCILMAN JONES: So a squad
18 of four people could go into a situation
19 for containment?

20 COMMISSIONER SAWYER: Correct,
21 because we have two people in the medic
22 unit. So each one has one and a backup.

23 COUNCILMAN JONES: Okay.

24 COUNCILMAN NEILSON: And that
25 is above CDC standards?

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2 COMMISSIONER SAWYER: Correct.

3 We looked at their recommendations and,
4 like I said, we've upgraded the gown,
5 we've upgraded the mask, and we upgraded
6 the booties.

7 COUNCILMAN SQUILLA: And you
8 also said that they have been trained on
9 the proper way to put that on?

10 COMMISSIONER SAWYER: The
11 paramedics have been trained, yes.

12 COUNCILMAN SQUILLA: They all
13 have been trained.

14 COMMISSIONER SAWYER: So now we
15 have to move our training towards the
16 emergency medical technicians. So if we
17 have a first responder company respond to
18 one of these incidents, we have to make
19 sure they're trained also. But the
20 paramedics are going to more likely be
21 the first on scene, so we've trained them
22 first.

23 COUNCILMAN SQUILLA: And how
24 many total paramedics were trained; do we
25 know?

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2 COMMISSIONER SAWYER: About
3 one-third of our paramedic forces.

4 COUNCILMAN SQUILLA: 135?

5 COMMISSIONER SAWYER: Yes.

6 COUNCILMAN SQUILLA: Thank you.

7 COUNCILMAN JONES: And you
8 said -- I'm sorry. Thank you,
9 Councilman.

10 You said you had a goal to
11 train them all by what date?

12 COMMISSIONER SAWYER: All the
13 paramedics should be trained by the end
14 of tomorrow. The last shift comes on.
15 So once we have all the paramedics are
16 trained, we have to put a plan together
17 to train the rest of the emergency
18 services, whether they're firefighters,
19 EMTs or whatever, because at any given
20 time, they may have to respond, so we
21 want to make sure we train everyone.

22 COUNCILMAN JONES: Are there
23 any other questions for this witness?

24 (No response.)

25 COUNCILMAN JONES: Seeing none,

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2 welcome, and not bad for an inaugural
3 testimony.

4 COMMISSIONER SAWYER: Thanks
5 for allowing me to testify.

6 COUNCILMAN JONES: Clerk can
7 read the -- do we have any other
8 witnesses from this panel?

9 THE CLERK: No, sir.

10 COUNCILMAN JONES: Can you read
11 the next group to testify.

12 THE CLERK: Dr. Thomas Storey,
13 Mark Ross, Jonathan Hood, Patricia Eakin,
14 Ellie Barbarash.

15 (Witnesses approached witness
16 table.)

17 COUNCILMAN JONES: Thank you so
18 much for your patience. Please be
19 seated, pull the mic to you and state
20 your name for the record and please begin
21 your testimony.

22 MR. HOOD: Good afternoon. My
23 name is Jonathan Hood and I am the
24 Manager of Government Affairs and
25 Community Relations for Pennsylvania at

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2 the Children's Hospital of Philadelphia.
3 I want to thank City Council's joint
4 Committee on Public Health and Human
5 Services and Public Safety for examining
6 our city's emergency preparedness and
7 ability to handle the outbreak of
8 infectious disease.

9 At Tuesday's Pennsylvania Bio's
10 Life Sciences Future symposium, my
11 colleague, Dr. Julia Sammons, Medical
12 Director for the Department of Infection
13 Prevention and Control at CHOP, laid out
14 our strategy to prepare for the Ebola
15 virus.

16 CHOP has been screening
17 patients since early August, and we have
18 procedures in place to protect our
19 patients and staff and to care for the
20 infected individual. These practices
21 have been formulated by our own internal
22 Ebola task force, which meets regularly
23 to ensure we are using the most
24 up-to-date protocols. All patients
25 presenting themselves to CHOP's Emergency

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2 Department are being asked about their
3 travel within the last 21 days.

4 Screening is also being performed through
5 our phone triage, our primary care
6 network, and through our CHOP transport
7 team. If a patient is suspected of
8 having Ebola, our clinical staff has been
9 trained to use our readily available PPE
10 equipment, or personal protective
11 equipment, which both you and
12 Councilwoman Blackwell have spoken about.
13 They will protect themselves and escort
14 the individual to a private room. Next,
15 CHOP's Infection Prevention and Control
16 team would be notified and an
17 institution-wide alert would be issued
18 about a suspected Ebola case. The
19 hospital would then notify the CDC,
20 Center for Disease Control, and
21 Pennsylvania Department of Health. I
22 cannot stress enough education, early
23 recognition, and our following basic
24 infection control practices are paramount
25 in any response to an infectious disease.

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2 I'd also like to note CHOP is
3 currently working with the CDC and the
4 U.S. Department of Health and Human
5 Services' Office of Assistant Secretary
6 for Preparedness and Response to become
7 one of the U.S. hospitals that will
8 support the Department of State by
9 agreeing to accept children that are
10 citizens of the United States infected
11 with the Ebola virus that will require
12 evacuation from West Africa. Dr. Julia
13 Sammons has been working with the
14 Pennsylvania Department of Health
15 Secretary Michael Wolf, the CDC, and
16 Philadelphia's Health Department
17 Commissioner James Buehler, M.D.

18 Lastly, I close today by
19 commending this Committee for
20 investigating this issue and allowing
21 CHOP and other healthcare institutions in
22 attendance to share our strategies.

23 Thank you.

24 COUNCILMAN JONES: Thank you
25 for your testimony.

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2 Thank you again for your
3 patience. Please state your name for the
4 record.

5 MR. ROSS: Thank you.

6 Honorable Chairman Jones, the rest of
7 Council, thank you very much for the
8 opportunity to provide testimony on
9 behalf of this issue. My name is Mark
10 Ross and I'm the Regional Emergency
11 Preparedness Manager for the Hospital and
12 Health System Association of
13 Pennsylvania, commonly referred to as
14 HAP. HAP represents and advocates for
15 over 240 acute care and specialty
16 hospitals throughout the Commonwealth.
17 In this region, we have the Delaware
18 Valley Healthcare Council of HAP, which
19 has 60-plus acute care and specialty
20 hospitals. In my role as the Emergency
21 Preparedness Manager, I support these
22 facilities and health systems, even the
23 ones here in Philadelphia.

24 I know that you have my written
25 testimony, and barring our timeframes,

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2 I'll give you a brief verbal summary of
3 what that written testimony is.

4 Hospitals in the City, region,
5 and state must be and are prepared to
6 detect, protect against, isolate, and
7 provide treatment for many serious
8 infectious diseases, including Ebola.

9 The hospital community is following the
10 guidance of and working with the City's
11 Health Department, state and national
12 public health authorities to do
13 everything possible to prevent the
14 possibility of an Ebola outbreak here or
15 anywhere in the U.S. Hospitals have been
16 adhering, reviewing the guidance from the
17 Centers for Disease Control, Pennsylvania
18 Department of Health, and local public
19 health authorities regarding the
20 recommended best practices and methods
21 for safely screening, isolating, and
22 caring for patients who may have been
23 exposed to Ebola.

24 Hospitals prepare for these
25 types of emergencies every day in order

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2 to provide the necessary care for our
3 patients and communities. Every hospital
4 has plans, protocols, and appropriate
5 supplies and equipment in place to care
6 for safely patients with any array of
7 infectious diseases, including Ebola.

8 The safety of hospital patients, staff,
9 volunteers, and the community at large is
10 the hospital's first focus.

11 Ebola is just one of a host of
12 serious infectious diseases that
13 hospitals must be prepared to identify
14 and safely treat each and every day.
15 This list includes Enterovirus D68, which
16 we saw earlier; Middle East Respiratory
17 Syndrome, commonly referred to as MERS;
18 as well as many other common diseases
19 such as meningitis, malaria, Dengue
20 fever, and influenza. Working closely
21 with the Philadelphia Department of
22 Public Health and Office of Emergency
23 Management, the hospital community in the
24 past has effectively responded to the
25 emergence of new and serious infectious

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2 diseases, including H1N1, also known as
3 swine flu, and Severe Acute Respiratory
4 Syndrome, or SARS.

5 The emergence of the Ebola
6 virus in the U.S., the infection of
7 several healthcare workers in Dallas who
8 cared for an Ebola patient there, and
9 related media attention have served to
10 heighten the awareness of all hospitals
11 and healthcare workers of the importance
12 of following strict infection control
13 practices. Fortunately, the threat for
14 Ebola in the City and region remain
15 small. A very few residents who have had
16 concerns about their symptoms have
17 followed the public health guidance and
18 sought help. In such cases that we are
19 aware of to date, these patients have
20 been quickly and safely isolated at our
21 hospitals and Ebola has thankfully been
22 quickly ruled out.

23 During this hearing alone,
24 Council, we have provided the hospitals
25 with two updates to the Ebola guidance

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2 and messaging during this hearing alone.

3 The CDC is holding a national call during
4 this hearing. They have also indicated
5 that new guidance and procedures are
6 coming.

7 We've provided our hospitals
8 with the latest guidance as quickly and
9 efficiently as possible. Our hospitals
10 continue to train and exercise not only
11 for this virus, but for all threats that
12 they face. We use an all-hazards
13 approach, and now we must zero in on the
14 Ebola virus.

15 I thank Council for allowing me
16 and convening this hearing to discuss
17 this important issue.

18 COUNCILMAN JONES: Thank you so
19 much for your testimony.

20 Would you like to testify at
21 this point. We'll ask questions when we
22 get all the testimony up.

23 MS. EAKIN: Good afternoon,
24 Councilmembers. Councilman Jones, thank
25 you very much for convening this hearing

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2 and thank you for inviting me to
3 participate in this hearing. My name is
4 Patricia Eakin. I'm a registered nurse
5 with nearly 40 years of experience in
6 Philadelphia, the last 15 in a very busy
7 emergency department/trauma center. I am
8 a certified emergency nurse and I'm the
9 President of the Pennsylvania Association
10 of Staff Nurses and Allied Professionals.
11 We represent 5,000 RNs and allied
12 professionals in the Commonwealth. I am
13 a direct caregiver.

14 The current outbreak of Ebola
15 has been building in West Africa for ten
16 months, and many of us in the health
17 field have been watching it since long
18 before it broke the headlines in the U.S.
19 a few weeks ago. The World Health
20 Organization recently called this
21 epidemic, and I quote, "the most severe
22 acute health emergency seen in modern
23 times," end of quote.

24 Despite the seriousness of the
25 threat posed by Ebola, we are still

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2 seeing a failure of foresight and
3 planning on the part of those governments
4 and agencies which have the resources to
5 respond to such a situation. I
6 particularly fault the CDC, and I point
7 to my panel partners commenting that just
8 recently the CDC is issuing yet more
9 guidelines.

10 By not acting quickly and
11 decisively and by not dedicating the
12 resources needed early in those small
13 countries in West Africa, we now face not
14 only a devastating epidemic in Liberia,
15 Sierra Leone, and Guinea but a
16 potentially very serious situation in the
17 United States and around the world.

18 Here in the Philadelphia
19 region, we are not yet ready to take care
20 of all Ebola patients safely. My
21 organization strongly recommends the
22 identification of one center or a very
23 few centers for the treatment of Ebola in
24 Philadelphia, and the training of the
25 remainder of our health institutions to

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2 identify, isolate, and safely transport.
3 Only with this focus can we develop a
4 team of people with the expertise,
5 experience, and confidence to obtain the
6 best results as well as avoid duplication
7 of the costs, which will be great in any
8 case.

9 The requirements for the
10 successful management of Ebola patients
11 takes time to prepare. Facilities need
12 to remodel their facilities into suitable
13 isolation treatment facilities, complete
14 with anterooms where caregivers can
15 change clothes, put on or take off
16 protective gear, with satellite
17 laboratories dedicated to the Ebola
18 patients located in those specialized
19 units. Most importantly, hospitals must
20 identify and provide training of the
21 healthcare workers who will become the
22 team dedicated exclusively to care for
23 and hopefully heal our Ebola patients.
24 The team will have to include not only
25 nurses and doctors but lab techs,

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2 respiratory therapists, housekeepers, the
3 whole range of hospital professions.

4 There is no shortcut on this
5 training. It takes time and it is long
6 overdue. Because this is a regional
7 need, those hospitals with the greatest
8 resources must be ready to make them
9 available according to the regional needs
10 under the leadership of our public health
11 officers. Our delays will make
12 preparations more costly, but that can't
13 really be avoided. While I believe
14 strongly that the Centers for Disease
15 Control failed to provide timely and
16 effective leadership, what matters now is
17 that we take charge of preparations for
18 our region.

19 We urge City, regional, and
20 Commonwealth health authorities to take
21 the lead in coordinating our response to
22 this challenge and obtaining the
23 cooperation of the resources, vast
24 medical resources, to meet it.

25 Identify, isolate, and safely

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2 transport in itself is no small
3 challenge, even for those hospitals which
4 would not become acute Ebola treatment
5 centers. Each hospital will need a
6 protocol to identify patients at risk of
7 Ebola to prevent them from mingling with
8 the general hospitalization and to
9 minimize their presence in the emergency
10 room.

11 These hospitals will still
12 require a well-trained and dedicated
13 staff, albeit a somewhat smaller team,
14 and to have at least one properly
15 equipped isolation room with an anteroom
16 for donning and doffing protective
17 equipment. The correct personal
18 protective equipment properly worn,
19 fitted, and removed is really at the
20 heart of preventing the spread of
21 infection and cannot be short-circuited.

22 I say the CDC recommendations
23 are the minimal standard. The practices
24 described by Emory Hospital where they
25 wore more than what has been listed in

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2 testimony so far today which has
3 successfully treated Ebola patients are
4 what we would consider appropriate.

5 Each facility has to have an
6 appropriate process for waste disposal,
7 sterilization of equipment, disinfection
8 of rooms between patients, collection and
9 transport of delivery specimens. It's a
10 very large and expensive and complicated
11 task, and each time there is a breach in
12 any of that, somebody can get ill and die
13 and spread the disease.

14 To the extent these policies,
15 equipment standards, and protocols can be
16 standardized, the more we will be able to
17 control the risk of further contagion.
18 To the extent that we can develop a
19 regional response, we will conserve
20 valuable resources and use them as
21 efficiently as possible to achieve our
22 goal.

23 On one level, our breathtaking
24 goal is to forestall what could be a
25 devastating epidemic, but on another

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2 level, and one which makes it very clear
3 and familiar to me as a nurse, it is
4 simply to give the best care to our
5 patients. Clear dedication to that goal
6 among everyone involved will enable us to
7 accomplish it.

8 COUNCILMAN JONES: Is that it?

9 MS. EAKIN: That's my written
10 testimony. I can think of more things to
11 say.

12 COUNCILMAN JONES: I couldn't
13 help but think while we're sitting up
14 here if there was ever a time for me to
15 get sick, it's right now because of all
16 of the healthcare professionals that are
17 in the room. But let me ask a couple of
18 questions. I'm going to give you the
19 same question I gave a prior panel.

20 If you had to give a grade by
21 way of what your perception of our
22 hospital system is in anticipation of any
23 of these types of threats, what would you
24 give it by grade? What kind of letter
25 grade would you give it?

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2 MR. ROSS: I'm a little tougher
3 grader than the Commissioner is, but I
4 will tell you that we have a very --

5 COUNCILMAN JONES: You got to
6 talk in the mic.

7 MR. ROSS: We have a very
8 strong healthcare system in this region
9 and in this city and we can do this. I
10 give our facilities an A, an A because I
11 think there's always room for
12 improvement, so I'm not going to go to
13 the A plus. Like I said, I'm a little
14 harder grader.

15 COUNCILMAN JONES: So I'm going
16 to go to you, because you gave a little
17 bit of a different slant. What letter
18 grade would you give it based on your
19 nursing professional experience?

