Press Briefing by Press Secretary Josh Earnest, 10/14/2014

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MR. EARNEST: Good afternoon, everybody. Nice to see you all. Hope you all had a nice weekend. Let me do a quick announcement at the top, Julie, and then we'll get to your questions, okay?

Over the past few weeks, the President has been talking about our economy's progress and his vision for continuing to build on that foundation by creating good jobs and ensuring that every American who works hard has a fair shot at getting ahead.

On Thursday, at Rhode Island College, the President will continue this focus by talking about the importance of pursuing policies that help women succeed. This is not a new focus for us, as you know. Ensuring the economic strength, the strength of our economy for women, has been a top priority for the President throughout this administration and a key part of his Year of Action agenda for 2014. The President will discuss these efforts and what additional common-sense steps we could take to strengthen our economy by expanding opportunity for women and for all Americans.

We'll have more on this in the days ahead, but something to look forward to on Thursday.

Julie, do you want to start us off with questions?

Q Thanks, Josh. Turkey is part of this meeting that the President is having today with foreign defense chiefs on the fight against the Islamic State group. But there are media reports out of Turkey that the Turks have launched strikes against Kurdish rebels, rebels that are aligned with the Kurds fighting the Islamic State in Kobani. And I'm wondering if at this point the administration thinks that Turkey is being more unhelpful than helpful in this fight against the Islamic State?

MR. EARNEST: Well, let me say a couple of things about that. I mean, obviously Turkey is a close ally of the United States -- they're in NATO -- and we coordinate with Turkey on a wide range of issues. Over the course of the last several weeks, the President, the Secretary of State, the Secretary of Defense, even John Allen who's principally responsible for the diplomatic effort to integrate different countries into the coalition, have been in touch with senior leaders in Turkey about the role they can play in this effort.

As a result of the conversations that General Allen had with his Turkish counterparts, I think -- I believe it was just the end of last week, Turkey did announce their willingness to host a training-and-equipping operation on Turkish soil as we build up the capacity of Syrian opposition fighters to take the fight on the ground to ISIL in Syria. We certainly welcome that commitment and that show of support by the people in the nation of Turkey.

Previously, based on our earlier conversations, Turkey had made commitments that will be important in stemming the flow of foreign fighters to Syria. Turkey can also play a role in cracking down on oil smuggling. As you know, the sale of oil in the black market has been an important way that ISIL has financed their operations. So shutting down oil smuggling is a key component of our strategy to shut off the supply of financing to ISIL for their operations.

And of course, Turkey has -- as much as anyone else -- provided for the humanitarian needs of those Syrians who are fleeing the terrible violence in their country. And we've seen that there are -- I believe that there are now more than a million refugees fleeing the conflict in Syria who have fled to Turkey. And Turkey, with the support of the international community, has been trying to meet the humanitarian needs of these individuals.

So there's no doubt that Turkey has a lot at stake in resolving this conflict, and we are pleased to be working with them.

Now, let me just also say that there is a Department of Defense planning team that's on the ground today in Turkey, working with them to operationalize on their commitment to set up this training-and-equipping operation for Syrian fighters in Turkey. And I would anticipate that in the weeks and months ahead, not only will we continue to be in touch with them on operationalizing on the commitments that they've already made, but also having ongoing discussions with them about additional commitments they could make to support this broad international coalition.

Q But despite everything you said, there are other signs that Turkey isn't being helpful. I can't imagine that you see the strikes today against the Kurds as being helpful. And there's also confusion over whether there actually is an agreement with the U.S. and Turkey to use bases in Turkey to launch attacks. Can you offer any clarity on that?

MR. EARNEST: That is an issue -- this issue of military bases in Turkey is an issue that continues to be discussed between American officials and Turkish officials.

Q So at this point there is no formal agreement on that front?

MR. EARNEST: Well, I think that might be obvious from the public comments from both sides. But this is something that we continue to discuss with them.

Q And if I could just move on to Ebola. The CDC says that it has not established the exact number of health workers that were treating the patient in Dallas who died from Ebola. And I'm just wondering how that is possible. Wouldn't that have been one of the first things you would have done, is had the CDC take inventory of all the people who came into contact with this man?

MR. EARNEST: The CDC is working on an investigation to determine how exactly this transmission of Ebola occurred at the hospital in Texas. This is the result of an order that the President gave in the context of the meeting that he convened on Sunday. He ordered the CDC to expedite their investigation of how this specific transmission occurred.

What the CDC is also doing is they are also conducting a broader review of the infection control procedures that were in place at this Texas hospital, including the use of personal protective equipment. And this will be part of the ongoing investigation to what's happening there.

In terms of the status of that investigation, in terms of how many people they've identified, I'd refer you to the CDC on that.

Q But they're saying that they don't have this exact tally, and I'm just wondering -- we keep hearing from officials about the urgency of this and how there's no room for error, and then we're told that there's not an exact count of the number of health workers that were in contact with this man, health workers who presumably are treating other patients, who are going home to their families and having contact with other people. How should the public feel about when they hear on the one hand that there's urgency, and then on the other hand that we don't exactly know how many people came in contact with this patient?

