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Subject Files - SP2098 (Remarks at National Institute of Health, Bethesda, MD, 12/02/2014)

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# Executive Office of The President
# Barcode Scanning Sheet

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Subject/Description: **PRESIDENTIAL REMARKS AT THE NATIONAL INSTITUTES OF HEALTH, BETHESDA, MD, DEC 02 14 (POTENTIAL EBOLA VACCINES)**

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**Remarks for President Barack Obama**
**National Institutes of Health**
**Bethesda, MD**
**Tuesday, December 2, 2014**

Hello everybody! To Secretary Burwell, Doctors Collins and Fauci (FOUW-chee) and their teams—all of you—thank you for welcoming me today. It's wonderful to be back at the National Institutes of Health—America's laboratory—even if I can't always claim to fully understand the amazing research you do here.

Last year, I welcomed Francis and some of you to the White House to launch our BRAIN Initiative to unlock the mysteries of the mind and pursue new cures for disease. Francis promoted me to "scientist in chief." Which made me wish I had studied more in chemistry. But I just got a fascinating tour of your vaccine research center, and I have to say—I was very impressed with how you can clone a virus gene into a vaccine vector…subject it to gel electrophoresis (electro-fo-REE-sis)…pipet (pie-PET) the samples into a 96-well microplate…. and then run it through the world's most advanced multiparameter flow cytometer (SI-tomiter). I mean, it just makes sense.

Now, the last time I was here at NIH, early in my presidency, I came to announce the single largest boost to biomedical research in American history. Because part of American leadership in the world—one of the things that makes America exceptional—is our leadership in science and research. And here at NIH, you've always been at the forefront of groundbreaking medical research. You've helped pioneer new treatments for everything from cancer to heart disease to HIV/AIDS. You've helped Americans live longer, fuller lives and helped saved countless lives around the world. And so to Francis, Tony, all your directors and staff, and the researchers you fund across the country and around the globe, thank you for your leadership, your service, your patriotism, and your life-saving work.

That's what brings me back today. This past summer, as Ebola spread in West Africa, I told my team that fighting this disease had to be a national security priority, and a priority across our government. From the beginning, NIH has been in the forefront of this mission. NIH personnel have volunteered and deployed to West Africa. Some have served in medical labs, testing for Ebola. Some of your clinicians—members of the U.S. Public Health Service—have deployed to care for health workers who got infected in the line of duty.

When Nina Pham (Fam)—one of the two Dallas nurses who were infected—needed world-class care, Tony and his team stepped up. You were ready. You manned your shifts—around the clock, day after day. You remembered your training. You followed the protocols. You displayed great skill and professionalism. You reminded the world that it is possible to treat Ebola patients effectively and safely—without endangering yourselves or others.

Like a lot of Americans, I know you fell in love with Nina—her big smile, her optimism, her sense of service. She reminded us of the incredible sacrifices that our tireless nurses make every day—and how we can never thank them enough. I know Tony thanks Nina for teaching him how to FaceTime. After she was released—Ebola-free—I was proud to welcome Nina to the Oval Office, where I gave her a big hug. Today, she's back home in Texas, continuing to recover, getting stronger. And we remember what she told the world when she was released: "throughout this ordeal, I have put my trust in God and my medical team." And we thank everyone on her team—the NIH Clinical Center—who delivered such remarkable care to Nina.

Last week, just in time for Thanksgiving, NIH and your partners gave us something new to be thankful for: news of the first successful step—completion of the Phase 1 clinical trials—of a potential Ebola vaccine. On my tour just now, Doctors Nancy Sullivan and Mario Roederer (RO-der-er) showed me how they and their teams did it—including with a pretty cool laser. No potential Ebola vaccine has ever made it this far. So this is exciting news. It's also a reminder of the importance of government-funded research and our need to keep investing in basic research.

Last week's news is still just a first step. There are no guarantees. But Dr. Cliff Lane, who's here, is getting ready to begin large-scale tests in Liberia. Other potential vaccines are also in the works. I know that here at NIH you're also working on potential treatments for Ebola. I'm here today to tell you that we want you to keep moving ahead on all these fronts as quickly as possible. As you do, you'll have my full support, and the full support of my administration.