20 MS. EAKIN: You know I got two
21 of my bosses sitting right behind me.
22 Are you going to make me say it?

23 COUNCILMAN JONES: So you can
24 just write it down. Well, maybe I'll
25 withdraw that question.

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2 MS. EAKIN: Look, I don't
3 want -- I'm not speaking, as you know,
4 for where I work, although I value my
5 emergency experience because every day
6 I'm screening for Ebola patients and
7 every day I'm looking at what it is I
8 have to wear, but I am here speaking more
9 generally. I think hospitals are doing a
10 lot more this week and last week to pay
11 attention to this, and the Fire
12 Department is going to have -- their
13 medics are going to have extra equipment
14 by tomorrow, but this epidemic didn't
15 happen last week. And I do -- I think we
16 have a long way to go to achieve the
17 goals that I laid out. And those are not
18 my goals; those are the CDC goals. You
19 have to have an anteroom. If you read
20 the information about what the doctors at
21 Emory and Nebraska did, they knew their
22 patients were coming -- first of all, all
23 they do is -- I mean, it's a high
24 specialized -- those are highly
25 specialized CDC hospitals. They practice

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2 donning and doffing their personal
3 protective equipment many, many, many
4 times. We're all accustomed to getting
5 dressed all by ourselves from the age of
6 2 or 3, but when it comes to putting this
7 equipment on and taking it off, you have
8 to do it so perfectly or you contaminate
9 yourself and your surroundings. It's
10 expensive. It's not easy to do, and I
11 don't think everybody has had the kind of
12 practice they need to do this. Maybe a
13 month from now when there's been more
14 time to do it people will say yes, but I
15 think it's big and it's complex and it
16 should be centralized.

17 COUNCILMAN JONES: There were
18 several intriguing points that you made,
19 that your recommendation is that every
20 hospital should not be the focus of this
21 type of specialized treatment, but that
22 we should have several regional hospitals
23 that are better staffed, better equipped.
24 So help me out to understand that setup.

25 MS. EAKIN: I don't know

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2 exactly what the setup would be, but it
3 seems to have every -- I don't know how
4 many hospitals there are in the whole
5 Philadelphia region. There's quite a
6 few. Some have huge resources, some
7 don't, and for every one of them to have
8 to duplicate this level of service seems
9 to me highly inefficient and thus doomed
10 to fail, and failure in this case means
11 somebody might get contaminated, or maybe
12 not, but an Ebola patient might not get
13 the best care they possibly can. As you
14 know, the second person -- the second
15 healthcare person who became ill from
16 taking care of the Dallas patient was
17 flown to Emory to be taken care of and
18 not taken care of where the first patient
19 was.

20 Every hospital isn't in the
21 best position to do this. It's very,
22 very complicated, and in fact what -- I
23 think the CDC is still kind of confused
24 and sending out mixed signals on exactly
25 what constitutes the best PPE.

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2 COUNCILMAN JONES: So there
3 are --

4 MS. EAKIN: There's a mask.
5 That's a piece of personal protective
6 equipment because that protects my nose
7 and mouth, but that doesn't protect my
8 eyes, that doesn't protect my hands. One
9 of those great big HAZMAT type suits,
10 that's what they all seem to be wearing
11 when you look at what the CDC is doing,
12 and yet am I supposed to be content with
13 or nurses or other healthcare workers,
14 are we to feel safe with a mask and maybe
15 a shield and gloves? There's a lot of
16 ways to get contaminated.

17 MR. ROSS: There's a little
18 more to the CDC guidance than that,
19 Councilman.

20 COUNCILMAN JONES: So do you
21 agree that we should regionalize maybe
22 and specialize with hospitals? Do you
23 agree with that assertion?

24 MR. ROSS: We will work closely
25 with the Pennsylvania Department of

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2 Health and CDC in that issue and doing
3 that. We have many health systems in
4 this region that are able to provide that
5 level of care for significantly ill and
6 contagious patients.

7 COUNCILMAN JONES: Now, I'm a
8 Philadelphian. So that means I've been
9 to just about every emergency ward there
10 is in Philadelphia as a kid.

11 MR. ROSS: I'm right behind
12 you, Councilman.

13 COUNCILMAN JONES: I wouldn't
14 recommend every hospital. So I would err
15 on the side of some of -- all hospitals
16 aren't created equal.

17 MR. ROSS: Before we do that,
18 we also need to come up with some
19 guidance and criteria, just as we do for
20 other specialty care, burn centers,
21 things of that nature.

22 COUNCILMAN JONES: So keep in
23 mind, this hearing isn't, you know,
24 gotcha. We want to get it. And so as
25 you provide information like this, we

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2 digest it and hopefully make improvements
3 because of it, and that's what our hope
4 is today.

5 MR. ROSS: And the hospitals in
6 this city and in this region, we meet
7 regularly to do this, make sure that we
8 are on the cutting edge of training and
9 exercising and education. The City's
10 hospitals meet on a monthly basis to
11 discuss this with our partners in Public
12 Health, OEM, Fire. This is a routine
13 nature for our preparedness. Are we
14 ramping up for this disease? Yes.
15 Because it just came out as Ebola, we
16 need to really focus on it, but we've
17 done this all-hazard approach, including
18 infectious diseases, for years.

19 COUNCILMAN JONES: So I'm going
20 to say this, and I say this because my
21 father passed away from Stage 4 cancer
22 and the last person to give him comfort,
23 the last person to give him a glass of
24 water was a worker that was a hospital
25 worker that wasn't a nurse. They were

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2 just the person that was designed to do
3 maintenance. And so when we start
4 talking about protection, I don't want it
5 for just CEOs. I want it for the person
6 that's changing the sheets in the
7 hospital, because if we don't protect
8 all, it will be transmitted anyway.

9 MR. ROSS: And that has to be
10 there, Councilman. You're correct.

11 COUNCILMAN JONES: So that has
12 to be looked at. So as we evolve -- and
13 I think diseases evolve, they mutate, I
14 guess -- and don't get me into my biology
15 bag, but they mutate, they do different
16 things, they evolve. We need to as a
17 health system evolve to the nature and
18 level of the threat.

19 MR. ROSS: And that's why some
20 of the guidance continues to change. I
21 was somewhat misquoted, but it's a moving
22 target. The guidance continues to change
23 as we see different aspects and things of
24 that nature. And Public Health can
25 address this even better than me, but

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2 that's why the guidance changes, as we
3 see those things happen, and we get that
4 immediately to our providers, and that
5 includes all of our hospital staff.

6 COUNCILMAN JONES:

7 Councilwoman, do you have any questions?

8 COUNCILWOMAN BLACKWELL: No.

9 Thank you.

10 COUNCILMAN JONES: Did you give
11 written copies of your testimony?

12 MS. EAKIN: I did somewhere
13 there.

14 COUNCILMAN JONES: Because
15 that's going to be the new standard.

16 MS. EAKIN: Pardon me?

17 COUNCILMAN JONES: That's going
18 to be our new standard of expectation.
19 And I couldn't help but remember when
20 federal officials came out when this
21 first broke and said how great our system
22 was and that that's only for another
23 continent and that we have nothing to
24 worry about, and then I saw the nurses
25 union come out and say, Well, wait a

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2 minute, from our view, from our vantage
3 point, we need to prepare.

4 So, again, it's important for
5 me to -- best thing that was said to me
6 by our Health Commissioner is that we're
7 beginning to talk more often, and not
8 just those in the private sector but
9 those with the responsibility in the
10 public sector. So that's good news to
11 me. All right?

12 If there are no other
13 questions, thank you so much for your
14 testimony.

15 MR. ROSS: Thank you, Council.

16 COUNCILMAN JONES: Ms. Graham,
17 would you please read the next witnesses
18 to testify. That's you?

19 MS. BARBARASH: That's me.

20 COUNCILMAN JONES: Is this it?

21 If there are any other folk
22 here to testify, please let the Clerk
23 know.

24 Oh, we do have more. Okay.

25 So please state your name and

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2 begin your testimony.

3 MS. BARBARASH: My name is

4 Ellie Barbarash. I am the Project

5 Coordinator for a program at the District

6 1199C Training Fund that teaches

7 front-line healthcare workers about how

8 to protect themselves in occupational

9 hazards and safety and healthcare.

10 District 1199C represents 10,800 local

11 members, and we have the people who

12 change the sheets. We have environmental

13 services workers, dietary, the people who

14 handle waste, the people who clean

15 drains, the people who maintain

16 buildings. We have people who serve

17 food. We are the front-line of

18 healthcare. And I'm going to -- my

19 training program trains about 1,500

20 people a year. We train people at the

21 Training Fund where we might have

22 representatives from up to 100 different

23 facilities, but I also go out and have

24 provided free OSHA-approved training to

25 Jefferson Hospital, to Hahnemann, to St.

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2 Joseph's, to Temple University Hospital,
3 to Inglis House, to Simpson House, and to
4 Cadbury House in New Jersey.

5 I really appreciate the
6 opportunity to address you, and I thank
7 you and I thank the union members who
8 support me and I thank the speakers
9 before, especially my sister from the
10 nurses union.

11 I will read some statements and
12 then what I really hope to do is display
13 or talk about weak links and perhaps talk
14 about some elephants under the rug in the
15 middle of the room.

16 I'd like to speak about how
17 even under existing infection control
18 standards in City healthcare facilities
19 right now, even without Ebola to worry
20 about, our members, the front-line
21 service workers and nurses in hospitals
22 and nursing homes in Philly, are exposed
23 to contagious diseases that work every
24 day without adequate protective
25 equipment, staffing or training.

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2 While our employer partners
3 work very hard under the current economic
4 environment to protect the workers,
5 patients in the public, there's still an
6 acknowledged problem in healthcare due to
7 the uncontrolled, though very -- a lot of
8 effort going into control, spread of
9 healthcare-acquired illnesses, such as
10 C. diff, clostridium difficile; MRSA;
11 VRE; CRE; drug-resistant TB; flu; and
12 other superbugs in healthcare. We know
13 that the spread of healthcare-acquired
14 illnesses are a problem. My neighbor
15 goes in for a rotator cuff replacement
16 and then he comes out with MRSA.

17 This is my neighborhood. I'm a
18 Philly resident. This is my family, this
19 is my neighborhood, this is our city.

20 The very failures of training,
21 equipment, procurement, staffing, and
22 procedures that give rise to the
23 existence of a healthcare-acquired
24 illness problem in hospitals and nursing
25 homes in the country and in Philly can

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2 prove exceedingly deadly in an
3 environment tasked with dealing with
4 Ebola.

5 The Center for Disease Control
6 is every single day revising its
7 protocols and recommendations for dealing
8 with Ebola safety, as several speakers
9 before me mentioned. Prior infection
10 control and isolation procedures are now
11 being seen as inadequate, as they are
12 modeled more on airborne illnesses like
13 SARS and drug-resistant TB, and they're
14 not so much modeled on contagious
15 diarrhea-based illnesses like cholera and
16 hemorrhage and body fluid disease as
17 Ebola.

18 The Center for Disease Control
19 admits its prior protocols were not
20 adequate. Specifically, they're saying
21 that Ebola is spread by direct contact,
22 but now they're saying that anyone
23 getting within 3 feet of somebody sick
24 with Ebola is assumed to have had direct
25 contact, even if they were 3 feet away.

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2 They're adding enhanced recommendations
3 for protective equipment, including
4 respiratory protection that covers the
5 full face and neck, waterproof hoods,
6 waterproof gowns that go down to mid
7 thigh, disposable waterproof shoe covers,
8 and at least double gloving the hands.

9 New recommendations also, as the
10 Commissioner mentioned for the Fire
11 Department, point to extreme supervision
12 and training for folks when they remove
13 their protective gear and decontamination
14 of the hands after removing each and
15 every piece of gear under the watchful
16 eyes of trained supervisors. The changes
17 are actually pretty profound, but what we
18 had before wasn't enough or else we
19 wouldn't have healthcare-acquired
20 illnesses in the City.

21 If we were inadequate before
22 with lesser isolation standards and
23 deadly diseases of lesser potency to stem
24 the flow of healthcare-acquired
25 illnesses, how are we better prepared to

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2 deal with Ebola today at our status quo?

3 What we need is partnership.

4 We need staffing resources, because when
5 you send workers for training, somebody
6 has got to be there taking care of
7 patients. We need equipment. We need
8 changes in law. Somebody mentioned
9 bathrooms and washing hands. I believe
10 that the City building code in all
11 bathrooms mandate either paper towels or
12 a blower. Well, if somebody has diarrhea
13 and touches a doorknob or the handle on
14 the door or the faucet and I don't have a
15 paper towel to use after I wash my hands,
16 I've now recontaminated myself. That's
17 just common sense. That law should be
18 changed to include paper towels and
19 blowers. Very simple.

20 What is needed is an educated
21 hazard analysis so that we don't hide the
22 existing problems here and sweep them
23 under the rug, but we tackle them head
24 on, and that needs to be done
25 collaboratively and not antagonistically.

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2 The intelligence and knowledge of our
3 front-line service workers needs to be
4 drawn upon through the unions and the
5 wisdom of our members on the front lines.
6 Those workers know what's already
7 missing. And I want to add that when I
8 started my project three years ago, I
9 started with a needs assessment and I
10 interviewed more than 115 workers and
11 managers and hospitals throughout the
12 City. So I really heard the stories
13 about what was missing day to day. This
14 is real. People don't -- even today,
15 right now, if people get blood or body
16 fluids on them and it goes through their
17 gown, they don't have showers in the
18 hospitals to decontaminate with. People
19 don't always have gowns. The procedures
20 aren't right. There are shortcuts.
21 Whether you're at Temple or Jefferson or
22 Hahnemann or St. Joe's, when you have an
23 environmental service worker who has to
24 decontaminate a room, they're timed.
25 They have little beepers on them that

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2 time them. And whether I'm going into a
3 room where someone had a broken foot or
4 going into a room where someone had
5 C. diff, I still get 20 minutes to clean
6 that room, and that's not counting the
7 curtains or the remote or any one of a
8 number of items that can collect
9 pathogens.

10 The workers know what is
11 already missing. More resources and
12 accessible training needs to be provided,
13 and the training has to be provided, not
14 just with our experts in management but
15 fully in partnership with labor, with
16 health specialists, and with occupational
17 safety personnel, and we need to do that
18 in order to protect not just our members
19 who I represent but also the City and our
20 family and all of our members.

21 Thank you.

22 COUNCILMAN JONES: Thank you
23 for your testimony. I'm going to give
24 you the same question. From your
25 perspective, from your members'

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2 perspective, give us a grade.

3 MS. BARBARASH: My grade would
4 be from a C to a B plus at most. And
5 that is from me being intimately working
6 with workers for three solid years. I've
7 now trained 3,300 workers in three years
8 and I've interviewed probably about four,
9 five hundred of them.

10 COUNCILMAN JONES: I understand
11 you got out of your sick bed to give this
12 testimony today.

13 MS. BARBARASH: I'm not
14 contagious, I promise.

15 COUNCILMAN JONES: Well, we
16 have -- I don't know how well this works,
17 but we have it here. So thank you for
18 your testimony.

19 MS. BARBARASH: Thank you very
20 much.

21 COUNCILMAN JONES: Ms. Graham.

22 THE CLERK: Re-calling
23 Commissioner Buehler, Dr. Storey, and
24 Samantha Phillips.

25 COUNCILMAN JONES: We thank

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2 everybody for your patience. This is a
3 very important hearing, and please bear
4 with us.

5 (Witnesses approached witness
6 table.)

7 COUNCILMAN JONES: So one of
8 the things that I've begun to pick up
9 from these hearings is that there are
10 different levels of preparedness, and by
11 way of the protective gear, there is
12 different levels of this. Is there a
13 standard that we can assume both --
14 because if one gets it, whether it's a
15 firefighter or a maintenance worker or a
16 doctor, you know, the virus doesn't know,
17 Okay, wait a minute, I'm going to stop
18 here for this uniform, but it goes
19 around. Is there a minimum standard that
20 we need to look to and is the CDC the
21 standard? And as I heard from my
22 Commissioner of Fire, that we exceeded
23 that, but what is the baseline we should
24 be shooting for?

25 COMMISSIONER BUEHLER: First, I

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2 can take the first that I --

3 COUNCILMAN JONES: Say your
4 name again, please.

5 COMMISSIONER BUEHLER: I didn't
6 mention earlier. I'm recovering from a
7 cold, so I'm a little hoarse.

8 COUNCILMAN JONES: State your
9 name again.

10 COMMISSIONER BUEHLER: I'm
11 sorry?

12 COUNCILMAN JONES: You have to
13 state your name again.

14 COMMISSIONER BUEHLER: I'm
15 sorry. My name is James Buehler, Health
16 Commissioner.

17 There's a number of questions
18 on the table here. One is the question
19 of the existing CDC guidance, which has
20 been in place for some time now. There
21 was a CDC-hosted webinar earlier this
22 week where speakers from Emory University
23 talked about their procedures at Emory,
24 and I think there's some confusion that
25 that was interpreted as CDC guidance.