MR. EARNEST: Sure. I'm glad you asked the question that way, because it is important for people to understand the context here. The thing that the CDC has been doing is they have asked the individuals who were in contact with what's described as the "index patient" in Texas to -- they are actively monitoring their health conditions. And the reason that that's important is -- by actively monitoring their health, they're taking their temperature. The reason that's important is because individuals are only contagious with Ebola if they are exhibiting symptoms of Ebola. That is why we continue to be confident that based on the medical infrastructure that we have in place in this country, that the risk of an Ebola outbreak in America is exceedingly low.

But at the same time, it's important for us to put in place the necessary protocols to ensure that when Ebola cases do materialize, that health care workers can do the brave and courageous work that they already do to try to meet the needs of these individuals that have been stricken with Ebola, without putting themselves at great risk. And it is clear that more needs to be known about what exactly happened in this Texas hospital, and that's why you're seeing the CDC conduct this investigation into this apparent

incident, the transmission incident, but also looking more broadly at what sort of infection control procedures were in place to give additional advice to hospitals across the country about dealing with these circumstances.

Roberta.

Q I want to ask about Kobani. And CENTCOM announced that there were 21 airstrikes on Islamic State targets in the past two days. And I'm wondering if this represents a significant increase in U.S. airpower for this city. Is this some kind of strategic shift into trying to prevent it from falling into the hands of Islamic State?

MR. EARNEST: Well, for a number of days, maybe even more than a week now, there have been coalition airstrikes against ISIL targets in that region of Syria. Bu the broader strategy that the President has laid out has not changed; that our broader goal here is to degrade and ultimately destroy ISIL. And the goal -- the reason that goal has been laid out is because the President believes it is a core principle that we cannot allow extremist organizations or individuals access to a safe haven. And that essentially is what Syria was on the verge of becoming for them -- that because of the power vacuum that has been created by the ongoing violence in Syria, there was concern about ISIL establishing a safe haven in Syria and using a safe haven like that to carry out attacks against the West or even the United States.

So you have seen the President put in place this strategy for dealing with that, and that involves marshaling this international coalition of 60-some odd countries that are participating. And we're seeing airstrikes conducted by the United States and our coalition partners in Syria, in pursuit of that broader goal. But yes, as you point out, we've also seen airstrikes in this region of Syria. That reflects a continuation of our broader strategy, not a change in it.

Q So we shouldn't read anything special or of significance into the fact that there were so many strikes on one location in a short period of time?

MR. EARNEST: Well, I think there are -- I mean, what the Department of Defense can give you more detail on is the fact that there are a large number of strikes taking place across Syria in pursuit of our broader goal.

Q Is there any indication of how badly Islamic State targets were hit in this series of strikes -- how successful the series of strikes were?

MR. EARNEST: I'd refer you to the Department of Defense for that assessment. They're the ones that are responsible for carrying out these strikes.

The other thing that I should mention, Roberta, that is worth remembering -- and I've mentioned this once before, so I'll keep this short -- there are limitations to, based on the strategy that we've laid, that the kind of success that we enjoy in Iraq in avoiding -- or at least certain -- in Iraq, the United States and our coalition partners took airstrikes in support of Iraqi security forces to avoid humanitarian disasters in places like Sinjar

Mountain and the village of Amerli. These were situations -- or these were scenarios in which ISIL fighters had essentially cornered racial and ethnic minorities in these areas, vowing to essentially carry out a genocide against them.

We're seeing a similar situation in Kobani, where ISIL fighters are marshaled around this one specific city, vowing to carry out acts of violence against the citizens there. The difference is that there were Iraqi security forces on the ground in Sinjar Mountain -- around Sinjar Mountain and around the village of Amerli that could end that siege; that these airstrikes were conducted in support of ground operations that were executed by Iraqi security forces.

Those kinds of ground forces don't exist in Syria right now. We don't have elements of the moderate opposition who can take the fight to ISIL on the ground. That will necessarily limit the kind of impact we can have on a situation like the one that we're seeing in Kobani.

Now, airstrikes will have an impact, but that impact is constrained by the fact that there aren't forces on the ground that can follow up on those airstrikes to end that siege.

Roberta, did you have anything else?

Q No.

MR. EARNEST: Okay. We'll move around. Justin.

Q I wanted to ask, I guess, more generally about Ebola and what's going on with ISIS, and whether you guys are at all concerned that -- in both cases you've asked for more time, more time to train ground troops in Syria, more time to investigate what's going on with Ebola. But ahead of midterm elections, we're seeing the President's approval ratings, especially issues of confidence in the administration falling. So I'm wondering if these challenges create a -- or if these issues create a political challenge for you guys to present confidence in an administrative ability for the President when you guys seem to think that you need more time on both those issues.

MR. EARNEST: Well, Justin, again, as somebody who is a close observer of the political process, I would anticipate that you would view these kinds of issues through that lens. That's not the way that we view it here at the White House. The sense of urgency that we feel about these individual circumstances is driven by the significant stakes involved. Ensuring that we can deny ISIL fighters a safe haven in Syria is a core national security priority. The strategy that we have laid out to degrade and ultimately destroy ISIL is a core component of our efforts to protect the American people around the globe and here at home.

