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June 6, 2007

Julie L. Gerberding, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, GA 30333

Dear Director Gerberding:

The infection of a 31-year-old Georgia man with a rare and dangerous form of tuberculosis (TB) and his subsequent international travel and return to the United States have raised important questions about the policies and procedures that the Centers for Disease Control and Prevention (CDC) has in place to safeguard the public from deadly strains of infectious disease, identify and isolate individuals with communicable diseases, and coordinate with its U.S. government and foreign government partners to protect the public health, particularly when infected individuals cross international borders.

Accordingly, I would appreciate CDC's responses to the following questions.

- (1) When did CDC learn that this individual, Mr. Andrew Speaker, was infected with XDR TB, an extremely dangerous form of the illness? How did CDC learn that Mr. Speaker was infected with XDR TB? When it learned of Mr. Speaker's diagnosis, whom did CDC notify, when and how?
- (2) When CDC learned of Mr. Speaker's diagnosis, did it advise him not to travel overseas by airplane? If yes, who at CDC notified Mr. Speaker, how and when did CDC convey its recommendation to Mr. Speaker? If not, why not? Did Mr. Speaker inform CDC or county health officials prior to his departure from the United States that it nonetheless was his intention to travel overseas? If yes, what action(s), if any, did CDC take in reaction to Mr. Speaker's decision?
- (3) It has been reported that Mr. Speaker was placed on a no-fly list. Is this accurate? If yes, please describe the actions taken, when they were taken and by which government entities, to effectuate Mr. Speaker's placement on a no-fly list.
- (4) Mr. Speaker's father-in-law, a research microbiologist at CDC who works in the Division of TB Elimination on a wide range of organisms, including TB, has issued a public statement in which he stated that "My son-in-law's TB did not originate from myself or the CDC's labs, which operate under the highest levels of biosecurity." Has CDC definitively determined that Mr. Speaker's

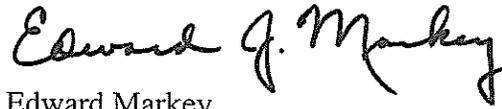
TB did not originate from CDC's labs or from Mr. Speaker's father-in-law? If yes, when was this determination made, and on what basis (i.e., was a testing technique such as polymerase chain reaction (PCR) used to determine the origin of Mr. Speaker's TB)? If not, when will CDC conduct the tests necessary to rule out the possibility that Mr. Speaker was infected with TB as a result of his interaction with his father-in-law or from strains stored at CDC's laboratories?

- (5) Mr. Speaker's father has stated that he and his family were tested for TB. Is this accurate? If yes, who conducted the tests, and did any of the individuals test positive for TB?
- (6) It has been reported that Mr. Speaker, when he was in Rome, Italy was informed by U.S. government officials that his TB was a rare, extensively drug-resistant form, far more dangerous than previously known. Did CDC notify Mr. Speaker of this fact? If yes, how did CDC know how to reach Mr. Speaker and how did it notify him? Did CDC notify Italian officials of its determination that Mr. Speaker should not fly on commercial airlines due to his medical condition? If yes, when did CDC provide notification, how, and which Italian government entity did it notify? If such notification was provided, did Italian officials receive it prior to Mr. Speaker's departure from Italy and what response did CDC receive in response to its notification of Italian officials?
- (7) Does CDC believe that its policies and procedures for handling situations similar to Mr. Speaker's operated effectively in this case? If no, which of its policies and procedures would CDC modify? Does CDC believe it needs additional statutory authorities to more effectively deal with cases such as Mr. Speaker's? If yes, which additional authorities does CDC believe would enable a more effective response to medical cases such as Mr. Speaker's? For example, as you know, states and local jurisdictions have primary responsibility for isolation and quarantine within their borders, while the federal government has residual authority in this area to prevent the interstate spread of disease. Does CDC believe that statutory changes in this area should be made to improve coordination in the event that the need for isolation and/or quarantine of individuals becomes a more common occurrence? If yes, which ones?
- (8) If a pandemic involving avian influenza or another dangerous infectious disease were to occur in the United States, are the current CDC policies and procedures for response to such an outbreak effective and sufficient to minimize casualties? If modifications to CDC's response plan could improve the effectiveness and reduce casualties in the event of a pandemic, when and how does CDC intend to adjust its response plan to improve its ability to respond to a pandemic?

The circumstances of Mr. Speaker's diagnosis and subsequent travels have provided an opportunity for CDC, along with other federal, state and local authorities, to comprehensively assess its performance, identify shortcomings, develop improvements and effectively implement them. With the potential for a terrorist attack involving a

biological weapon or an avian influenza pandemic, the urgency of these efforts cannot be overstated. If you have questions about the questions above, please have a member of your staff contact Mark Bayer or Kate Reinhalter of my staff at 202-225-2836. I look forward to your response.

Sincerely,

A handwritten signature in black ink that reads "Edward J. Markey". The signature is written in a cursive style with a large, stylized "E" and "M".

Edward Markey