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2 Every university is one of four
3 facilities in the country that have an
4 extraordinary capacity that had been
5 specially built and designed and walled
6 off from the rest of these institutions,
7 and it's unlikely that we could replicate
8 around the country the type of capacity
9 that those four institutions have. So
10 the question then is what is the right
11 level of protective gear for the patient
12 that may be at the very earliest stages
13 of illness, has no symptoms other than a
14 fever, perhaps cough. Another is the
15 level of protective gear that would be
16 needed for the patient with the very
17 severe late-stage disease.

18 The CDC, as I mentioned, is
19 revisiting its guidance, and if and when
20 they do issue updated guidance, we will
21 follow that. In our conversations with a
22 number of hospitals, we're aware that
23 some are taking steps to use procedures
24 above and beyond what the current
25 standard is, but as I said, we will

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2 revise and update our guidance.

3 The fact that guidance is
4 updated occasionally is not something
5 that to me means the guidance was wrong
6 to begin with. It means that we've
7 learned more and now we need to make our
8 guidance better. So in any situation,
9 whether it's Anthrax or SARS or now this
10 one, as we gain experience and as we
11 understand when things have worked and
12 when things haven't worked, the guidance
13 can be revised. That's a part of this
14 work. So we will respond if the
15 guidelines change.

16 COUNCILMAN JONES: So I guess
17 for Emergency Management, are you our
18 quarterback for all of these different
19 entities and should we look to you to
20 inform us about -- I guess the Health
21 Commissioner, between the two of you, I'm
22 trying to figure out how do we -- I don't
23 need to know or I don't think we need to
24 know every detail, Okay, they changed a
25 spec on the density of this particular

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2 piece of cloth on this uniform, but when
3 we make major decisions, major
4 game-changing protocols, if you could
5 inform us so that we can be better
6 informed so that we aren't a part of the
7 miscommunication problem.

8 COMMISSIONER BUEHLER: We would
9 be happy to make sure that you're getting
10 our materials as they are updated and put
11 out and notify you when that happens.

12 MS. PHILLIPS: One of the
13 things we've done with other types of
14 events in the City, storms and whatnot,
15 is put together briefings. And we're not
16 at that point yet, but we could certainly
17 get to that point where we do kind of a
18 once-a-week Monday morning huddle and put
19 out a kind of updated white paper.
20 Eventually that could become kind of a
21 daily situation report, and we'll make
22 sure that that's coordinated with you
23 guys.

24 COUNCILMAN JONES: I don't know
25 if I want daily, but --

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2 MS. PHILLIPS: We will do
3 things on our end so that we're in step,
4 and then you can let us know what level
5 and volume of information would be
6 helpful.

7 COUNCILMAN JONES: If you could
8 provide us quarterly or if there's a
9 major shift in the dynamic. Obviously as
10 this is a moving target, things will
11 change, and God willing, it will change
12 for the better, but if it changes for the
13 worse, I think things that we need to
14 know as a public you would inform us on
15 so that we can communicate to our
16 constituents.

17 Councilman Squilla.

18 COUNCILMAN SQUILLA: Thank you,
19 Mr. Chair.

20 Also there's just even simple
21 things like when you hear that maybe the
22 hand sanitizer may work for certain
23 things, but you still have to wash your
24 hands with soap and water diligently in
25 order to make sure you always clear up

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2 any germs or to be able to pass along. I
3 mean, things like that are important just
4 to the general public. I mean, we did
5 hear some of that about this disease.
6 So, I mean, I think that's important.
7 And some people are very fearful. We
8 have some high-energy people that are,
9 you know, the sky is falling and the
10 world is falling apart, but other people
11 just want to be -- just to know the
12 basics and so we end up getting rid of
13 all the misnomers out there and just we
14 basically deal with the facts.

15 So thank you.

16 MS. PHILLIPS: I would just say
17 quickly at this point, any questions from
18 your constituents could be directed to
19 the Health Department and their website,
20 which has a ton of information about a
21 variety of different diseases and
22 infections and health and safety
23 protocols.

24 COUNCILMAN SQUILLA: Thank you.

25 COUNCILMAN JONES: Thank you so

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2 much.

3 Will the Clerk please read
4 the -- thank you for your testimony. We
5 had a couple other questions, but what
6 we'll do is talk to you offline.

7 COMMISSIONER BUEHLER: Great.

8 COUNCILMAN JONES: So that we
9 can get the other panelists to testify.

10 COMMISSIONER BUEHLER: Thank
11 you very much.

12 THE CLERK: Dr. Jasper,
13 Dr. Cushing, Dr. Brennan, and Gale
14 Partridge.

15 (Witnesses approached witness
16 table.)

17 COUNCILMAN JONES: Thank you so
18 much for being patient, but this is an
19 overwhelming concern for a lot of
20 citizens. So once again, thank you.
21 Please pull the mic to you, state your
22 name for the record, and begin your
23 testimony.

24 DR. JASPER: Good afternoon,
25 Chair Tasco and Chair Jones and members

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2 of the Public Health and Human Services
3 and Public Safety Committees. My name is
4 Edward Jasper. I'm an emergency medicine
5 physician at Thomas Jefferson University
6 Hospital and Co-Chair of the hospital's
7 Emergency Management Committee. I am
8 also a member of the Southeast
9 Pennsylvania Federal Disaster Medical
10 Assistance Team, DMAT Team. I'm the
11 Medical Director for the Pennsylvania
12 State Disaster Medical Response Team for
13 Southeast Pennsylvania. I co-chair the
14 South Philadelphia Hospital Zone, which
15 is a collaboration of hospitals in
16 Philadelphia working with the Delaware
17 Valley Healthcare Council, and serve as a
18 member of the Hospital Coalition Board.
19 I chair the Regional Hospital Exercise
20 Committee and have designed the annual
21 regional disaster exercise for over 15
22 years. I co-wrote and conducted the
23 Pennsylvania Statewide Pandemic Exercise
24 in 2007 called Pan Surge and involved
25 nearly every hospital in the

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2 Commonwealth. I'm also a member of the
3 Pennsylvania Department of Health
4 Statewide Advisory Committee for
5 Preparedness, have extensive training in
6 disaster preparedness and response,
7 including hospital and emergency response
8 team training in FEMA's Center for
9 Disaster Preparedness located in
10 Anniston, Alabama. I'm here today to
11 provide testimony regarding emergency
12 preparedness for healthcare emergencies
13 such as the Ebola virus.

14 First, on behalf of our many
15 patients and families, our faculty, and
16 our employees, let me thank each member
17 of City Council and our own District
18 Councilmember, Councilman Squilla, for
19 your many efforts in a wide range of
20 issues to improve the quality of life for
21 the citizens of our great city. We're
22 very proud of our strong linkage to the
23 City through our patients and families,
24 employees, students, and alumni of our
25 medical school and various schools that

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2 make up Thomas Jefferson University, as
3 well as our many post-graduate residency
4 and fellowship training programs who live
5 and work here. We are proud of
6 Jefferson's role as a major employee in
7 the City of Philadelphia, employing over
8 1,300 individuals and serving as a safety
9 net hospital, providing care to the
10 City's most vulnerable citizens.

11 Jefferson has continued its record of
12 excellence in healthcare with recognition
13 from U.S. News and World Report's annual
14 listing of top hospitals and specialists,
15 and we are certainly proud of this
16 distinction.

17 I would also like to thank the
18 members of City Council for holding this
19 hearing to consider our preparedness for
20 an infectious disease emergency. I
21 welcome the opportunity to provide
22 testimony on this important issue.

23 Philadelphia hospitals have
24 been preparing for years for the influx
25 of infectious disease patients, and our

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2 efforts were increased significantly
3 after the Anthrax attacks in 2001. In
4 2009, H1N1 influenza again caused all
5 hospitals to review their preparedness
6 plans. As a result of these efforts and
7 realizing that we always face a global
8 threat from infectious diseases, pandemic
9 has become one of the top priorities of
10 our hazard vulnerability analysis, or
11 HVA. This analysis takes into account
12 both the likelihood of an event as well
13 as its impact. Hospitals and public
14 health have been prioritizing this type
15 of occurrence for many years.

16 At Jefferson as well as in
17 other hospitals in our city and
18 throughout the country, we have developed
19 policies and procedures to address the
20 infectious disease threat. Clinical
21 staff are trained in infection control
22 procedures as part of their hospital
23 employment. Emergency departments in
24 hospitals routinely deal with serious
25 infectious diseases that could be

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2 transmitted to staff if precautions are
3 not taken. Personal protective equipment
4 such as gowns and respirator masks have
5 been stockpiled, including higher level
6 PPE such as powered air-purifying
7 respirators, or PAPRs. At Jefferson we
8 have the ability to place individuals in
9 negative pressure rooms and can isolate
10 air handlers in some sections of the
11 hospital to prevent cross contamination
12 of other patient areas.

13 The occurrence of Ebola has
14 been an opportunity to review our
15 disaster plans and policies and increase
16 training on the donning and doffing of
17 PPE, but there have been ongoing
18 preparedness efforts for the influx of
19 infectious disease patients for years.
20 Ebola did not require us to develop
21 entirely new response plans, but only to
22 adapt existing planning efforts to a
23 specific disease.

24 Our city has a long history of
25 collaboration between government agencies

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2 and hospitals. I remember clearly the
3 tremendous amount of support we received
4 from the Philadelphia Department of
5 Public Health at the time of the Anthrax
6 attacks of 2001. I was able to call them
7 any time with questions regarding
8 possible exposures and received prompt
9 guidance. Other agencies such as Police,
10 EMS, and OEM have worked with us on
11 exercises and training over the years and
12 have been true partners in our
13 preparedness efforts.

14 Last week I had the opportunity
15 to evaluate a possible Ebola case in the
16 ED at Jefferson. I received calls from
17 EMS, PDPH, and DVHC providing me with
18 information about the patient and asking
19 if there was anything we needed for
20 support. It is this type of
21 collaborative spirit that we have in our
22 city. The case was clearly not Ebola,
23 but provided us with a valuable
24 opportunity to work through existing
25 policies and evaluate staff response. We

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2 had already introduced travel history
3 messaging to triage staff, but did a
4 large amount of retraining in this area
5 to make the likelihood of missing a
6 relevant travel history for Ebola
7 extremely remote. Extensive messaging
8 relating to travel history has also been
9 distributed by PDPH and DVHC, including
10 posters which ask patients to share their
11 travel history for outpatient waiting
12 areas.

13 Many of the planning efforts
14 for Ebola and other infectious diseases
15 are occurring out of the public eye, so
16 it's understandable why questions exist
17 about whether we are prepared. It's
18 difficult to say that we are 100 percent
19 prepared for a disease we have never
20 before faced in our region, and we
21 continue to monitor the latest
22 information on Ebola distributed by PDPH
23 and CDC. However, the ongoing regional
24 preparedness efforts, combined with the
25 quality of our hospitals and tremendous

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2 collaboration we have enjoyed with our
3 government agency partners, provide me
4 with a high level of confidence that we
5 are very well prepared to manage public
6 health threats, including Ebola.

7 As is always the case at
8 Jefferson, patient and staff safety is
9 our highest priority. We remain focused
10 and diligent regarding all safety
11 concerns. We are incorporating all
12 lessons learned thus far to ensure a
13 sense of calm and confidence for all
14 involved should we be faced with an
15 extraordinary challenge.

16 Thank you again for this
17 opportunity to provide testimony.

18 COUNCILMAN JONES: Thank you
19 for your testimony, and I'll comment on
20 some of the things you said when we get
21 through the other panelists. Thank you.

22 Please begin.

23 DR. BRENNAN: Good afternoon,
24 Chairman Jones and Councilwoman
25 Blackwell. I am Dr. Patrick J. Brennan,

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2 Chief Medical Officer and Senior Vice
3 President of the University of
4 Pennsylvania Health System. Thank you
5 for the opportunity to provide testimony
6 on citywide emergency preparedness for
7 the identification and safe treatment of
8 individuals who have contracted an
9 infectious disease.

10 On a personal note, as a
11 physician who is trained as a specialist
12 in infectious diseases and one who
13 previously directed the City Department
14 of Health Tuberculosis Control Program,
15 let me say that I believe this is an
16 immensely important area of focus. I
17 appreciate the opportunity to offer
18 testimony.

19 The University of Pennsylvania
20 Health System and the Raymond and Ruth
21 Perelman School of Medicine at the
22 University of Pennsylvania comprise Penn
23 Medicine. Penn Medicine has a number of
24 patient care and medical facilities
25 throughout the City of Philadelphia.

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2 They include three acute care hospitals -
3 the Hospital of the University of
4 Pennsylvania, Penn Presbyterian Medical
5 Center, and the Pennsylvania Hospital -
6 each with an emergency department. In
7 addition, Penn Medicine operates a level
8 one trauma center in the City of
9 Philadelphia and has a number of
10 state-of-the-art outpatient facilities.
11 I should add that we've been asked by the
12 American Hospital Association on behalf
13 of the Department of State and the White
14 House to serve as a regional center for
15 the acceptance of adult repatriated
16 American healthcare workers from affected
17 areas.

18 Our physicians, nurses, and
19 staff provide exceptional personalized
20 care to patients with a broad range of
21 medical conditions, and they do this in
22 an interprofessional and
23 interdisciplinary manner involving
24 disease specialists, nurses, pharmacists,
25 social workers, and rehabilitation

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2 professionals.

3 In the Division of Infectious
4 Diseases at Penn Medicine, we provide
5 leading-edge diagnosis and treatment for
6 all types of infectious diseases. Our
7 division is a national leader in
8 education, research, and clinical trials
9 for infectious diseases, including
10 HIV/AIDS. We make every effort to ensure
11 our patients receive the best possible
12 care and that our faculty and staff are
13 well educated and trained and have a safe
14 clinical environment to work in.

15 As the Ebola virus disease has
16 spread over the past few months, Penn
17 Medicine has made preparations in the
18 event that any of our facilities should
19 receive a patient infected or exposed to
20 Ebola. The likelihood of an outbreak of
21 similar proportion to that seen in West
22 Africa is extremely remote.
23 Nevertheless, we cannot ignore the
24 possibility given the ease of global
25 travel that we could see a patient with

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2 Ebola virus disease at Penn or any one of
3 the City of Philadelphia's medical
4 centers.

5 In addition to rigorous
6 infection control and isolation
7 precautions, we've taken several
8 additional steps to assure that should
9 this challenge come to Penn Medicine, we
10 will be prepared. We are currently
11 screening patients for travel history
12 outside the U.S., exposure to sick
13 persons and symptoms at all emergency
14 departments in Penn Medicine. This
15 screening has been widely implemented and
16 disseminated throughout the health system
17 and is being included in our electronic
18 health records.

19 We are adhering to the most
20 current CDC recommendations for the use
21 of personal protection equipment and we
22 have secured adequate supplies of
23 personal protective equipment.

24 We have initiated reeducation
25 for front-line clinical staff in the

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2 proper donning and removal of personal
3 protective equipment. Training and
4 education is ongoing, and we have made
5 available video demonstrations to
6 clinical staff for future reviews as
7 needed.

8 We are equipped and prepared to
9 isolate sick patients suspected of having
10 Ebola per the CDC guidelines. To
11 minimize disruption of regular hospital
12 operations, should a patient require
13 admission to the hospital or treatment of
14 Ebola, they will be housed in a single
15 isolation unit.

16 We have developed specific
17 procedures for triage, recognition,
18 temporary isolation, and transport from
19 ambulatory practices should a patient
20 suspected of having Ebola present for
21 treatment.

22 We have set up an internal
23 communication mechanism with two hotlines
24 to address any clinical concerns from
25 clinical staff and another additional

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2 hotline for staff with general questions
3 of a less clinical nature regarding Ebola
4 patients, and it's been made available to
5 all front-line health system staff.

6 Importantly, we continue to
7 evaluate and update our processes and
8 protocols as we learn more from
9 experiences at other medical facilities
10 throughout the country and the world.

11 Penn Medicine has also convened
12 an internal task force, which meets
13 daily, to address all of the processes
14 that will be necessary to care for a
15 patient while maintaining normal clinical
16 operations throughout the system. The
17 task force is vital to ensure that we
18 have a standardized approach across the
19 various health system entities. It is
20 broadly representative of the health
21 system and key university functions such
22 as student health services and public
23 safety, including the Penn Police force.
24 In the event we encounter a patient with
25 Ebola, we are confident we have the

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2 resources and procedures to provide
3 appropriate patient care and to protect
4 the staff with the full support of City,
5 Commonwealth, and federal agencies.