So it shouldn't be a surprise that's a top priority. And the fact that in just a matter of a few weeks here the President assembled a significant international coalition to take the fight to ISIL in Iraq and in Syria, and to carry out hundreds of -- or at least more than a hundred airstrikes against ISIL targets in Iraq and in Syria, is an indication that the President has moved quickly with the broader international coalition, consistent with our

strategy to protect the American people. I think that speaks well of his leadership. I'll leave it to you to assess the political implications of the President's successful execution of that strategy so far.

As it relates to Ebola, again, I think the concern that people have across the country about this is understandable. We're talking about a deadly disease. But what we have seen is we've seen the U.S. government and our scientific experts act quickly to ensure that American interests are protected. The President, about a month ago, appeared at the CDC and announced that he was sending a contingent of Department of Defense personnel to leverage their logistical expertise to try to confront the outbreak of Ebola at the source in West Africa.

We know, based on our previous history of dealing with these kinds of outbreaks over the last four decades or so, that the only way to eliminate the Ebola risk to the American public is to stop the outbreak at its source, and that's what we're working to do. In addition to that, we're obviously taking the necessary precautions here to contain an outbreak in the United States. We continue to believe that risk of that is exceedingly low because of the way that Ebola is transmitted and of the modern medical infrastructure that we have in this country.

Again, I think that reflects a prompt response from this administration to dealing with this threat. But again, I'll leave it to all of you to assess what sort of impact that will have on an election that's still three or four weeks away.

Q Sure. But, I guess, the question is that there's frustration that, I guess, despite those efforts or despite the plan that you guys have laid out maybe to us, that that doesn't seem to be helping the President on either of those issues politically. And I also wonder if that at all is leading you guys to reconsider your strategy towards the President's campaign-related activities. We've seen him only once or twice now get on stage with a candidate; I know there's a couple more this week.

But unlike 2010, when the President was with vulnerable Democrats in swing districts, we haven't seen the President go out and make either the case for his policies or the case for why vulnerable Democrats in key races should be reelected. So I'm wondering kind of your reaction to both of those.

MR. EARNEST: Well, again, the thing that we're focused on are our core national security priorities and the health and safety of the American people. And those things I think we would all agree are far more important than politics -- even when we're talking about an important election like the one that's coming up. So that really is where we're focused right now.

As time allows, the President will take advantage of the opportunity to make the case in support of those candidates, particularly Democrats, who are supportive of policies that benefit middle-class families across the country. Those are where the President's priorities lie, and to the extent that the President can be helpful to candidates who share those priorities, the President will look forward to an opportunity to do so.

Major.

Q So at Andrews, is the meeting with the defense chiefs to develop a new strategy, or streamline the one you currently have?

MR. EARNEST: The meeting that is being convened at Andrews Air Force Base later today is with about 21 of the U.S.'s partners in this broader international coalition against ISIL. Those who are participating in the meeting are at the chief-of-defense level. This is something I've only learned in the last couple of days. These are, essentially, the international counterparts to the Chairman of the Joint Chiefs of Staff. So again, these are the military leaders of the militaries who are participating in this broader international coalition.

This is a meeting that Chairman Dempsey convened here in this country. It will last for a couple of days. The President will participate in one meeting of this broader series of meetings. And this is all part of the effort to continue to integrate our broader strategy and to ensure that the military capabilities or our partners is integrated and effectuated in pursuit of this operation.

Q Integrated and effectuated. Are you sticking with the same strategy? You believe it's working?

MR. EARNEST: Yes. And we're in the early days of the execution of that strategy, but certainly the early evidence indicates that this strategy is succeeding.

Q Because there are -- and I don't need to tell you this -- several analysts who look at Kobani, if it falls, it will be the third city on the Syrian-Turkish border to do so. Anbar is now 80 percent controlled by ISIS. They are 15 miles away from Baghdad. If you take that outer perimeter from Baghdad and go east, it's an area of control of about 350 miles. That doesn't read to many analysts like success. Why does it look like success to this administration?

MR. EARNEST: Well, I can cite -- we've gone to this a few times before, that there are specific episodes where the use of military force has succeeded in beating back an ISIL advance, or stopping the siege of a vulnerable humanitarian target. We have seen that our strikes have had an impact on targets in Syria, that the ability of ISIL to command and control their forces has been affected by the airstrikes.

At the same time, I don't think anybody has sought to leave you or anyone else with the impression that these kinds of airstrikes were going to dramatically reverse the situation on the battlefield overnight. They won't. We've been pretty candid about the fact that this is a longer-term proposition, and it's predicated on something that necessarily does take a long time, which is building up the capacity and capability of forces on the ground to take the fight to ISIL. The President has made a strategic decision that there will not be American boots on the ground, in a combat role, taking the fight to ISIL.

But what we can do is we can build up the capacity of Iraq security forces, and we can build up the capacity of Syrian opposition fighters to take the fight to ISIL. That is a core component of this strategy. And until that aspect of the strategy is ramped up, that is a necessary component of the strategy that will allow us to see more significant results on the battlefield. But the aspects of the strategy that have been implemented so far have been characterized by having an impact on ISIL in a negative way for them.

Q To follow up on Roberta's question, does the President regard Kobani as strategically significant and worthy of defense?

MR. EARNEST: Well, in terms of our broader strategy, our broader strategy is to ensure that ISIL cannot operate in a virtual safe haven in Syria. And so to the extent that ISIL is trying to carve out a safe haven in Syria in the midst of all this violence, we want to take airstrikes that can degrade their ability to do exactly that. That, ultimately, at some point, is going to require some forces on the ground who can take the fight to them.