You're a vital part of our fight against Ebola, across our government. Today, we're releasing an update on our efforts, here in the United States and abroad. It shows that—because we've stepped up our efforts in recent months—we're more prepared when it comes to protecting Americans here at home. We're screening and monitoring arrivals from the affected countries and we've equipped more hospitals with new protective gear and protocols. We've conducted outreach and training of hundreds of thousands of healthcare workers. A few months ago, only 13 states could test for Ebola; today 36 states can. Previously, there were only three facilities in the country deemed capable of treating an Ebola patient—including NIH; today, we're announcing that we now have 28 treatment centers designated to care for a patient with Ebola. So this is important progress. And we're going to keep at it, guided, guided by the science.

But, as we've been saying all along, the best way to fight this disease—and to protect Americans—is to stop it at its source. That's why the United States continues to lead the global response in West Africa. Some 3,000 of our service members and civilians are now on the ground—manning that air bridge, moving in supplies and building treatment units. I called some of our troops in West Africa on Thanksgiving to express our gratitude. They're an inspiration. The new medical unit we built in Liberia to treat health workers opened last month and has begun discharging patients—Ebola-free. We've ramped up the capacity to train hundreds of new health workers per week. We've helped improve burial practices across Liberia. And we've seen some encouraging news lately—a decline in infection rates in Liberia. Meanwhile, over the last few months the United States has helped rally the international community and mobilize more than $2 billion in commitments to this fight—because this has to be a truly global effort.

So our strategy is beginning to show results. We're seeing some progress. But the truth is, this fight isn't over, not by a long shot. As long as this disease continues to rage in West Africa, we could continue to see isolated cases here in America. In West Africa, this is still the worst Ebola epidemic in history. We still have a long way to go in Liberia in Guinea. It's getting worse in Sierra Leone. It can still spread to other countries, as we've seen in Mali. Every Ebola hot-spot is like an ember that, if not contained, could become a new fire. So we can't let down our guard—not for a minute. And we can't just fight this epidemic, we have to extinguish it.

Here's the challenge. Much of the progress we've made—and the progress we still need to make—depends on funding that's running out. We can't beat Ebola without more funding. That's why I'm calling on Congress to approve our emergency funding request to fight this disease—now, before they leave town for the holidays. This funding is needed to keep strengthening our capacity here at home, so we can respond to any future Ebola cases. It's needed to keep making progress in West Africa. It's needed to speed up testing and approval of any promising Ebola vaccines and treatments, including here at NIH. It's needed to help us partner with other countries to prevent and deal with future outbreaks and threats.

In the last few elections, the American people have sent Washington a pretty clear message: find areas where you agree, work together and get the job done. Passing this emergency funding to fight Ebola is something we ought to be able to agree on and get done—and I've been encouraged by the bipartisan support we've seen so far. Because this isn't a Democratic issue or a Republican issue. It's about the safety and security of the American people. So let's get this done. Let's protect the American people. Let's show the world how America leads.

In closing, I want to leave with a story that speaks to what we have to do. Nancy Writebol (RITE-bole), is from Charlotte, North Carolina. She's a wife, a mother and a grandmother. She's also a Christian missionary, and along with her husband, she went to Liberia. She was truly doing God's work—caring for Ebola patients. And then she was infected herself. She was brought back to Emory in Atlanta, where she received excellent care. Nancy was released in August. She's Ebola free. She continues to recover. And she said this about how people treat her, even today: "you have some people that just totally wrap their arms around you, and shake your hand," she said. "And then you have other people that stand 10 feet away."

Some people wrap their arms around you. Some people stand 10 feet away. This disease, this epidemic, isn't just a test of our health systems, it's a test of our character as a nation. It's a reminder of what makes us Americans. When we see a problem in the world—like thousands of people dying from a disease we know how to fight—we don't stand 10 feet away, or 10,000 miles away. We lead, we deploy, we go to help. We don't give in to our fears; we're guided by our hopes—the hope, the faith, the confidence, that we can ease suffering and make a difference. We imagine new treatments and cures—we discover, we invent, we innovate, we test, we unlock new possibilities. And when we save a life, when we help a person heal, we go up, we open our arms and we wrap our arms around them, with understanding and love and compassion.

That's what you do here at NIH. That's what we do as Americans. That's who we are and always will be. So thank you for your extraordinary work. God bless you. And God bless the United States of America.