6 In order to remain abreast of
7 the latest information on the situation
8 in West Africa and any emerging clinical
9 advisories, we are in regular contact
10 with the Centers for Disease Control and
11 Prevention, the Pennsylvania Department
12 of Health, and we have participated in
13 the citywide preparedness activities led
14 by the Health Commissioner and
15 Dr. Johnson. These groups are addressing
16 what should be done for ill patients and
17 disease control and contact
18 identification and other important
19 matters such as transportation and waste
20 disposal. We are well prepared to keep
21 abreast of critical changes in
22 recommendations should they occur, and we
23 will adjust any policies and procedures
24 based on the latest information as
25 appropriate.

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2 In conclusion, the situation in
3 West Africa is extremely troubling. Penn
4 Medicine has sent supplies and staff to
5 support global efforts to combat the
6 Ebola virus disease in West Africa. In
7 August, we were asked by the Consulate of
8 Sierra Leone to assist with the
9 procurement of personal protective
10 equipment and, through our distributor,
11 were able to procure seven pallets of
12 personal protective equipment which were
13 delivered.

14 As I said earlier, it is a
15 remote possibility that we would see an
16 outbreak of similar proportions in this
17 country. However, we must remain
18 attentive and be prepared to address the
19 possibility that any of our facilities
20 may receive a patient who may be infected
21 with or have been exposed to the Ebola
22 virus. I'm confident that we have the
23 procedures in place to act if and when we
24 need to.

25 I would like to take special

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2 note of Councilwoman Blackwell's comments
3 at the outset of this hearing, that we
4 should employ the best public health
5 practice backed by the best available
6 science. If we can do that, I think it
7 will stand us in good stead.

8 I'd like to thank you again for
9 the opportunity to offer testimony on
10 this important issue and would be happy
11 to answer your questions.

12 COUNCILMAN JONES: Councilwoman
13 Blackwell.

14 COUNCILWOMAN BLACKWELL: Thank
15 you.

16 Thank you very much. And we
17 note that we received copies of an
18 article about Trish Henwood going to
19 Liberia and her story about her.

20 DR. BRENNAN: She's leaving
21 today.

22 COUNCILWOMAN BLACKWELL: Yes,
23 she's leaving today. So we are grateful
24 to the University for sending her over.
25 Thank you.

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2 DR. BRENNAN: You're welcome.

3 COUNCILMAN JONES: I'll echo my
4 colleague's remarked, and if I heard him
5 with my good ear of your testimony, you
6 sent equipment, PPEs over.

7 DR. BRENNAN: We sent seven
8 pallets of personal protective
9 equipment - gowns, gloves, coverings -
10 that were delivered to a distribution
11 depot and picked by the Consulate and
12 shipped overseas.

13 COUNCILMAN JONES: On behalf of
14 all my colleagues, we thank you and the
15 private sector for stepping up to the
16 plate to respond to this global crisis.
17 Thank you.

18 COUNCILWOMAN BLACKWELL: Thank
19 you.

20 DR. BRENNAN: You're welcome.

21 DR. CUSHING: I'm Dr. Herb
22 Cushing, Chief Medical Officer for Temple
23 University Hospital and I'm also an
24 infectious disease doctor with
25 Dr. Brennan. Temple Hospital, as I think

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2 you know, provides medical care to some
3 of Philadelphia's most vulnerable
4 patients and communities, and the care of
5 our patients and the safety of our
6 workers, including everybody from the
7 very front line, those environmental
8 health and safety guys who are there
9 every day and our nurses and docs, is of
10 the utmost concern to us.

11 We've had the CDC's screening
12 process in place at the Temple emergency
13 room for the last 60 days at least and
14 have also picked up three folks that
15 could have had Ebola and were quickly
16 sort of isolated and treated
17 appropriately. We're doing a lot, very
18 similar to what Jefferson and Penn are
19 doing. I won't reiterate all the things
20 now. You've heard them. With the
21 exception of the hotline, which is a
22 wonderful idea and we're not doing that
23 yet and I think we need to do it.

24 COUNCILMAN JONES: Exchange of
25 information.

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2 DR. CUSHING: That's why we're
3 here.

4 So I'm happy to answer any
5 questions.

6 COUNCILMAN JONES: So with
7 that, a couple of things I heard that
8 were very encouraging, and I'll start
9 with you. That we are coordinating, that
10 we are testing, that we are working
11 together. This happened long before this
12 particular crisis happened, and I'm
13 encouraged by that. The purpose for this
14 is like a fire drill, that you don't have
15 to wait until there's a fire before you
16 take preventive steps to -- the last time
17 you want to plan is in a crisis. The
18 only people that work well under that
19 kind of pressure we'll hear from later,
20 but generally the best time to plan is
21 before a crisis is, and what I'm hearing
22 is that we are in the process of doing
23 that; is that correct?

24 DR. JASPER: Much of this has
25 gone on out of the public eye. For

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2 example, we sent much to Sierra Leone as
3 well, many pallets of materials to that,
4 and hospitals coordinate and try to help
5 everyone best we can. And this isn't
6 something we advertise. We just do it,
7 and we've been doing it for many years in
8 working together. And I can say in the
9 City of Philadelphia -- and I do a lot of
10 emergency management -- our collaboration
11 with government agencies and hospitals
12 through DVHC is extraordinary, and it's
13 been going on that way for more than a
14 decade.

15 COUNCILMAN JONES: So I'm going
16 to do what I've done with other panels.
17 Give us a letter grade on where you view
18 us at.

19 DR. JASPER: So we have a
20 disease we've never seen before, and so
21 I'm reminded of a Prussian Field Marshal
22 from the late 1800's who said no battle
23 plan survives contact with the enemy. So
24 I would say our hospitals, in
25 collaboration with the City, I would give

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2 them the highest grade possible in an
3 entity that we really don't -- have never
4 experienced before. So if the highest
5 grade possible is an A, then that's what
6 we would get, but if you would downgrade
7 it because we've never seen it before and
8 how do we know what it's going to throw
9 us and what curves we may face, so be it,
10 but I can't imagine any city that's doing
11 more and is better prepared and has
12 better quality of healthcare centers and
13 has a better collaboration with
14 government agencies than we do here in
15 Philadelphia.

16 COUNCILMAN JONES: I'll take
17 it. I mean, it doesn't always have to be
18 a bad grade. I'll take good grades.

19 DR. BRENNAN: I think you and
20 the public will grade us when the test is
21 over, and that will be the most
22 meaningful grade. I would say that I
23 think all of our hospitals have the
24 requisite facilities, have a very high
25 level of expertise, have the policies,

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2 procedures, and practices to carry this
3 out, and I think we can do that.

4 In this circumstance, the only
5 acceptable grade is a perfect score.
6 That's the only acceptable grade. If we
7 don't have a perfect score, then
8 something less than perfect has happened
9 and harm could occur. So that's a high
10 bar to meet and it's one that we're
11 certainly striving for through training
12 and education and drilling. But I concur
13 with Dr. Jasper's assessment that the
14 City is extremely well prepared to face
15 this and our hospital is as well.

16 COUNCILMAN JONES: So I would
17 ask you only this last question. Would
18 you concur that there are some hospitals
19 that we should equip as regional or
20 central to this kind of potential threat
21 as opposed to just everybody having
22 containment units?

23 DR. CUSHING: My answer to that
24 is an unequivocal yes. We've already
25 addressed this question nationally by

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2 having the four Centers of Excellence

3 that were designated years ago, and I

4 think that was the correct decision at

5 the time. They have such limited

6 capacity that if this really spreads,

7 they can't handle what everyone needs.

8 So I think we should take that one step

9 further and have regional Centers of

10 Excellence and not expect everyone to do

11 everything in this particular

12 circumstance.

13 COUNCILMAN JONES:

14 Specialization.

15 DR. CUSHING: Yes.

16 DR. BRENNAN: Councilman, as we

17 waited, on my phone I received an online

18 publication of an article from the Annals

19 of Internal Medicine from the University

20 of Nebraska Medical Center that has been

21 handling these patients, and they, as you

22 might expect, advocate for regional

23 centers, but not necessarily centers

24 throughout the level of those few bio

25 containment facilities in Montana,

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2 Nebraska, Emory, and Bethesda. So folks
3 who have done this work on the ground and
4 managed these patients believe that
5 regionalization is the way to go.

6 COUNCILMAN JONES: I have one
7 last question. What is a negative
8 pressure room?

9 DR. JASPER: A negative
10 pressure room doesn't allow any of the
11 air from the room to get out into the
12 hallway. So it circulates it through and
13 sometimes it goes through filters and UV
14 lights and exhausted to the outside, but
15 nobody outside when you open the door,
16 for example, can get infected with
17 anything that's inside the room.

18 COUNCILMAN JONES: And are
19 those regional Centers for Excellence,
20 that is a minimum standard that we should
21 have?

22 DR. JASPER: It's interesting
23 because we deal with diseases that are
24 airborne. So Ebola is not airborne. But
25 diseases like tuberculosis is airborne.

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2 It can travel great distances in the air,
3 very small particles. So we're used to
4 dealing with those all the time, which
5 are huge public health threats, and they
6 go in negative pressure rooms and they
7 require specialized PPE. So we've had
8 protocols in place for these types of
9 diseases for as long as there have been
10 hospitals. And so looking at it like
11 this is a new threat that's making us
12 suddenly develop all new technology, it's
13 just not the case.

14 COUNCILMAN JONES: Well, I
15 mean, I'm relieved and I hope that we at
16 the end of the day still have that same
17 grade if indeed we are faced with that.
18 So I thank you for your testimony. I
19 appreciate what you do.

20 (Thank you.)

21 COUNCILMAN JONES: Ms. Graham,
22 the next group to testify.

23 THE CLERK: Renee Cardwell
24 Hughes and Gale Partridge.

25 COUNCILMAN JONES: You said we

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2 have five others. Can we just call them
3 up and tee them up.

4 THE CLERK: Reverend Moses
5 Dennis, Reverend Solomon Muin, Mohamed
6 Cisse, Reverend Joseph Korma, Morey
7 Dorry, Carl Moore, Joseph Schulle,
8 Anthony Reynolds.

9 COUNCILMAN JONES: Thank you so
10 much. And as you come up, thank you for
11 your patience once again. I think all of
12 the testimony has been helpful thus far,
13 and I don't doubt that we're going to be
14 further educated as we go forward.

15 (Witnesses approached witness
16 table.)

17 COUNCILMAN JONES: Ms. Cardwell
18 Hughes, thank you for coming over. This
19 is not your first time testifying, but
20 please give your name and begin your
21 testimony.

22 JUDGE HUGHES: I'm Judge Renee
23 Cardwell Hughes and I'm the CEO of the
24 American Red Cross of Southeastern
25 Pennsylvania, and let me begin by

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2 thanking you, Councilman Jones and
3 Councilwoman Blackwell, for inviting the
4 American Red Cross to talk about our role
5 in helping America to manage the Ebola
6 pandemic.

7 American Red Cross has been
8 involved in several ways managing Ebola
9 abroad and taking precautions to manage
10 what has occurred here in the United
11 States. On the international front, we
12 have been offering financial and
13 technical support. The International
14 Federation of Red Cross and Red Crescent
15 Societies have opened a 60-bed treatment
16 facility in Sierra Leone. We opened it
17 in September. The global Red Cross
18 network has deployed more than 150 people
19 to the region since the outbreak began.
20 We've sent two -- from America, we've
21 sent two IT telecommunications
22 specialists and a satellite system to
23 Sierra Leone. The purpose of this
24 communication is to ensure mapping so
25 that we can help them plot where the

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2 outbreaks are and to deal with
3 communication issues that can be
4 challenging in certain parts of the
5 country.

6 We have national societies in
7 Sierra Leone, Liberia, and Guinea, and we
8 are leading the disease prevention and
9 educational efforts. We also provide
10 emotional support and we assist in the
11 management of the deceased remains.
12 Regrettably, the deceased remains are
13 contaminated, and so they have to be
14 handled extremely carefully, and the
15 traditional things that one would do for
16 a loved one when a loved one passed,
17 they're not appropriate with this type of
18 disease.

19 So we provide emotional
20 support. We bring food to communities on
21 lockdown. We provide spiritual support.
22 We also put 4,000 volunteers on the
23 ground to provide awareness information.
24 We've been going door to door, making
25 house visits, passing out posters,

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2 leaflets. We've been using social media.
3 We're really big on social media. So we
4 have text campaigns going on. We've been
5 doing weekly live radio talk shows and
6 really taking every avenue available to
7 us to get out information about
8 prevention.

9 Educating individuals is
10 critical because -- and I think that's
11 what's so important and powerful about
12 this hearing, because people don't
13 understand things and they become afraid
14 when they don't understand. So we want
15 to make sure that people know that the
16 American blood supply is safe and that
17 people should not hesitate to give or
18 receive blood. There has never been a
19 known case of the Ebola virus transmitted
20 through a blood transfusion. We have an
21 extremely sophisticated screening
22 process. Temperature checks, blood
23 pressure, hemoglobin levels, as well as
24 one-on-one questions are a normal part of
25 our process. When a person has a fever

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2 of 99.5, which is lower than the
3 threshold for Ebola, they are not
4 permitted to give blood.

5 We have also been very active,
6 in that we are the organization that
7 collected plasma from the Ebola survivor,
8 and that plasma has been used to help
9 others recover here at home, the
10 therapeutic plasma. We were the ones to
11 collect it. We've also been working with
12 the family in Dallas, Thomas Eric
13 Duncan's family. They continue to be in
14 isolation. So we've been providing
15 clothing, hygiene supplies, water, food,
16 snacks, comfort items, because there are
17 children involved and so you always have
18 to think about comfort items.

19 At this moment in time, we have
20 a national call out for healthcare
21 workers. America is getting ready to
22 partner with Canada to send healthcare
23 professionals to Liberia, Sierra Leone,
24 and Guinea to work in an Ebola treatment
25 center. It is a tough assignment. We

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2 have many Americans who are up for it.

3 They will spend four weeks in country.

4 We will give them an extraordinary deep

5 dive on Ebola and related safety

6 procedures. So right now we're looking

7 for licensed nurses, medical doctors, and

8 psychosocial support professionals to

9 help us tackle what is going on, because

10 the best way to keep America safe is to

11 help West Africa be safe.

12 And with that, I'd also like to

13 share with the community that if you have

14 more questions or you'd like to help the

15 Red Cross, you can go to our website,

16 redcross.org/ebolaoutbreak, and receive

17 more information and also be directed to

18 ways in which you can help. And if you

19 have any questions, I'm happy to answer

20 them.

21 COUNCILMAN JONES: Yes. Your

22 Honor, just stick around with us. We're

23 going to hear from our other panelists,

24 but I really want you to know that

25 whether it's in my district or around the

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2 globe, what you guys do is God's work and
3 you're helping save lives literally,
4 figuratively. And as important as the
5 actual boots-on-the-ground work, that
6 people in their darkest hour or their
7 worst time know that they're not alone
8 and that hands reach across the ocean to
9 help, and that's the best we have to
10 offer. And I appreciate what you, your
11 personal commitment and the commitment of
12 your organization in what you're doing
13 for this crisis.

14 JUDGE HUGHES: Thank you.

15 COUNCILMAN JONES: So why don't
16 you stick around, Judge, and we'll go
17 from there.

18 Why don't we -- can I go with
19 you next from the union. Why don't you
20 step up for a second.

21 JUDGE HUGHES: You want me to
22 sit back so he can sit by the mic?

23 COUNCILMAN JONES: Yeah. Would
24 you?

25 JUDGE HUGHES: That's not a

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2 problem.

3 COUNCILMAN JONES: We're going
4 to let our firefighters up, and then this
5 way, I can spend a lot of time on what's
6 going on abroad.

7 Thank you for your patience,
8 sir.

9 MR. SCHULLE: Good afternoon.
10 My name is Joe Schulle. I'm the
11 President of Philadelphia Firefighters
12 and Paramedics Union. Before I begin,
13 the gown I just handed you does meet CDC
14 minimum guidelines, and they are the
15 gowns that the Fire Department is giving
16 out for use. The point is that the CDC
17 has been way behind the curve on this,
18 and I'll get to it in my testimony. And
19 would anybody feel comfortable wearing
20 that gown walking into any kind of
21 infectious environment? I think the
22 answer to that quite simply is no.