More broadly, we have sought, where possible, to try to avoid humanitarian -- terrible humanitarian situations from occurring. So I talked about the situations at Sinjar Mountain and Amerli in Iraq. Our capability to do that in Syria is limited by the fact that we don't have ground forces that can follow up on coalition airstrikes. So --

Q But what Roberta is getting at is that we should not interpret the increased volume of airstrikes in and around Kobani as a strategic decision on behalf of this government and its coalition to protect it at all costs; that it is so strategically important that you don't want it to fall, and therefore that is why the airstrikes have stepped up in number and ferocity.

MR. EARNEST: Well, again, of course we don't want the town to fall. We are very concerned, as we've said many times, about the citizens who live there and the citizens who are threatened by ISIL. Again, the fact that they are encroaching on this city and seeking to take it over is just further evidence that ISIL is an extremist organization that is willing to perpetrate terrible acts of violence that are worthy of global condemnation.

So we certainly do not want the town to fall. At the same time, our capacity to prevent that town from falling is limited by the fact that airstrikes can only do so much. Airstrikes can have an effect and have an impact, and they already have, but they are made more effective when there is a ground force that can take the fight to ISIL in the aftermath of those kinds of airstrikes. That ground force doesn't yet exist, but is a ground force that we are actively working to ramp up our assistance to and setting up training-and-equipping operations in Saudi Arabia and Turkey, where we can provide additional training and expand the capacity of Syrian opposition fighters so that after they're trained and after they're equipped, they can be used -- or they can go and fight ISIL in their own country, and they can do so with the strong backing of coalition airstrikes in a way that will make them, we think, more effective.

Q On Ebola, in this briefing room, on October the 3rd, Lisa Monaco said, "I want to emphasize that the United States is prepared to deal with this crisis both at home and in the region. Every Ebola outbreak over the past 40 years has been stopped. We know how to do this, and we will do it again. With America's leadership, I am confident, and President Obama is confident, [that] this epidemic will also be stopped." Do you believe that was -- considering what has happened since October 3rd -- a regrettable bit of over-confidence?

MR. EARNEST: Not at all. That continues to be true to this day.

Q Everything that's happened since then is consistent with the United States being able to handle and deal with this --

MR. EARNEST: Absolutely.

Q -- in a way that reassures the American public?

MR. EARNEST: Absolutely. What the CDC is doing is that they are working, consistent with the advice of our medical experts, to investigate exactly what happened in terms of the transmission of Ebola at that Dallas hospital. They're reviewing infection control procedures, including the use of personal protection equipment. They are ensuring that hospitals and health care workers all across the country know and are actually following the protocols that are in place. And the President has directed the CDC to examine what more the CDC and their experts can do to support hospitals who are currently treating Ebola patients.

That's one of the reasons that this additional team of experts from the CDC went to the Dallas hospital over the weekend, is to assist -- to ramp up their assistance to the doctors who are treating this health care worker who did contract the virus.

But again, because of all of this -- because of the leveraging of these assets, we continue to believe that the risk of an Ebola outbreak here in the United States is exceedingly low.

Q Does the President need an Ebola czar?

MR. EARNEST: At this point, we have a structure in place in which the CDC and HHS are responsible for the efforts to contain Ebola here in this country. They're working closely with health care professionals all across the country to ensure that protocols are in place and they're properly educated about what to do in the unlikely event that they're presented with an Ebola case.

We've got DOD and USAID and even CDC personnel that are on the ground in West Africa to try to attack this outbreak at the source. They're all performing different functions, but they're all critical to the success of attacking this outbreak in West Africa. That is the only way that we'll entirely eliminate the risk to the American people, is by stopping this outbreak at the source.

And then you've also seen the Department of Homeland Security and their work with their partners to put in place these screening measures both in West Africa, in the midst of a transportation system, and five airports in this country, to also protect the American public.

So there are a lot of agencies that are involved. Lisa Monaco is the President's Homeland Security Advisor, and she is the one that from here at the White House continues to play the role of coordinating the efforts of all of those agencies. But ultimately, each of those agencies understands exactly what they're responsible for, and they have experts in this field that can ensure that the American people remain safe.

Q So the President does not need one?

MR. EARNEST: At this point, we have a very clear line of responsibility, and that's what we've been using so far.

Viqueira.

Q Thanks, Josh. You've repeatedly said -- in Mount Sinjar, the Mosul Dam, the fight for Amerli -- that there are individual battles in the service of a larger cause of a goal, strategic goal to degrade and destroy ISIL. But there doesn't seem to be a lot of evidence on the battlefield that ISIL is being degraded or destroyed. What evidence can you provided that the campaign is effective?

MR. EARNEST: Well, what I'd do is I'd refer you to the Department of Defense. They're conducting battle damage assessments of the airstrikes, and they have periodically conducted briefings to talk about the results of those airstrikes.

Q I mean, they're sweeping through Anbar Province. They're miles from the Baghdad airport, not to mention what's going on in Syria. Aside from the individual number of airstrikes -- we're dazzled by 700 sorties and numbers like that -- but what hard evidence can you provide that people can see that the strategy is effective?

MR. EARNEST: Well, again, for a tactical assessment of the airstrikes, I'd refer you to the Department of Defense. They're the ones that -- again, they've conducted briefings a couple of times with maps, walking through exactly what the targets were and what impact the strikes had on those specific targets. So they can give you that broader assessment.

The thing that I'll tell you in terms of our broader strategy is that the President has been candid from the outset that this is a longer-term proposition and that it's going to require, ultimately, an effective fighting force on the ground. And the President has determined that it's not in the best interest of the United States for us to send American troops in a combat role on the ground in these countries.

So we're going to build up the capacity of local fighters to take the fight to ISIL on the ground in their own countries, and that's the proper role for us to play.

Q On that point, you've mentioned there's a difference between Syria and Iraq in that regard; there's no force on the ground in Syria, at least not yet. Yet there is a force on the ground in Iraq and they're losing. Can you trust the Iraqi army to take this fight to ISIL? That is a pillar of the strategy.

MR. EARNEST: Well, we certainly do believe that the Iraqi security forces, by working closely with the United States through our joint operation centers, by working closely with Kurdish security forces, which they have on a number of occasions, can be an effective fighting force. We certainly do anticipate that they will continue to be more effective as they have a central government in Baghdad that reflects the will of all the people that essentially is uniting the country politically to confront the threat that's posed by ISIL. That will ultimately steel the will of Iraqi security forces to fight ISIL.

But there's no doubt that there's more that needs to be done. One of the things the United States has done in the last few months is ramp up our assistance to Iraqi security force as well, to make sure they have the equipment and training that they need. And yes, there is more work that needs to be done. And we are confident though that over time, that as we improve the capacity and capability of Iraq security forces, and as we back them up with coalition airstrikes, that they will be more effective on the battlefield.

Q Finally, as ISIL gets closer to Baghdad, is there a risk of inflamed sectarian tensions, and in further involvement from Iran in backing Shia militias to defend what is a majority Shia city?

MR. EARNEST: Well, in this region of the world I think that we're always concerned about the risk of sectarian tensions and what impact that could have on a broader political equation.

But in this case, we continue to have confidence in the leadership of Prime Minister Abadi who has demonstrated a commitment to governing in a way that reflects the unity of the nation of Iraq, that he has succeeded -- at least in the early days of his tenure -- in uniting the country of Iraq, and particularly the diverse populations of that nation. But that is a track record that you build up over time. And we have been pleased by the initial indications and by the initial decisions and comments that he had made, but that is a track record, again, that he'll have to establish over some time. And that political effort will be very important to ensuring that in the midst of this turmoil and chaos, that Iraq doesn't fall apart once again along sectarian lines.

Ed.

Q On Mike's question, when we were told that this Iraqi base was taken over yesterday by ISIS, there were about 400 Iraqi security forces there and they were told to go into retreat. So how can you suggest you have confidence in the Iraqi military if they're in retreat in a key battle?

MR. EARNEST: Because there are a number of places where we have successfully partnered with Iraqi security forces to take the fight to ISIL.

Q This is in the last 24 hours -- they went into retreat.

MR. EARNEST: Well, I recognize that you're choosing one example -- and it's a relevant one -- but there are also relevant examples from earlier this summer to indicate that Iraq security forces, by partnering with the United States, was successful in countering the threat from ISIL.

So again, this is going to be a longer-term proposition -- there's no doubt about that. And we're going to continue to work closely with Iraqi security forces to build up their capability so that they can do a better job on the battlefield against ISIL fighters.

Q Are we winning?

MR. EARNEST: I'm sorry?

Q Are we winning?

MR. EARNEST: Well, again, we're talking about a coalition of 60 nations that are working closely with Iraqi security forces and working to build up Syrian opposition fighters, and there is no doubt that we can point to the success in the early days of this strategy.

Q So we're winning?

MR. EARNEST: I mean, when you say "we" we're talking about a coalition of 60 nations --

Q That's why I said "we."

MR. EARNEST: -- working closely with Iraq to successfully implement.

Q So we're winning?

MR. EARNEST: And yes, we are succeeding in this effort.

Q Okay. Because Eugene Robinson in The Washington Post today had a column saying, "It's not too soon to state the obvious: At this point, the war against the Islamic State can be seen only as failing." He went on to say, "I'm not sure whether the President and his aides are guilty of optimism or self-delusion." How do you react to that?

MR. EARNEST: Well, I can understand the sense of urgency that Mr. Robinson and others may have about dealing with this threat. I assure you that it's a sense of urgency that the President himself feels, and I think it's one that he's conveyed at this podium and in other settings over the last several months.

That's why you've seen the administration move out quickly to build this broad international coalition and to move aggressively in carrying out airstrikes that have had an effect against ISIL targets both in Iraq and in Syria.

Q The last one on this and I want to go to another topic. But if the President feels the same urgency, to Major's earlier question, why -- it didn't seem like you suggested there was going to be a change in strategy. Why is today's meeting not about at least adjusting the strategy?

MR. EARNEST: Well, we're always refining the strategy. But the fact is, the broader strategy that we have put in place for degrading and ultimately destroying ISIL is making important progress. There's a whole lot more work to be done. This is a longer-term proposition, as the President has been saying for several weeks now. And the President is determined to ensure that we're pursuing the kind of strategy that will protect the American people and our interests around the globe, and that's exactly what we're doing.