23 The Fire Department currently
24 has better equipment. As the Fire
25 Commissioner said, the Fire Department

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2 does have better equipment. They have
3 Class B Tyveks biohazard chemical suits.
4 When the Fire Department bought these
5 suits, it was because of the Anthrax
6 scare back in 2001, the Tyvek suits.
7 Although Ebola and Anthrax are different,
8 let's face the reality. Anthrax is a
9 bacteria and Ebola is a virus. However,
10 one of the modes of entry is -- for
11 Anthrax it's through cuts in the skin and
12 for Ebola it's through skin contact. Yet
13 for Anthrax, the CDC recommends the
14 Tyveks or the biohazard chemical suit,
15 and for Ebola they just recommend that
16 gown. It's really -- and I'm not
17 attacking the department on this because
18 they're simply following the CDC
19 guidelines. However, we've seen again
20 the CDC has been well behind the curve on
21 this.

22 Thank you.

23 I'd like to begin by thanking
24 the members of both committees for
25 recognizing the potential implications of

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2 an Ebola outbreak in the United States
3 and, more specifically, Philadelphia. I
4 would also like to thank Councilman Jones
5 for inviting me to speak today on this
6 very important issue.

7 Speaking from the first
8 responder point of view, the first
9 question that must be asked is, are we
10 currently prepared to handle an outbreak
11 or even an isolated case of Ebola in
12 Philadelphia? The simple answer to that
13 question is no. This is the reality
14 across the country. In recent days, the
15 Fire Department has begun to take
16 measures recommended by the CDC to help
17 identify potential Ebola cases and to
18 reduce the risk of exposure to first
19 responders and reduce the risk of
20 spreading the virus.

21 The problem is clear. The CDC
22 has been behind the curve on this issue
23 from the start, and in the absence of
24 clear and aggressive protection and
25 control policy from the CDC, the Fire

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2 Department should take a more proactive
3 posture to ensure both firefighters and
4 paramedics tasked to respond to these
5 emergencies and the citizens of
6 Philadelphia are protected by using the
7 best available protective equipment.

8 Please consider that in the
9 World Health Organization's guidelines,
10 the death of a healthcare worker is
11 usually the first sign that a VHF, viral
12 hemorrhagic fever outbreak, has begun,
13 and early recognition and implementation
14 of measures to protect healthcare workers
15 is one of the main objectives of early
16 outbreak management.

17 To briefly substantiate my
18 assertion that the CDC is not on top of
19 this potential outbreak, please consider
20 the following:

21 The CDC has acknowledged that
22 the government was not aggressive enough
23 in managing Ebola and containing the
24 virus as it spread from an infected
25 patient to a nurse at a Dallas hospital.

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2 Now we know it's two nurses.

3 The CDC's investigation
4 suggests that healthcare workers were at
5 the highest risk from September 28 to
6 September 30, the three days before
7 Duncan was diagnosed. Both nurses who
8 contracted Ebola worked on those days and
9 had extensive contact with him when he
10 had vomiting and diarrhea, Frieden said.
11 Medical records indicate that the workers
12 wore protective equipment, including
13 gowns, gloves, and face shields during
14 that time. The first mention in the
15 records that they wore HAZMAT suits was
16 on September 30th.

17 So just to put that in context,
18 so the CDC is not recommending that we
19 wear Tyveks biohazard suits, but they're
20 acknowledging that most likely when the
21 nurses were infected was before they were
22 wearing these suits.

23 In addition, they said the
24 nurses tending him had flimsy protective
25 gear and no proper training from hospital

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2 administrators in handling such a
3 patient. This is more likely than not
4 the same protective gear the Department
5 expects will protect our first responders
6 from exposure and in fact recommended by
7 the CDC.

8 Dr. Anthony Fauci, Director of
9 the National Institute for Allergy and
10 Infectious Disease, was asked on ABC's
11 Good Morning America if federal health
12 authorities should consider requiring
13 that Ebola patients be sent only to
14 highly specialized containment hospitals.
15 His response is, That's something that
16 should be seriously considered.

17 Again, the CDC's initial
18 reaction was, no, every hospital can
19 treat it, and now they're starting to
20 come back off of that. And as one of the
21 doctors spoke earlier, said now they're
22 talking more about regional hospitals.
23 However, they're, again, changing the
24 goal line at each step of the way here
25 instead of getting ahead of this.

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2 On a final note, just regarding
3 the protective equipment, the New York
4 Times recorded that a team of senior
5 infectious control experts from the
6 Public Health Agency is poring over
7 equipment and how protective gear is
8 donned and removed and other procedures
9 at Texas Hospital or at Texas Health
10 Presbyterian Hospital, Dallas,
11 Dr. Frieden said, to try to determine how
12 the nurse became the first person known
13 to have become infected with the virus in
14 the U.S.

15 So now they're looking into it
16 and seeing is this protective gear
17 adequate. I just got another story from
18 yesterday evening where the CDC is now
19 considering again upgrading the required
20 protective equipment, but they have fire
21 departments, not just Philadelphia, fire
22 departments all over the country ordering
23 gear that more likely than not is not
24 adequate. So let's take a proactive step
25 for Philadelphia and let's order the

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2 Tyvek suits. Let's go with the
3 biochemical suits, and if it costs a few
4 more dollars and our firefighters and
5 paramedics go home feeling safe and their
6 families and friends go home feeling
7 safe, it's a very, very worthwhile
8 investment.

9 The Department implemented
10 enhanced call screening based on trigger
11 responses to questions. The potential
12 Ebola risk will then be conveyed to the
13 paramedics tasked to respond to treat the
14 patient.

15 I have to be very clear here.
16 It is very likely that the 9-1-1 system,
17 our paramedics and firefighters will be
18 the first contact with an Ebola patient
19 here in Philadelphia.

20 For the short term, asking a
21 patient if they had traveled to Africa in
22 the past three weeks is an excellent
23 indicator to identify the possible risk.
24 However, if this virus begins to take
25 hold here in Philadelphia and the disease

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2 becomes more widespread, that indicator
3 will become less and less effective and
4 anyone presenting symptoms of a severe
5 cold or flu will have to be treated as a
6 potential Ebola case. This will most
7 certainly put a strain on an already
8 stressed EMS system.

9 The numbers have changed, but
10 as of last week, the Department had
11 ordered 400 additional protective
12 suits -- now I understand the number is
13 higher at 1,000 -- to protect the first
14 responders from becoming exposed to the
15 virus, but they're the bare minimum
16 protective suits, and even with the
17 booties and the mask, it's still the
18 minimum recommendation from the CDC,
19 which I think is clear and that you seen
20 in just a gown alone are unacceptable,
21 absolutely unacceptable.

22 If you consider the recent
23 footage that was shown today, every
24 person dealing -- every emergency worker
25 dealing with an Ebola patient was fully

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2 encapsulated. Every person in the
3 footage that was shown here, everybody
4 was fully encapsulated. Yet we're not
5 going to be. We're going to be
6 responding to these potential calls and
7 we're not going to be fully encapsulated.
8 Again, why not use the best protective
9 equipment that's available?

10 In a nutshell, the Department
11 has elected to follow the CDC-recommended
12 guidelines. We understand the
13 Department's position, but why not err on
14 the side of caution? Now two healthcare
15 workers that worked on an Ebola patient
16 in Texas have contracted the disease.
17 The CDC stopped all healthcare workers
18 that rendered care to the patient in
19 Dallas from using any form of public
20 transportation, but this troubling turn
21 of events did not cause the CDC to
22 upgrade the recommended level of
23 precautions for our first responders.
24 Again, as we move forward, neither CDC
25 nor the Fire Department are doing enough

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2 to ensure our first responders will not
3 contract and spread this disease.

4 Two nurses contracted Ebola
5 while treating a patient in a hospital
6 setting. The virus is spread through
7 bodily fluids, mainly saliva, sweat,
8 vomit, blood, and fecal matter. The
9 symptoms include diarrhea, vomiting,
10 sometimes projectile, and fever, which
11 causes sweating. Simply put, the first
12 responders will most certainly be exposed
13 to a substantial amount of bodily fluids
14 should they encounter a patient with the
15 Ebola virus.

16 Additionally, our first
17 responders do not work in a controlled
18 environment. We enter houses and
19 apartments where the patient may have
20 been sick for several days. Quite
21 possibly many of the surfaces of the
22 residence will be contaminated with the
23 virus.

24 Knowing this information, the
25 Department does not intend on having the

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2 medic units thoroughly decontaminated
3 should the unit transport an Ebola
4 patient. Please consider that, according
5 to the Associated Press, Dallas city
6 spokeswoman Sana Syed said a hazardous
7 material crew finished cleaning common
8 areas of the complex and that the state
9 was sending a crew to clean the actual
10 apartment. But both the CDC and the Fire
11 Department believe that simply spraying
12 disinfectant and wiping down a patient
13 compartment is adequate. Please consider
14 that the next call after transporting an
15 Ebola patient the paramedic and the
16 patient will be in the same confined area
17 as that that held the Ebola patient
18 earlier, this time with no protective
19 gear. Would anyone in this Council
20 Chambers here feel confident if they knew
21 a loved one was going to be transported
22 to the hospital in the same patient
23 compartment that was simply wiped down
24 with disinfectant spray and a towel?

25 I would also like to briefly

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2 address the driver's compartment of the
3 medic unit. On an assignment, paramedics
4 render care. They both have physical
5 contact with the patient, and the risk of
6 contamination exists for both members.
7 Once the patient is ready for transport,
8 one of the paramedics or firefighters
9 moves to the driver's seat, potentially
10 contaminating every piece of equipment in
11 the driver's compartment. Again, simply
12 spraying and wiping the driver's
13 compartment is not going to protect our
14 paramedics and firefighters and the
15 public from the risk of spreading this
16 virus.

17 I'm not here today to bash the
18 Fire Department or cause panic in the
19 City of Philadelphia. I am here because
20 I am concerned for the safety of the men
21 and the women of the Philadelphia Fire
22 Department who will be responding to
23 these calls, and I'm here because I'm
24 concerned for the well-being of my family
25 and for the citizens of this city. The

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2 members of the Fire Department are
3 concerned about responding to these
4 cases. They are concerned for themselves
5 and they are concerned for their
6 families. I field calls every day. When
7 this new gear was issued, our phones were
8 blowing up at the union hall with guys
9 very frustrated and upset that this is
10 the only level of gear that we're going
11 to be able to wear, knowing full well
12 that there's Tyvek suits sitting in the
13 station available for use.

14 The recommended precautions
15 adopted by this department on the
16 recommendation of the CDC will not give
17 the responding personnel the peace of
18 mind and the confidence they need and
19 deserve.

20 I don't want to come before
21 Council today with just a complete list
22 without solutions. Every apparatus in
23 this department carries Class B
24 bio/HAZMAT suits. We were actually
25 erroneously under the impression that the

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2 Department was planning to use these
3 suits in the event of a possible Ebola
4 outbreak. These are the suits you see
5 many of the healthcare workers currently
6 wearing when working with highly
7 contagious patients. When these bio
8 suits are properly donned, they are
9 excellent at preventing the wearer from
10 being exposed, but it takes practice and
11 training to properly don these suits.
12 Additionally, it is somewhat time
13 consuming and takes at least two people
14 to properly seal the suit. Our members
15 absolutely need refresher training.
16 These suits will provide the level of
17 protection required to allow our members
18 to safely care for an infected patient,
19 and the paramedic or firefighters would
20 be able to go home feeling confident that
21 he was not exposed to the virus.

22 Should the Department elect to
23 utilize this level of protection, the
24 HAZMAT unit or one of the two squad
25 companies could be utilized to assist in

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2 the decontamination of the members and
3 the medic unit. There are other
4 alternatives to ensure proper
5 decontamination occurs. During the
6 Anthrax scare, the Department put rapid
7 assessment teams in place. We feel this
8 may be a viable option to help contain
9 the Ebola virus. I proposed this
10 alternative to the Fire Department
11 yesterday, and Commissioner Sawyer is
12 currently considering the option.

13 I want to stress that we do not
14 believe it's time to panic, and the Fire
15 Department has begun to take action to
16 handle the possibility of an Ebola
17 outbreak in Philadelphia. As the
18 President of the union, it is incumbent
19 upon me to ensure that every possible
20 measure is taken to ensure that our
21 members are not infected with this virus
22 and, just as important, our members do
23 not bring this virus home to their family
24 and friends, effectively spreading this
25 virus to the general public. The

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2 recommendations of the CDC adopted by the
3 Fire Department will do little to protect
4 the first responders or contain the
5 spread of the virus. We urge the City to
6 consider using more stringent
7 precautionary measures.

8 In closing, let's take the lead
9 nationally on this issue. Let's have the
10 other cities looking to Philadelphia on
11 how to prepare for this type of potential
12 issue, which will most certainly occur
13 again in the future. Let's be in the
14 position to say we've done everything
15 possible to contain this virus and
16 protect not only our first responders but
17 all of our healthcare workers and
18 ultimately the citizens of Philadelphia.

19 Thank you.

20 COUNCILMAN JONES: Thank you.

21 Thank you so much for your testimony.

22 Are there any questions for
23 this witness?

24 COUNCILMAN NEILSON: Yes,

25 Mr. Chairman. Thank you, sir.

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2 Good afternoon. Joe, we talked
3 about training. You touched on training,
4 some of the training being received and
5 some of the other training needed for the
6 special suits that you have, and you said
7 that takes practice about using these
8 suits. Is that training not being
9 provided?

10 MR. SCHULLE: Well,
11 unfortunately after the 9/11 and the
12 subsequent Anthrax scare when we were
13 issued the equipment, we did train on the
14 equipment back then, and then it became a
15 dead issue. And so in the subsequent
16 years, there's been very little training
17 on them Class B HAZMAT suits.

18 To address the more recent
19 training the Commissioner alluded to
20 regarding the new equipment, the
21 infectious disease equipment recommended
22 by the CDC, it's our understanding that
23 this basically came out along with a
24 document, this is how you put on the
25 gear, read it and learn how to do it. So

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2 it was not hands-on training where you
3 would think it's somebody that was
4 specifically trained to teach the donning
5 and removal of this equipment taught the
6 course. It was just taught within the
7 station, kind of an informal course.

8 COUNCILMAN NEILSON: Do you
9 happen to know the cost differences
10 between these two suits approximately?
11 Like, I mean, if we're going to invest in
12 something, we always want to secure an
13 investment to make certain that they are
14 secure and they can be properly disposed
15 of afterwards. If the case somebody does
16 come across this virus, we understand
17 that they have to be quarantined and the
18 suits have to be properly disposed of.
19 Is that training in place as well for
20 your members?

21 MR. SCHULLE: So --

22 COUNCILMAN NEILSON: I mean,
23 you walk into somebody's house and you
24 possibly have it, and now we go back and
25 we take them to the nearest hospital, is

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2 my understanding, and then what happens
3 then? Does your equipment get impounded?
4 Does all that -- I mean, is there a plan
5 in effect for that, or not at this time?

6 MR. SCHULLE: So to my
7 knowledge, there's no plan in effect.
8 Typically when our paramedics transfer a
9 patient to any emergency room, we would
10 just take our linen and put it in the
11 hamper at a hospital and dispose of our
12 medical waste also in that hospital, the
13 red bags that you dispose of medical
14 waste, which is typically the standard
15 operating procedure, but a panelist
16 earlier had identified that as a problem,
17 and I think in light of the potential
18 here, that that would most certainly be a
19 problem that has to be addressed. I'm
20 not sure if it needs to be addressed by
21 the Fire Department or if it's something
22 that has to be addressed by the hospital
23 specifically, but most certainly we don't
24 want to be taking linens and just putting
25 them in the general hamper with potential

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2 hazardous or contagious disease on them.

3 As far as the cost is

4 concerned, I do know that much of the

5 funding for the original Tyvek suits that

6 are vacuum sealed so they're still good

7 came from grants, disaster preparedness

8 grants. However, I do not know the exact

9 cost compared to these new packages, but

10 I would venture a guess that the cost to

11 the biochem suits is far more substantial

12 than the cost to these suits. But,

13 again, I don't know if there's grant

14 money available. If there is --

15 especially in the event of the necessity

16 to use them because of an Ebola infection

17 or potential Ebola infection.

18 COUNCILMAN NEILSON: The safety

19 of our first responders, cost shouldn't

20 even be an issue, so I apologize for even

21 bringing that up sometimes, but

22 unfortunately it seems to be it

23 sometimes.