Q On the midterms, what does it say that a Democratic Senate candidate, like Alison Grimes, won't say whether or not she even voted for the President?

MR. EARNEST: Well, I don't know. I've seen some of the news reports about her campaign, but I don't know. I mean, I'll tell you that I voted for the President. (Laughter.)

Q Why wouldn't a Senate candidate say, I voted for him? A Democrat -- why wouldn't a Democrat?

MR. EARNEST: Again, you'd have to ask her and her campaign.

Q And last one. I know Mark Knoller and others have asked you about this, and I wasn't sure if you were going to add it as an addendum -- it was asked last week here at the briefing. You said you were going to look into what the costs are for the President in terms of taxpayers -- how much it costs taxpayers when the President uses Air Force One and other resources to do campaign fundraising? Do you have any idea what those costs are? And can you get them?

MR. EARNEST: I can look into that. What I can certainly do is give you a sense of what our policies are and how and whether they're consistent with previous administrations.

Q Well, we know that the cost was split. But I guess, what is it it? A million dollars? It is $10 million? It is a hundred -- I understand it was a 50/50 split with the DNC, the procedures, if there's some official business or a campaign. But that doesn't really tell the American people how much does it cost them.

MR. EARNEST: Well, again, we'll look into this and see if we can provide some information.

Q Do you have a timeframe? Because midterms are coming up. (Laughter.)

Q Sometime in the next three weeks?

MR. EARNEST: Yeah, exactly. (Laughter.) Look, I don't --

Q It's a serious question, though. I understand that you think we're pressing you, but how much does it cost? It's a simple --

MR. EARNEST: Okay, well, I don't have the information in front of me. I'll get back to you.

Chris.

Q Well, to follow up on that, we know that the President is going to be with Governor Malloy, but is there a sense at this point with the clock ticking about how much more we'll see him with candidates, particularly Democratic gubernatorial and Senate candidates in these closing weeks?

MR. EARNEST: I do anticipate that the President will make some additional campaign appearances beyond the event that's been announced for later this week -- I believe it's Wednesday or Thursday -- Wednesday, tomorrow. We'll have some campaign events in which the President will be speaking, in addition to the one that is already taking place tomorrow.

Q It's not just Alison Grimes who is distancing herself. There are campaign ads from Natalie Tennant, Mark Begich, Mark Pryor, Joe Garcia have all distanced themselves from the President. Is this disappointing to him?

MR. EARNEST: No, the President is pleased on the record that he has amassed in his six years -- almost six years in office. That from ensuring that we could recover from the worst economic downturn since the Great Depression to putting in place the policies that were critical to the success and rebuilding and renaissance of the American auto industry, the President shepherded over the process that reformed our health care system in a way that is paying dividends for small businesses and middle-class families all across the country.

On the President's watch, we've seen the greatest reform of our financial system since the Great Depression in a way that has significantly enhanced protections for consumers. So if you take a look at the President's record, the President is pleased with the success that he has had on behalf of the American people and pursuing the kinds of values that he wants.

Q So since he has a strong case to make, is he disappointed he is not out there more?

MR. EARNEST: Well, the President obviously has got a few things on his plate these days, but the President is looking forward to the opportunity to campaign with other candidates in advance of the midterms.

Q And, again, tying this into what else is going on and the questions raised by people like Gene Robinson about the effectiveness about ISIS, questions that are being raised about the response to Ebola, I mean, repeated assurances that American hospitals can safely treat Ebola and, of course, we know a nurse in Dallas was infected. There's a large

set of examples in the New York Times today about Emory University and some of the problems that they have had in Atlanta. Does this raise -- do these raise questions of competency in government?

MR. EARNEST: I'm surprised that you raised the Emory example, because this is an example of a medical facility that did safely treat and help at least two patients recover from Ebola. So I think that's actually a pretty good indication that the American people can have confidence --

Q They faced a series of problems that were unanticipated, including --

MR. EARNEST: Unanticipated. But yet, Chris, this is the thing -- we've got to be focused on the results. The fact that problems occur when we're dealing with a deadly disease shouldn't be a surprise to anybody. The question is how do you respond to them. And what you saw at Emory was you saw that two patients recovered from Ebola, thanks to the life-saving treatment they got from American doctors with the support of the federal government. And what you're seeing is a response in Dallas to ensure that the safety of this one health care worker who put her life on the line to try to treat one Ebola patient -- that is what makes America, America. There's no other country in the world that is taking the kind of efforts that we are to confront this outbreak at the source. But yet, what you are seeing is that our involvement in that effort is galvanizing the international community to contribute more assets to dealing with that.

And all of that is in pursuit of -- I mean, as I said, I started out this briefing by saying that the risks of an outbreak -- of an Ebola outbreak in the United States is exceedingly low. But the fact is, we are ensuring that the United States continues to be a force for good in the world, so you're seeing the significant commitment of resources in West Africa. You're also seeing a commitment on behalf of the United States, on behalf of this President, to ensure that we drive down the risk of an Ebola outbreak to zero. And the only way we can do that is to attack this outbreak at its source. And that's why you're seeing the United States make the most significant commitment to that.