24 You mentioned something great.

25 You have a unit that was the task force

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2 team. Can you go into more about that,
3 how you have the unit for the Anthrax and
4 stuff like that and how you and the
5 Commissioner are having conversation on
6 that? Is that something that that unit
7 could handle this as well? Like that one
8 system, I guess what's that, Rescue 1?
9 Is that what we're talking about?

10 MR. SCHULLE: No. Rescue 1 is
11 a specialty unit that does high-angle
12 rescues and stuff like that. What we've
13 put in place after -- and the
14 Commissioner did briefly discuss it, but
15 what was put in place after the volume of
16 Anthrax-related calls was, there was a
17 four-man team put together that had
18 representatives of different departments
19 that could go out and investigate an
20 Anthrax scare.

21 The idea that I would have
22 regarding a possible Ebola case would be
23 similar, except it would be a medic unit
24 and it would contain basically two
25 HAZMAT-trained firefighters and two

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2 paramedics, and that way you could make
3 sure that you only had the necessary
4 equipment in the squad to -- in the medic
5 unit that would be necessary to treat the
6 Ebola type patient. You could seal the
7 front -- the driver's portion from the
8 squad, from the patient compartment. So
9 then there would be no reason to have to
10 decontaminate the driver's portion. And
11 then you would have the expertise on that
12 unit working in order to properly don and
13 decontaminate the paramedics.

14 COUNCILMAN NEILSON: As the
15 President of the union, is there any
16 funding available to your resources that
17 you can go outside of the City and the
18 Department to provide extra training
19 dollars for your members; do you know?

20 MR. SCHULLE: Every year
21 through SAFER and several federal-funded
22 grants, there's money available for
23 training, for hirings. Specifically on
24 this issue, I couldn't tell you with any
25 level of certainty whether there was

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2 money available for it, but it would be
3 my guess that the money would be
4 available.

5 COUNCILMAN NEILSON: I'm sorry.
6 I'm looking at all the equipment coming
7 out. It reminds me of when my son was
8 born, how he was a little sick and I put
9 something on like that just to go in the
10 hospital room, and here you're going into
11 far more worse situations with kind of
12 the same material here.

13 MR. SCHULLE: Absolutely.

14 COUNCILMAN NEILSON: That's
15 just a personal thing.

16 As a Council, are there any
17 suggestions you have for us to help the
18 Department and your members moving
19 forward? I'm glad we had a hearing.
20 This is bringing awareness to it.

21 MR. SCHULLE: I think, as I
22 said, the Department is following the CDC
23 guidelines and it's kind of what you
24 would expect the Department to do.
25 However, if you look at the CDC's body of

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2 work over the last few months regarding
3 Ebola, they've been wrong at nearly every
4 step of the way. So let's take our game
5 up a notch. Let's go to the next level
6 of protective equipment.

7 I was just reading a couple
8 articles that were talking about
9 different hospitals that based on this
10 turn of events in Dallas, now they've
11 upgraded their PPE. They're saying,
12 Okay, we were at level one, which is
13 basically this stuff, and now they're
14 going to level three, which is the bio
15 suit. Voluntarily they're saying that
16 we've seen enough. If we get a case,
17 we're wearing level three suits. And
18 that's what we'd like to see the
19 Philadelphia Fire Department do. And
20 really the Philadelphia hospitals that
21 are going to be involved in this, let's
22 voluntarily say, We get what you're
23 saying, CDC, but we think that our
24 members, that the healthcare providers
25 are going to be safer if we up the level

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2 of protection.

3 COUNCILMAN NEILSON: What we
4 see in the news and what we've been
5 reading is it's like a moving target.
6 The CDC right now is a moving target,
7 because this is something new to all of
8 us, and that's thus the hearing, so we
9 can get educated and make certain that we
10 get this thing. So I'm sure as more
11 stuff comes out here and more resources
12 are available to us, it is a moving
13 target.

14 MR. SCHULLE: And that's kind
15 of the problem with what the CDC is
16 doing, because you can always be up here
17 and gear back down, but if you're here
18 and you have this start to spread and now
19 you're trying to gear up to here, now
20 you're way behind the curve still. Why
21 not start up here with the bio/HAZMAT
22 suits, and then if it's found out over
23 time that you don't need them, then you
24 can scale back down. Because as I said
25 earlier, every healthcare worker that you

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2 saw on all the footage, every picture you
3 see has the healthcare worker fully
4 encapsulated, yet the CDC is recommending
5 a gown. It defies logic.

6 COUNCILMAN NEILSON: I have no
7 further questions, Mr. Chairman. Thank
8 you.

9 COUNCILMAN JONES: Thank you,
10 Councilman.

11 And thank you for your service
12 and thank you for your testimony.

13 MR. SCHULLE: Thank you very
14 much. Thank you for having me too,
15 Councilman.

16 COUNCILMAN JONES: Thank you.
17 And, again, I cannot express how I
18 appreciate your patience, and we want to
19 give you full attention at this point.
20 Please state your name and begin your
21 testimony, sir.

22 MR. CISSE: My name is Mohamed
23 Cisse. I'm the President of Organization
24 of International Visitors of United
25 States. It's basically the result of

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2 your tax paid money. Each year the State
3 Department spends millions of dollars
4 recruiting people like myself around the
5 world to come to United States, exchange
6 and interact with professionals so we can
7 be ambassadors of our countries here and
8 ambassadors of U.S. in our countries.

9 The second point was the need
10 to create a platform to facilitate the
11 connections between entities, between
12 organizations and people of resource with
13 African professionals and likewise.

14 COUNCILWOMAN BLACKWELL: Excuse
15 me one minute, Mr. Cisse.

16 I must say that I resent the
17 victims being held until last. I resent
18 the fact that these are people -- he
19 represents international visitors across
20 the country, and I resent them having to
21 wait until the very end. As you see, all
22 the press is gone, and I think that if
23 we're dealing fairly, only Gurly Gibson,
24 the Honorable Gurly Gibson, who is
25 Liberian, was allowed to speak today. I

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2 don't think that victims of this --
3 victims who deal with this, who have
4 family, friends, who have people they
5 know, who live in these countries, I
6 don't think it was fair for them to be
7 made last. I think it's what happens to
8 minority people all the time, that
9 they're put last when they're the victims
10 of these things. I don't think that we
11 in City Council should do it, and I
12 resent them having to wait until last.

13 Nobody is -- anybody else who
14 comes -- I see Carl Moore there. He just
15 came in. And I resent the fact that this
16 group had to wait. They were even pushed
17 back a panel. No matter who is here,
18 they have had to wait until last. I
19 think that's wrong. I think it's
20 unconscionable. I think it's unfair, and
21 I think somebody should speak about it,
22 and I take the chance to do that.

23 MR. MOORE: Thank you very
24 much.

25 MR. CISSE: Thank you,

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2 Councilwoman. We all agree that you've
3 been doing a lot, a tremendous job to
4 help African community, and we greatly
5 appreciate it.

6 COUNCILWOMAN BLACKWELL: Thank
7 you.

8 COUNCILMAN JONES: As Chair, I
9 want to apologize if you took offense to
10 us holding you last. Mistake in my head,
11 not my heart. I thought I was saving the
12 best for last, but obviously I should
13 have -- I put the Ambassador first and
14 bringing you guys up to bring up the end
15 so that you could hear what we were
16 talking about and give comment on what we
17 were talking about. If I offended you in
18 any way, I'm person enough to apologize
19 for the record.

20 MR. CISSE: I don't feel
21 offended. I just think it's a technical
22 issue. I think the City of Philadelphia
23 deserve to listen to victims, families,
24 and close friends, representative of
25 countries. So thank you very much for

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2 the concern and we really appreciate it.

3 COUNCILMAN JONES: Thank you,
4 and would you continue your testimony,
5 please.

6 MR. CISSE: Thank you again for
7 inviting me here today. At my
8 initiative, the Organization of
9 International Visitors of United States,
10 OIV-USA, along with Thomas Jefferson
11 University and Hospital, organized the
12 first ever Ebola symposium on September
13 22nd. Philadelphia was one of the first
14 cities to recognize the need to help
15 immediately, thanks to our dynamic
16 Councilwoman Jannie Blackwell and the
17 Mayor's Commission for African and
18 Caribbean Immigration Affairs. Thanks
19 also to Stanley Straughter, who
20 tirelessly works with the African
21 community. I really appreciate his
22 service.

23 Bringing in in Philadelphia
24 ambassadors of Guinea, Liberia, and
25 Sierra Leone, experts from medical

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2 communities and universities of Ivory
3 Coast was the right thing to do. Thomas
4 Jefferson University students massively
5 attended the event and start raising
6 funds to help. The symposium was a real
7 success and was also simulcast via the
8 Internet to more than 250 students in
9 Abidjan. We hope that the City of
10 Philadelphia, the City officials here in
11 this room, will support us in enhancing
12 this type of program.

13 We knew and understood that the
14 Ebola situation is due to the inexistence
15 of a well-needed health system. We also
16 knew that this situation was not going
17 away any time soon and that unfortunately
18 it will get worse before it get better.
19 Most of all, OIV believes that
20 collaboration between U.S. and African
21 medical professionals is the right call
22 to make to help solve this situation in
23 the roots. We're glad Philadelphia is
24 responding to it.

25 It's difficult to see millions

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2 of dollars being given today, while we
3 understand and we all learn from the
4 story from the history that the Ebola
5 situation -- the Ebola first outbreak was
6 in 1976 in DRC. To date, there is almost
7 no data available for it. While
8 Philadelphia is 100 percent aware of any
9 health institution in Harrisburg,
10 Philadelphia Health Department knows
11 exactly what's going on in New Jersey.
12 It's a coordination of health information
13 that we are actually trying to put
14 together following this symposium.

15 The symposium began with a
16 remarkable welcoming speech from the
17 President and CEO of Thomas Jefferson
18 University, Dr. Klasko. His call for a
19 moment of silence for the many people
20 lost will be remembered by ambassadors
21 and the African communities forever.

22 Following the President, the
23 ambassador of Sierra Leone, Guinea, and
24 Liberia took the stand to share their
25 emotional and very well-explained

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2 situation on the ground. After the
3 ambassadors, Dr. Solenge Kakou, Ph.D. and
4 microbiologist, representative of the
5 University of Felix Houphouet-Boigny in
6 Abidjan, gave an enlightening lecture.
7 Dr. Kakou is a highly qualified
8 specialist who is the highest person to
9 confirm any Ebola case for the Ivorian
10 Minister of Health. She is the research
11 coordinator at the Pasteur Institute, a
12 referential laboratory with P3 security
13 level, which is technical detail for bio
14 safety. I just have no clue about it.

15 She spoke about the current
16 on-the-ground situation, preventive
17 measures taken by Ivory Coast government,
18 the negative consequences of this
19 devastating virus psychologically,
20 socially, and economically. Dr. Kakou
21 closed her speech with a repeating
22 message for help for equipment and
23 additional training, meaning they already
24 doing something on the ground and there
25 is something missing.

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2 I have an iPhone 6 in my
3 pocket. Some people don't even know what
4 it is about yet. When you have health
5 professionals miles and miles from the
6 urban cities, for someone to be showing
7 signs, they need to take the person to go
8 far away to an urban city and then take
9 the blood and then wait for hours to have
10 a response. This adds tremendous and
11 important times to save the person's
12 life. She explained it, and we were all
13 emotional.

14 Following the brilliant expose
15 of Dr. Kakou, Dr. Schnell, who is
16 Jefferson's vaccine center -- the doctor
17 at Jefferson vaccine center, he explains
18 the current stage of the vaccine he's
19 developing. This morning I had a chance
20 to talk to him before I come to this
21 hearing. He said by June, July the first
22 clinical trial must be ready. So he's
23 working tirelessly on it and mobilizing
24 resources. I really hope the City of
25 Philadelphia can be part of that

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2 situation.

3 OIV is proud of the work we did
4 to bring attention to this major global
5 problem. Many West African leaders now
6 consider the City of Philadelphia as a
7 forerunner of the crisis against Ebola.
8 With the collaboration of our
9 authorities, Pennsylvania and
10 Philadelphia can be proud of being part
11 of the solution to a worldwide health
12 crisis.

13 OIV will continue to provide
14 updated information on the progress that
15 has been done fighting Ebola in West
16 Africa. We are ready to facilitate and
17 welcome all collaboration between any
18 U.S. hospital, medical school or
19 organization in the area that are
20 interested in doing what they can do to
21 help those in need.

22 I'm pleased and honored to
23 inform you, to inform the City of
24 Philadelphia, that Dr. Schnell and
25 Jefferson University has moved from

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2 speech to action. After the symposium,
3 two major actions are being taken right
4 now. The first is that Dr. Schnell
5 initiated a project called QPCR, which is
6 a quantitative realtime testing. The
7 project will consist of bringing back
8 Dr. Kakou Solenge for one month intensive
9 training on the latest health science
10 technology. After the training, two
11 brand new equipment will be installed in
12 Abidjan to train microbiologists from
13 West African countries. The total cost
14 of the project is \$441,000. As of right
15 now, \$379,000 is already available. The
16 missing part is 62,000. We hope the City
17 of Philadelphia can enter the history of
18 our West African countries by bringing,
19 even if it is -- I mean, we hope, I
20 personally hope the City can take over
21 the 62,000. If that's not possible, can
22 at least contribute so we can have that
23 in the City of Philadelphia.

24 The second project is that the
25 government of Republic of Guinea is right

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2 now inviting Dr. Schnell to visit Guinea.

3 He made a clear call that Guinea needs

4 laboratory equipment. Guinea needs to

5 rethink its health system. OIV is

6 proudly preparing this trip and will be

7 certainly going over there by December

8 5th to visit Guinea and see what

9 Philadelphia can do. Of course it's

10 going to be action of Jefferson

11 University, but going from here

12 Philadelphia, I think the name come --

13 the winning part is for the City.

14 Please let me say that no other

15 country nor state in the world has done

16 such thing. They're all talking and

17 giving what they can, but the best gift

18 that you can right now provide to our

19 countries is the learning and equipment

20 opportunity. Only Jefferson University

21 has done it here in Philadelphia and we

22 must be proud and promote it.

23 OIV would like to suggest to

24 Your Honors the organization of the first

25 U.S. Africa Health Forum. Philadelphia

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2 is the place for so many health and
3 pharmaceutical industry. Such program
4 can add to our legacy in addition to
5 being the former United States capital.

6 I again want to thank you,
7 thank all of you for your support of all
8 kinds. I'm confident that the City of
9 Philadelphia, along with OIV and Thomas
10 Jefferson University as well as other
11 health institutions, will be a beacon of
12 hope and resources for those countries
13 and people affected by this disease.

14 I'll now answer your question,
15 if you have any.

16 COUNCILMAN JONES: Thank you.

17 Are any other panel members
18 testifying?

19 Would you like to wait until
20 they all testify or you want to --

21 MR. CISSE: If you don't mind,
22 I actually joined a copy of the project
23 to my speech so you will have it.

24 COUNCILMAN JONES: Yes, please.

25 MR. CISSE: I will be available

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2 to discuss about it.

3 COUNCILMAN JONES: Thank you.

4 MR. DORRY: Good afternoon. My
5 name is Morey Dorry and I'm representing
6 the Guinean community in an Ebola
7 commission. Mr. Chairman, honorable
8 members of this hearing committee, ladies
9 and gentlemen, talking about the Ebola in
10 Guinea, I want to raise just four points.
11 And the most important point that comes
12 on my list is the debate of isolating the
13 three countries - Liberia, Guinea, and
14 Sierra Leone. That would be a tragedy.
15 We need to isolate the Ebola virus, but
16 we cannot isolate 23 million people to
17 death. The three countries will be 23
18 million people left to die, and that is a
19 major tragedy.

20 Until now -- the Ebola started
21 in Guinea in March. Until now, not one
22 Guinean that has traveled or anybody
23 coming from Guinea that has traveled has
24 taken Ebola abroad. So there is solution
25 to control the spread of Ebola. You get

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2 tested four times at the airport in
3 Guinea before you board the airplane,
4 four different times. So as long as
5 there is little doubt, you will not
6 travel. You will go to a different
7 system, and maybe if it is proven that
8 you don't have Ebola after a week or two,
9 you'll be able to board the plane and
10 travel. That's the system there right
11 now.

12 Talking about Liberia and
13 Sierra Leone, we both know that Liberia
14 and Sierra Leone are emerging from a
15 civil war. Everything was destroyed. So
16 the health system is down to the ground.
17 However, if a real control system is
18 implemented at the airport, the Ebola
19 will not go nowhere.

20 Since it started, only one
21 case, which is the late Duncan, that was
22 about to travel and spread the Ebola
23 outside of the borders as a Liberian
24 citizen.

25 Number two, we have a

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2 communication problem in the region. I
3 don't know if you are aware that three
4 weeks ago, eight government officials was
5 killed while they went into a village to
6 inform the citizens about the Ebola, what
7 to do and what not to do. They were not
8 welcomed. There was attack and killed
9 with machetes, because the population is
10 thinking that they are the one that
11 bringing Ebola. So we have a
12 communication problem there.

13 One of the resources, the most
14 important resources should be spent on
15 informing people in the villages using
16 our dialects. If I talk on the radio to
17 the people of my village, they know me,
18 they know my father, they hear me, they
19 will believe me rather than somebody from
20 the government. There are ways to do
21 that. We can use the private radios, the
22 public radios, pay them and they will be
23 conveying the messages in the villages so
24 people can be informed that Ebola is a
25 danger, and once that's done, that alone

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2 will limit the spread of Ebola, because
3 the Ebola is spreading based on the fact
4 that people don't have the information.
5 And based on our culture, when the father
6 is sick, the entire family is around him,
7 everybody from the mother to the ten or
8 15 kids. In the morning everybody have
9 to come and see the father, spend some
10 time with him. In the evening, at night,
11 somebody have to sleep with him. And
12 they won't take him to the hospital for
13 religious reason, because they say if you
14 take him to the hospital, you are not
15 going to be able to bury him. They're
16 going to bury him. And because of that,
17 Ebola will kill the entire family of ten,
18 15. So information is essential.

19 Transportation, we are in the
20 villages. On the television what you're
21 seeing is the big cities, the capital
22 cities, but it's not even 20 percent of
23 the country. The majority of the
24 population are dying in the villages
25 because there's no ambulances, nothing to

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2 bring them to get care or to take the
3 people to the needy patients. So that's
4 my second problem.

5 Four, education. We live in
6 America and we are welcomed here. We are
7 very well taken care of here. So we will
8 never ever try to harm the people of this
9 country. So in that topic, educating the
10 African community living in America is
11 very important to stop the spread of
12 Ebola here. For our people that come,
13 when you go to the airport, when one
14 person is coming, one family member, the
15 whole family, the cousins, the friends,
16 everybody will take a day off of work
17 that day to go to the airport and hug
18 him, shake hands, et cetera, all that
19 will come at home. If there's no
20 precaution, there's no information,
21 there's no education, Ebola will spread
22 like that. And that's what happen with
23 Mr. Duncan in Dallas, Texas. That's how
24 everybody, the friends, the cousins, the
25 fiancée relatives, everybody came home,

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2 eat together, shake, hug, et cetera, and
3 it spread. More than 90 people was
4 contaminated.

5 So I'm not going to keep the
6 mic. I just wanted to stress out these
7 four points, and I thank you very much
8 for giving us an opportunity to address
9 you today. Thank you, Mr. Chairman.

10 COUNCILMAN JONES: Thank you so
11 much for your testimony.

12 REVEREND DENNIS: Two minutes.

13 COUNCILMAN JONES: Take your
14 time.

15 REVEREND DENNIS: Thank you,
16 Councilman Jones and Councilwoman
17 Blackwell and other members of the City
18 Council here present. Briefly, I'm
19 Reverend Moses Dennis and I am currently
20 chairing the Coalition. I like to call
21 it the Ebola Response Coalition of the
22 country's most severely affected. We
23 came together through the hard work of
24 the Mayor's Commission through the
25 efforts of Councilwoman Jannie Blackwell

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2 and other folks here at City Hall who
3 have interests in our community.

4 Our efforts in this Coalition
5 is grassroot because we are directly
6 connected to people who are dying from
7 Ebola in these countries. On a personal
8 note, Kakata, a city I grew up in, is
9 among the towns that form what is called
10 the Ebola Belt in Liberia. So for me and
11 other members of our Coalition, Ebola is
12 a global threat that demands a
13 compassionate response, and by
14 "compassionate response," I mean concrete
15 actions to combat the disease. And this
16 is the message our Coalition brings to
17 City Hall, to help us solicit a
18 compassionate response from the Delaware
19 Valley, and that will help us educate our
20 people here, of course, to be aware of
21 preventive measures should in case
22 somebody come here from Africa what to do
23 to keep them for the 21 days and make
24 sure there are no threats in terms of
25 having any symptoms of the virus in their

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2 body before they can mix with the larger
3 public.

4 So we hope that as we plan to
5 create awareness, our first public action
6 is going to be a walk that we are
7 scheduling for the 25th of October in
8 Southwest Philadelphia, and we are hoping
9 the City through its institutions will
10 help us make this walk possible. And
11 during that walk, we will be able to hand
12 out literatures that have been developed
13 by the Philadelphia Health Department and
14 other entities to educate our people so
15 that the fight against Ebola can change
16 direction. Right now Ebola is on the
17 offense. We think if we accept more
18 pressure, Ebola will be, you know, on the
19 retreat and eventually contained, and we
20 believe with compassionate response on
21 everyone concerned, this can happen. And
22 so we ask for your compassionate response
23 as our Coalition work together to help
24 our brothers and sisters here and, of
25 course, back in West Africa.

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2 Thank you again for the
3 opportunity, and we are pleased and
4 honored by the invitation to be here
5 today. Thank you.

6 I want to allow another member
7 of the Coalition who hasn't spoken if he
8 wants to say a word or two and I will
9 abdicate my seat.

10 COUNCILMAN JONES: Please come
11 to the mic and state your name.

12 MR. SILA: My name is Bobaka
13 Sila. I don't have any new thing to
14 say --

15 COUNCILMAN JONES: Can you say
16 your name for the record.

17 MR. SILA: Bobaka Sila.

18 COUNCILMAN JONES: Thank you.

19 MR. SILA: I think my colleague
20 have said everything. Those three
21 country, same people, same problem,
22 except needs. Whatever you do for one I
23 think we need to replicate for the
24 others. So we have to make sure
25 simultaneously we work in Liberia,

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2 Guinea, and Sierra Leone. That way only
3 we can overcome the current problem.

4 Thank you.

5 COUNCILMAN JONES: Thank you so
6 much for your testimony.

7 Good afternoon, Mr. Moore.

8 MR. MOORE: Yes. Good
9 afternoon.

10 COUNCILWOMAN BLACKWELL: Let me
11 say thank you to all of those who have
12 come and thank you for your patience.

13 Mr. Chairman and other members
14 of the panel, you may know that we worked
15 with some of these individuals when we
16 had the fire in Southwest where a family
17 was victimized. So we've been working
18 together regularly, in addition to them
19 being part of the Commission, the Mayor's
20 Commission on African and Caribbean
21 Immigrant Affairs, and Echoes of Africa.
22 So we thank them for their commitment to
23 their homelands and for their commitment
24 to do what they can to help in this dire
25 situation.

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2 Thank you.

3 COUNCILMAN JONES: Thank you,
4 Councilwoman.

5 MR. MOORE: Mr. Chairman, many
6 of you know me as Carl Moore. My first
7 name is Mamut Hatiola Carl S. Moore. My
8 father's name was Bati Moore. He's from
9 the country of Liberia. My great-great
10 grandfather left this City of
11 Philadelphia to help start the country of
12 Liberia. I'm very proud of my heritage,
13 and I do have family and friends still
14 over there in Liberia. I sent money to
15 my relatives as of last week to help them
16 with the serious problem.

17 The reason why I state the fact
18 I'm Liberia, because there seems to be
19 some kind of prejudice going on from
20 Liberia or African nation, people stay
21 away from it, but I'm here to say I am
22 that. Show some prejudice to me, which
23 all of y'all know me on City Council, I
24 will react to it.

25 But to give you my basic

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2 understanding, I've been a member here in
3 the City of Philadelphia involved in the
4 city of politics, which a lot of you know
5 me, but I also been a member of different
6 health boards here in the City of
7 Philadelphia, Philadelphia Health
8 Management, Regional Comprehensive
9 Health, and I also been a part of this
10 health problem here in the City of
11 Philadelphia starting all the way back
12 from the '70s. I was part of these
13 particular boards and health boards and
14 trying to regulate different things. My
15 first concern was trying to establish a
16 new hospital. My second concern was
17 dealing with HMOs and beginning when
18 there was no HMO. I learned the process
19 of HMO going all the way back to the
20 Chinese, going to Kaiser pre-K medical
21 plans and all.

22 I listened to the testimony and
23 everything here. People I've been
24 associated here in this city was Bob
25 Cathcart, President of Pennsylvania

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2 Hospital; Hal Kramer, graduate of --
3 Graduate Hospital. I was on the Board of
4 Trustees, and I've been involved in this
5 health situation long before, which
6 allowed me -- probably you just know me
7 as being a politician and person dealing
8 with politics, electing people to office.
9 Councilperson Jannie Blackwell came to my
10 father's ceremony when he came to the
11 City of Philadelphia. He had a title.
12 He was Secretary of -- damn. I'm
13 forgetting. But he was official from
14 Liberia. Councilperson Marian Black -- I
15 am getting old, Marian. But going all
16 the way back.

17 I listened to the testimony
18 here about all these different hospitals
19 and all the different things which is
20 going on. I came here basically for the
21 concern of the citizens of Philadelphia
22 and the citizens of Liberia. We have a
23 serious health problem here. The
24 hospital systems here in the City of
25 Philadelphia cannot cope with this

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2 disease. They're not dealing with the
3 problem as it is. We must have a
4 quarantine preparation section, so when
5 people are affected, that they could go
6 there and stay there for 21 days. The
7 only two people in here talked about it
8 was the fireman's union. These are
9 individuals who are first-line defenders.
10 They will go there, greet the person,
11 take them to the hospital and all. And
12 afterwards, as the fireman said, he throw
13 his gown and everything in there. No one
14 never talked about this, except the union
15 itself.

16 If an environmental person or a
17 person comes in with a virus, are in
18 school, there's no nurses there. I
19 warned you about this, guys, years ago, a
20 year and a half ago. It's here now.
21 That's going to happen.

22 If a person walks into an
23 emergency room in the City of
24 Philadelphia, Pennsylvania Hospital,
25 Temple University, Einstein, and they got

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2 the disease, on a Friday you know what
3 it's like. Everyone that's in that place
4 is contaminated. Where are they going?
5 They going to go -- no hospital -- if you
6 have one, two, three of those hospitals
7 have a contaminated person in there, they
8 don't have the quarantine employed. They
9 don't have the equipment for it. They
10 don't have it. They sit there and talk.

11 The nurse came in here and she
12 know, from nurse association. They're
13 the first-line defense. They don't have
14 it. There must be a designated place set
15 up here in the City of Philadelphia to
16 quarantine these individuals. If you
17 don't think so, you will find out.
18 Nigeria has it. If you're affected in
19 any kind of way, they have a quarantine
20 section where they put those people
21 there. They don't have the high case of
22 Ebola over there.

23 City of Philadelphia will be
24 affected. Like here in City Council, I
25 cough, you got it. We are gone. They

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2 want to take you to the hospital.

3 They're going to quarantine you. You

4 have to stay for 21 days. Hospitals

5 cannot keep any amount of people in

6 there. Everybody said, Well, it's only

7 one person. We're not talking about one

8 person. When a fireman gets infected,

9 his family gets infected, his friends get

10 infected, you get infected, and everyone

11 has to stay in some place for 21 days.

12 We don't have that capacity. Hospitals

13 are BS-ing you, I'm telling you.

14 You wanted to ask the nurse

15 what was the status of it. What was

16 that, A, B, C right there for the

17 qualification. She could not answer.

18 She said her boss was here.

19 Gentlemen, ladies, wake up.

20 Wake up. It's here. They didn't do

21 nothing there in Texas. My reason for

22 why they didn't do it in Texas was a

23 black man came in and said he was

24 coughing. Don't worry about it. He's

25 from Africa, don't worry about it. Hey,

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2 it don't happen here in Philadelphia. We
3 have some good educational healthcare
4 facilities here, and they're naive and
5 they're telling you something I told you.

6 I say it and I say it out loud.
7 They lied to you. How many people sit up
8 here and lied to you? Look at the stats
9 yourself. Think about what I said.

10 I get infected, I come here, I
11 talk to you. Are all y'all -- where
12 y'all going to go at? You got to have
13 one place designated where these
14 quarantined people can go to. I've been
15 involved in this healthcare system for
16 years and years and years. How I got
17 involved in it is because my mother died
18 in a hospital. How I got involved in it
19 too was because the University of
20 Pennsylvania college took land, the
21 Philadelphia General Hospital, and
22 promised the citizens of Philadelphia
23 that they were to give scholarships and
24 grants to the students here in
25 Philadelphia. They lied. So that's my

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2 reason. They lied back then and they're
3 lying now.

4 You must wake up. You must
5 look at the data yourself.

6 Ebola is a dangerous disease.
7 It's not the first year it's been here.
8 Ebola been here for 20 years. They did a
9 movie about it years ago with Dustin
10 Hoffman, and they dropped the bomb and
11 killed everybody and they thought the
12 disease was gone. They really did do it.
13 It's here.

14 There's another disease over in
15 Africa. I forgot the name, but it was --
16 but that's all I do all day long, is read
17 and study about different things, and
18 Ebola is a serious disease. It's
19 serious. It's been serious for years.
20 And I even forget one time, if you got
21 it, you were dead. They dug your grave.
22 Now all the sudden somebody is being
23 cured and all. They jumping the -- they
24 gave him blood transfusion. The one
25 person tried to help him out. Hey, they

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2 gave the other gentleman who was
3 infected, they gave him an experimental
4 disease.

5 Hey, it's here. Y'all sit up
6 there and y'all look. They sat up there
7 and gave y'all some fancy talk.

8 You asked the most important
9 question there was. What's the status of
10 this? Are you prepared for it?

11 What do you expect them to say?
12 I'm being paid \$100,000 to \$200,000 a
13 year. I told you a big fantastic lie in
14 the world. It's all right. It's there.

15 Someone else sit up here at the
16 same table and told you they're closing
17 25 schools and the financial situation is
18 going to be all right. I told you back a
19 year and a half ago, he was going to shut
20 down the union, do everything. He's
21 doing it now. Are y'all going to be
22 fools again? You got to come up with a
23 plan of action.

24 The Fire Department, the Police
25 Department, they're the first ones going

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2 to get it. And when they get it, they're
3 going to spread it. You go inside a
4 house to see what's going on, they get
5 it, they come back on out. They drive on
6 to the next person and the next person
7 and the next person. It's here. It's
8 really a serious problem.

9 I'm asking each and every last
10 one of you sitting here -- thank God,
11 you, Marian, and Jannie took the
12 opportunity to come out and do something.
13 I was going to write you a letter and
14 tell you about you was going to be dead
15 next year.

16 Come January of next year, I
17 want y'all to tell me, was I lying.

18 COUNCILMAN JONES: No.

19 MR. MOORE: Just like I told my
20 wife, when it comes here, we're not
21 prepared. We're not prepared. They
22 weren't prepared for dirty bomb and they
23 claim they was. Hey, they ain't prepared
24 for this.

25 If you saw on TV when it came

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2 down in Texas, you saw the guy with a
3 water hose spraying up all the
4 (unintelligible). Where did that go to?
5 Then afterwards it was too late. They
6 come back and blow a bunch of coral rock.
7 That's all there.

8 We're infected. But one good
9 thing about this, Ebola is not
10 discriminatory. Whether you're rich or
11 poor, your ass will die. And I'm telling
12 you gentlemen and ladies, this is a
13 serious problem. Take me as a joke, wind
14 up losing your life. And each one of you
15 got kids. Marian, you got grand-kids.
16 Curtis, you got grand-kids. Jannie got
17 grand-kids. You got kids. You got kids.
18 They all gone.

19 COUNCILMAN NEILSON: I got
20 kids. What about me? You keep leaving
21 me out of all this.

22 MR. MOORE: I thought you was
23 capitated.

24 But I'm very serious. I'm
25 serious. My relatives, hey, none of them

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2 over there in Liberia, none of them got
3 it yet, but they're all the way up in
4 there. I sent them money. You don't
5 know me as a Liberian. You don't know me
6 as a Puerto Rican.

7 COUNCILMAN JONES: You told me
8 a long time ago. You did. You told me.

9 MR. MOORE: I got them both. I
10 got them all, Puerto Rican, black,
11 Liberian, everything. I'm really messed
12 up, ain't I?