This is something that, by the way, the United States government has been focused on since this outbreak occurred back in March. So we're not driven by the headlines here. We're not driven by the midterm elections. What we're driven by are results, and that's what we're focused on.

Q Well, where are those results -- the WHO figures today that 70 percent is now the mortality rate and that the number of new cases could reach 10,000 per week by December?

MR. EARNEST: That's true, Chris. You're citing the problems again. And these are significant problems. And that's what the administration is focused on.

Q But you're saying results, and you're saying the importance is what happens at the source. What's happening at the source is that there's a 70 percent mortality rate.

MR. EARNEST: What's happening at the source is that there's a significant problem, and the United States of America is doing more than anybody else to confront it.

J.C.

Q I want to follow up a little bit on that in terms of the global aspect. Unfortunately, Mr. Duncan was the first to succumb to the Ebola virus here in the United States. A little bit of geography: He got on a plane in Monrovia, in Liberia; he flew to Brussels, got on a plane to Brussels and flew to Dulles, right, close by across the river in Virginia.

It is, to some, very comforting that the President was on the phone yesterday with President Hollande of France. In Europe, there are many gateway cities that take individuals from the continent of Africa, they go through Belgium, they go through the Netherlands, France, U.K. and Germany. Each of those leaders in those countries have a specific protocol -- some less stringent, some more stringent than others.

Will the President be consulting with, discussing with other leaders -- as he has with President Hollande, including Chancellor Merkel who has put more strict protocols in place, and Prime Minister Cameron -- as to a coordinated effort as to the screening process of individuals who go through those gateways cities in Europe and come to the United States, and who are not so easily detected when they go through that particular process?

MR. EARNEST: Well, let me say a couple things about that, J.C. The first is, all indications are that the index patient, the one who unfortunately did succumb to this disease last week, was asymptomatic when he was traveling. So this is somebody who would not have been contagious, even though he had Ebola. He would not have been contagious and did not pose a risk to the broader traveling public. That's the first thing.

The second thing is there are screening measures in place to protect cities around the world that start in West Africa. That there is a training regimen that Mr. Shear's colleague, Helene Cooper, wrote about over the weekend. She talked about how many times her temperature was taken on the ground in West Africa before she was allowed to leave. And that is indicative of the protocols that are currently in place under the supervision of international experts, including the CDC, to ensure the safety of the traveling public and to ensure that -- or at least minimize the risk of Ebola spreading. So that's the second thing.

The third thing is it's the responsibility of all of these European leaders to decide for themselves what sort of protocols they want to have upon arrival in their countries. But, fourth, there is a protocol for travelers who are arriving in this country -- that those individuals are screened once again, and we just announced at the end of last week some additional screening protocols that would be in place for those travelers who did originate or recently travel from countries in West Africa where there is an Ebola outbreak.

Q May I just follow up?

MR. EARNEST: Sure.

Q And I don't mean to -- well, I do actually mean it, so I'm going to say it. (Laughter.)

MR. EARNEST: You can belabor it, it's fine.

Q Just a tiny bit. It is also a known fact that many individuals have dual passports. Many individuals who come from Europe and may stay in those key cities for a length of time may not have particular instances where they have -- they're presenting with a fever. Others can take ibuprofen or other anti-inflammatories and lower the fever, get on the plane, and get to America where some, possibly, may think they're going to get help. So that's just something else that is out there and in the discussion.

MR. EARNEST: Well, again, I can't speak to the medical veracity of what you're describing, but the fact is we've had an outbreak for seven or eight months now, and the number of travelers who have gone through the system is obviously very small in terms of who made it to the United States. That's because of the protocols that are already in place on the ground in West Africa and on the ground here in the United States. So we've got protocols in place.

I mean, the other statistic that I've seen is that there are dozens of people who have been denied boarding an aircraft in West Africa because they had a fever. So that is an indication that these screening measures that take place before anybody gets on an airplane are having an effect.

Jon.

Q Josh, a couple quick ones. One on Ebola. Your statement on the President's meeting yesterday referred to a "surge in personnel and other resources to Dallas." How many people are going to Dallas as a part of that surge?

MR. EARNEST: I believe that so far there's been a commitment of a team of individuals from CDC. I'd refer you to CDC in terms of the number of individuals.

Q Because my understanding is it was nine people. Is that what you consider a surge? I'm just trying to get our terminology down.

MR. EARNEST: Well, what we are focused on is ensuring that we have the necessary experts in place. And that builds on the experts who are already on the ground in Dallas. And one of the things the President did ask the CDC to focus on is to examine what additional resources and additional personnel they can mobilize to support hospitals that are treating Ebola patients.

Q Okay. And on another issue, the enrollment period for Obamacare is going to be the beginning of November 15th. That's when people will find out how much of a premium increase they face.

MR. EARNEST: Or decrease.

Q Or decrease. Why is it that last year October 1st was the date, now it's November 15th? Why is it that people have to wait until after the election to find out how much of a premium increase or decrease or whatever?

MR. EARNEST: Again, I know that you are a very keen observer of the political process in this country, as you should be, particularly when we have such an important election coming up. But so many of the important policy decisions that are made in this administration and in this White House are driven by something other than politics. And so I'd refer you to the Department of Health and Human Services for deadlines they're establishing.