13 But the fact is, I'm telling
14 you -- and, by the way, if any of these
15 doctors that want to question me, my name
16 is Dr. Moore, Ph.D. from the University
17 of Pennsylvania, class of 1969 from the
18 University of Pennsylvania. I'm a bad
19 ass and I talk with authority.

20 You hear that, Brother Al?

21 COUNCILMAN JONES: Thank you.

22 MR. MOORE: So I'm saying to
23 you guys, wake up.

24 COUNCILMAN JONES: Thank you.

25 MR. MOORE: I'm 71, and I'm

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2 getting good money from the government,
3 from the City, and all from the state.
4 But guess what? If I think you got it,
5 you can't come visit me.

6 COUNCILMAN JONES: Thank you.

7 MR. MOORE: Thank you.

8 COUNCILMAN JONES: Thank you,
9 sir.

10 MR. MOORE: Help my brothers
11 from Liberia. We need it. We need it.

12 COUNCILMAN JONES: Got you.

13 MR. MOORE: Right on, Brother?

14 COUNCILMAN JONES: Thank you,
15 Mr. Moore.

16 Can you --

17 MR. REYNOLDS: How you doing?

18 COUNCILMAN JONES: I'm good.

19 Good afternoon and thank you again for
20 your patience.

21 MR. REYNOLDS: Thank you. My
22 name is Anthony Reynolds. I'm a cabin
23 cleaner for Prospect at the Philadelphia
24 International Airport. I'm part of a
25 cleaning crew called MEC, which means

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2 we're Maximum Effort Cleaners. My job
3 puts me on the front line. I am worried
4 about exposure to Ebola and other
5 infectious diseases, as is my team.

6 As part of our routine job
7 duties, my co-workers and I come in and
8 clean the plane from top to bottom. We
9 clean the bathrooms, remove the trash,
10 wipe down tray tables, dig in the seat
11 cushions and underneath the seats and in
12 the seat pockets.

13 My co-workers and I have shared
14 our concerns with our supervisors and
15 management over inadequate cleaning
16 supplies and our exposure to hazardous
17 waste and bodily fluids during the course
18 of our job duties.

19 With the Ebola crisis looming
20 and the help of City Council, we hope the
21 airline contractors will listen.

22 As recent events have shown, we
23 might not know if a passenger was
24 infected. When we clean an airplane
25 cabin, we have no masks, we have no

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2 goggles, we have no facial shields, we
3 have no shoe covers, we have no
4 waterproof gowns. We are given latex
5 gloves, but the gloves are very thin and
6 rip easily. I have often found myself
7 digging in seats, only to find that my
8 flimsy latex gloves have ripped, leaving
9 my skin exposed.

10 We clean up cups and drinks,
11 and sometimes liquid leaks into your
12 ripped gloves, which happened to me last
13 night.

14 We're responsible for taking
15 the used blankets and pillowcases off the
16 planes and transporting them in the truck
17 to the warehouse where they are washed.
18 I am worried that we could be exposed to
19 bodily fluids through direct contact with
20 these items from the aircraft.

21 Of course, Ebola has been a
22 major topic of conversation among my
23 co-workers. We are scared of exposure,
24 especially knowing that our regular
25 working conditions are already bad and

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2 won't protect us. We are concerned about
3 our possible exposure to an incident of
4 Ebola at the airport.

5 We are raising these issues
6 with Council because we want change at
7 the airport. I like my job and I want to
8 keep my family and passengers safe.
9 We're fighting for a union so that we can
10 address workplace safety directly with
11 our employer, improve the airport, and
12 ensure that we have to come before you
13 with these kind of concerns in the
14 future.

15 Thank you for listening. I'd
16 especially like to thank my Councilman,
17 Curtis Jones, for taking the initiative.

18 COUNCILMAN JONES: Thank you.
19 Councilman Neilson.

20 MR. MOORE: And I'd like to
21 thank all of you for taking your time
22 with us and all. We need this. I'm glad
23 you had the guts enough to come out.

24 COUNCILMAN NEILSON: All right.

25 MR. MOORE: But guess what?

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2 Maybe you need to put some guts behind
3 your Mayor. Coward ass son of a bitch.

4 COUNCILMAN NEILSON: Anthony,
5 thank you for coming today. Thanks for
6 hanging in there. I know it's been a
7 long day.

8 Fighting for a union, what do
9 you mean? Are you guys unionized down
10 there?

11 MR. REYNOLDS: No, we're not.

12 COUNCILMAN NEILSON: So you're
13 not part of SEIU or anything like that?

14 MR. REYNOLDS: Trying to be,
15 but presently, no.

16 COUNCILMAN NEILSON: So you
17 don't even get suits like this and you're
18 going into -- I mean, a lot of times
19 you --

20 MR. REYNOLDS: No. We have
21 nothing. I got latex gloves; that's it.

22 COUNCILMAN NEILSON: Latex
23 gloves.

24 Are you contracted by the
25 Philadelphia Airport or by the --

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2 MR. REYNOLDS: We work for a
3 subcontractor who works for the airlines.

4 COUNCILMAN NEILSON: For the
5 airlines. You're subcontracted through
6 the airlines or Philadelphia Airport
7 themselves? The airlines, right?

8 MR. REYNOLDS: I believe
9 through the airlines, I'm pretty sure.

10 COUNCILMAN NEILSON: And
11 there's no kind of safety work rules for
12 you? I mean, because you're the one who
13 let's us all get on a clean plane every
14 day, and you're the hidden hero, I want
15 to call it. Because when I'm in bed,
16 packing my bags and getting ready for a
17 nice flight, you're over there midnight
18 to 6:00 in the morning making sure I can
19 get on a plane nice and clean and
20 everything is good and copacetic and
21 we're loaded and ready to go, and I thank
22 you for that, because you're the unseen
23 hero. A lot of times people take
24 advantage for just having a clean seat to
25 sit in or having a clean desk. We don't

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2 know how it gets cleaned, but we know
3 it's clean.

4 MR. REYNOLDS: Well, we
5 appreciate that. Thank you.

6 COUNCILMAN NEILSON: And I
7 thank you. I thank you for that. And
8 I'll speak for myself. I look forward to
9 working with you for some of this,
10 because we want to make sure all of our
11 workers in Philadelphia are not taken
12 advantage of and given the proper
13 equipment and safety equipment to protect
14 you and your family, because I don't need
15 you taking anything home from that plane
16 to your wife and kids.

17 MR. REYNOLDS: She's scared to
18 death, I can tell you that.

19 COUNCILMAN NEILSON: We all
20 are. We all are. That's why the
21 Councilman and the Councilwoman chaired
22 this meeting today, because we should be.
23 We should be. And the gentleman that
24 just testified next to you, he's right,
25 we got to wake up. I mean, we want to

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2 say prepared, prepared, prepared, but are
3 we ever prepared? We don't know what's
4 going to hit tomorrow. The CDC, we
5 learned today that that mark is moving up
6 and down, up and down all over the place.
7 We don't know what you're going to get
8 hit with tomorrow.

9 MR. REYNOLDS: Well, let's hope
10 we don't find out.

11 COUNCILMAN NEILSON: But I just
12 want to thank you.

13 And, you know, Councilman, I
14 know he's your constituent. I'd be glad
15 to work with you and see if we can't get
16 some safety measures, because my time in
17 the Rendell Administration up in
18 Harrisburg sure had me prepared for
19 safety.

20 MR. REYNOLDS: So when I go to
21 work tonight, I can tell my co-workers
22 you're on it?

23 COUNCILMAN JONES: Yes.

24 COUNCILMAN NEILSON: We're
25 going to work with you, yes. You can

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2 tell them we're going to work with you.
3 We'd love to work with you, because we
4 want to make certain that everybody has a
5 great experience -- the Philadelphia
6 Airport is a great asset, a great asset
7 to the City of Philadelphia, and we need
8 to make sure every experience, including
9 the workforce, is a good one.

10 Thank you.

11 MR. REYNOLDS: Thank you.

12 COUNCILMAN JONES: Thank you,
13 Councilman, and your sentiments are
14 echoed by me, and we're going to get a
15 bite at the apple. I mean, one thing
16 we've learned about this virus, it won't
17 stop at a title. Oh, it won't stop at a
18 title. So everybody is either protected
19 or nobody is protected, and that's what
20 we found.

21 MR. REYNOLDS: That's true.

22 COUNCILMAN JONES: The Chair
23 recognizes Councilwoman Tasco.

24 COUNCILWOMAN TASCO: Good
25 afternoon and thank you so much for your

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2 testimony. To your knowledge, does your
3 company contract with all the airlines or
4 just the airline that you work for?

5 MR. REYNOLDS: Just the one
6 that I work for, as far as I know.

7 COUNCILWOMAN TASCO: So each
8 airline has its own cleaning service?

9 MR. REYNOLDS: I'm assuming
10 they do. I wondered about that, but I'm
11 assuming that they do.

12 COUNCILWOMAN TASCO: Okay. All
13 right. Thank you.

14 MR. REYNOLDS: You're welcome.

15 COUNCILMAN JONES: Thank you,
16 Councilwoman Tasco.

17 To my fellow human beings in
18 the west and part of Africa, I'm going to
19 end with what I started with, is that my
20 prayers, my thoughts, my concerns, and
21 our efforts go out to the souls that are
22 impacted by this disease. Whether you
23 lost your life or lost a loved one, it's
24 still a grieving that we are all going
25 through.

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2 I want you to know that I heard
3 the testimony that you gave. Some of the
4 challenges that you will face by whether
5 it's the time that you realize a symptom
6 to the time it takes to get a diagnosis
7 and the distance between that, I heard
8 what you said.

9 I heard what you said about
10 needing more equipment, and I'm glad to
11 hear that Jefferson is stepping up to the
12 plate and that the University of Penn is
13 sending pallets of garments to try to
14 stem the tide, and I think that's good.

15 I heard what you said that some
16 of the issues by way of isolating the
17 country we do not support. At least I
18 don't support us quarantining any country
19 from coming here. I know at the turn of
20 the last century what they would do at
21 Ellis Island is give people a waiting
22 period on Ellis Island until they were
23 cleared and able to matriculate into the
24 country. Maybe we need to look at how
25 that process goes. So if you're checking

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2 on one side of the water and we're
3 checking on the other side of the water,
4 we can have that timeframe to be sure.
5 So isolating people isn't the answer.
6 The world is a small place, as you know
7 every day when you go in and clean up
8 those airplanes.

9 What I would ask is a question.
10 When you say you don't have enough
11 equipment and what they're cleaning it
12 with, what are we cleaning our airplanes
13 with?

14 MR. REYNOLDS: Well, they have
15 cleaning agents that we use, but we don't
16 have any protection for ourselves.

17 COUNCILMAN JONES: All right.
18 I see your point.

19 MR. REYNOLDS: We reach in
20 pockets. There's sodas in there, cups,
21 juice, napkins, tissues, whatever.

22 COUNCILMAN NEILSON: It reminds
23 me, Mr. Chairman, of the stories my
24 grandfather used to tell me as a
25 construction electrician, third

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2 generation. He used to come home buried
3 in asbestos, looked like it snowed. He
4 used to wash his hands to get the grease
5 off in PCBs, and it's something that we
6 learned these chemicals are so harmful
7 later on in life, and we don't know the
8 effects of today on tomorrow. That's
9 that moving target I talk about, and
10 that's why it's important that we try and
11 protect our workforce as much as we can,
12 because we don't know what's in them. We
13 don't. And we can sit there and read the
14 label as much as we can. It's not going
15 to help.

16 MR. REYNOLDS: And we don't
17 have insurance, no benefits or anything.
18 So if we do get sick, what happens?
19 You're just on your own.

20 COUNCILMAN NEILSON: Thank you
21 again. Thank you.

22 COUNCILMAN JONES: The Chair
23 recognizes Councilwoman Blackwell.

24 COUNCILWOMAN BLACKWELL:
25 Mr. President, Chairman, I suggest that

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2 we as a committee and as a Council do a
3 letter. I think we should get involved.

4 My father died of mesothelioma.
5 Everybody hears it on TV all the time.
6 It was from asbestos. He died because he
7 worked in the shipyard. And I think that
8 where we see there's a need to get
9 involved, that we have to take an active
10 role, and I suggest that we at least as a
11 committee get involved in this issue to
12 help protect him and his fellow workers.

13 MR. REYNOLDS: Thank you so
14 much. We appreciate that.

15 COUNCILMAN JONES: I concur.
16 You can tell your colleagues that we are
17 on it.

18 MR. REYNOLDS: I sure will, and
19 they'll be happy to hear it.

20 COUNCILMAN JONES: Are there
21 any other questions for this panel or any
22 other?

23 (No response.)

24 COUNCILMAN JONES: Seeing none,
25 do you have any closing comments,

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2 Councilwoman?

3 COUNCILWOMAN TASCO: I want to
4 apologize. I had an appointment that I
5 could not cancel. I had cancelled about
6 three times before today. So I'm sorry I
7 had to leave, but I got back in time to
8 hear the testimony from folks from
9 Liberia and you.

10 There are a lot of thoughts
11 going through my head about the followup,
12 and also we have an issue of
13 jurisdiction, but maybe we could form a
14 coalition with our congressional
15 delegation, because they have the
16 jurisdiction over the airlines.

17 But I think there's some room,
18 Mr. Chair, for us to bring our
19 congressional delegation in here to talk
20 about this and what needs to be done,
21 because they can set the regulations in
22 Congress to cover the airlines, because
23 we have no jurisdiction over airlines.

24 MR. REYNOLDS: Okay.

25 COUNCILWOMAN TASCO: But we do

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2 have to work with our congressional
3 delegation on the issue. And it seems to
4 me that -- it's very frightening to kind
5 of sense that there's no one in charge in
6 terms of the whole disease issue, not
7 just with Ebola but all of the other
8 diseases. And certainly we have the CDC,
9 but we need to also check and make sure
10 that they -- what their protocols are in
11 terms of protecting employees and
12 citizens.

13 MR. REYNOLDS: Thank you.

14 COUNCILWOMAN TASCO: Thank you.

15 COUNCILMAN JONES: Thank you,
16 Councilwoman.

17 (Mr. Moore talking without
18 microphone.)

19 THE CLERK: I'm sorry. Your
20 testimony must be given from the
21 microphone, otherwise our court reporter
22 cannot hear it.

23 COUNCILMAN JONES: No. What
24 we'll do is, we'll take that after the
25 hearing. We're going to close it now.

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2 (Mr. Moore talking without
3 microphone.)

4 COUNCILMAN JONES: Yes, sir.

5 So, again, I want to thank
6 everybody for attending the public
7 hearing today on Ebola, for just taking
8 the time out to be here today. Certainly
9 the testimony we've heard today from our
10 Health Commissioner, Fire Commissioner,
11 Director of the Philadelphia Ambulatory
12 Health Services, the representatives from
13 the Embassy of Liberia and others who
14 have testified from the respective
15 nations, our Airport Director, our School
16 District, our hospitals, from our
17 transportation outlets, from our City
18 government have positioned themselves for
19 the next steps in terms of addressing how
20 we can keep our citizens safe, all of our
21 citizens, no matter what your title, all
22 of our citizens safe from any type of
23 infectious virus, including the Ebola
24 virus.

25 In holding these public

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2 hearings today, my goal was and our goal
3 is to replace fear with facts and to act
4 with prudence and not panic. The reality
5 of this information about Ebola is
6 changing every day, every day. We've
7 gotten three updates since the hearing
8 started from the CDC. Nonetheless, we
9 must stay on top of the breaking
10 information so that we as a city can act
11 appropriately in addressing the problem,
12 and the first thing we need to do is stay
13 updated with every new development and
14 every new protocol that they establish
15 with this disease. We have to make sure
16 that Philadelphia is organized, educated,
17 coordinated in its efforts to detect,
18 prevent the spread of not only the Ebola
19 virus but other viruses like EV68 as well
20 as other diseases that have been around
21 for a very, very long time.

22 The Center for Disease Control
23 will help us with local government
24 coordinate with private sector to deal
25 with this situation. So an ounce of

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2 prevention is worth a pound of cure, and
3 this Committee will stand at recess at
4 the call of the Chair.

5 Thank you all very much.

6 (Committees on Public Health
7 and Human Services and Public Safety
8 concluded at 5:20 p.m.)

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CERTIFICATE

I HEREBY CERTIFY that the
proceedings, evidence and objections are
contained fully and accurately in the
stenographic notes taken by me upon the
foregoing matter, and that this is a true and
correct transcript of same.

MICHELE L. MURPHY
RPR-Notary Public

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