Q But doesn't this look like something -- I mean, could people be forgiven for thinking this looks like a political move? I mean, people will not find out how much they're going to have to pay for their health insurance until after the election, whereas last year they found out on October 1st. I mean, doesn't it seem a little bit convenient that now people will have to wait until about 10, 11 days after the election to find out how much their insurance is going to cost?

MR. EARNEST: Again, Jon, this date for the beginning of the enrollment period was something that was determined months if not years ago.

Q Well, we knew exactly when this election was going to be a long time ago as well.

MR. EARNEST: (Laughter.) It clearly had been circled on your calendar for --

Q November 4th, right.

MR. EARNEST: It was not circled on the calendar of the experts at the Department of Health and Human Services who are working on this rollout.

Q Okay. And then just one last one. Coming back very briefly to the Democratic candidate for Senate in Kentucky. This is the Democratic Party's top hope for knocking off an incumbent Republican -- Alison Grimes.

MR. EARNEST: Well, my guess is there are probably some Democratic candidates out there who would quibble with that distinction.

Q I'm not sure about that. But, Josh --

MR. EARNEST: Well, I will. (Laughter.)

Q You boldly said you voted for the President. Now, I assume that was in 2008 and 2012? Twice?

MR. EARNEST: I've been a longtime supporter. (Laughter.)

Q Do you believe you have violated the sanctity of the ballot box by telling us who you voted for? (Laughter.) Have you broken any constitutional privilege?

MR. EARNEST: I'll leave that for you guys to decide.

Jim.

Q You were saying that the key decisions made by this administration are not driven by politics, but you are delaying the nomination of a new Attorney General until after the midterms for political reasons, isn't that true?

MR. EARNEST: Well, I don't' have any personnel announcements to make at this time. There is an ongoing personnel -- there is an ongoing process here at the White House to determine who the right person is to lead the Department of Justice over the next two years or so with the remainder of the President's tenure in office.

Q But that was delayed for political reasons primarily?

MR. EARNEST: I'm sorry?

Q That was delayed primarily for political decisions.

MR. EARNEST: Well, again, I don't have any announcements to make for you in terms of the timing. I would anticipate that it will take a little bit of time for the work to be done to determine who the right person is for that important task. I also would anticipate that the Senate will act quickly and in bipartisan fashion to confirm that person.

Q And on getting back to Ebola. What is the President's preference: that people who contract Ebola just go to their neighborhood hospital, or should these people ultimately be treated at biocontainment centers, the CDC's specialized biocontainment centers? Should people with Ebola just be treated at any hospital in the U.S. when you might have hospitals with varying standards around the U.S.?

MR. EARNEST: Well, Jim, what I'd do is I would refer to the Centers for Disease Control, who can give you the best sort of assessment medically of what kind of treatment individuals can get. What I have heard our medical experts indicate is that they do have confidence that many hospitals across the country, if not all of them, do have the modern infrastructure in place to diagnose and isolate individuals that they suspect may have Ebola. And what they have -- what the President has asked the CDC to do is to figure out what more they can do to support hospitals who find themselves in that situation.

Now, fortunately, at this point, we've only found one hospital that's been in that situation. But there certainly is the chance, even the likelihood, that there may be additional cases. And we want to make sure that we have the protocols in place -- that those protocols have been accurately communicated to hospitals across the country, and that hospitals are actually following those protocols. That's a priority.

But, again, what the President has also asked the CDC to do is to figure out what more they can do to support hospitals that find themselves in a situation like that.

Q And I know you said that the campaign against ISIS is in its early days but that you feel like the strategy is working. If the President sees that perhaps he's not getting the desired results out of this air campaign, is he willing to escalate the air campaign against

ISIS?

MR. EARNEST: Well, that would be the kind of recommendation that I think would come from his military planners at the Department of Defense. So the President meets with them regularly, he regularly gets updates on the status of the ongoing campaign, and I'm confident that the President would want to reserve that option for himself. But, again, that would be contingent on the kind of advice that he gets from our military planners and something that he would consult with our partners in the coalition on as well.

Q And just finally on the midterms. Can you just answer the general question that seems to be lingering out there that the White House is hiding the President from the campaign trail during this midterm cycle? He only has a select few events that have been announced so far. I know you've heard that assessment. What do you make of that assessment?

MR. EARNEST: Well, I think the first thing that I would observe is the President has been focused on some pretty core national security priorities in the last several weeks. And that is always going to come first when you're the Commander-in-Chief of the United States -- at least it always comes first for this Commander-in-Chief. I'll let other Commanders-in-Chief decide -- make their own assessments about that, but this President certainly believes that national security priorities come first.

But the President has also demonstrated an ability on many occasions to do -- to handle more than one priority at a time. And that's why I would anticipate that in the weeks ahead you will see the President out doing what he can to support Democratic candidates up and down the ballot in states all across the country.

Q Will he appear with a Senate candidate between now and Election Day?

MR. EARNEST: Well, again, I don't have any scheduling announcements to make. There are a number of Senate candidates who have already appeared publicly with the President in a variety of settings. But in terms of our schedule and the weeks ahead in advance of the election, stay tuned.

Mike.

Q So back to Ebola and Dr. Frieden. Given the events of the last few days and the perception among some that the CDC has been kind of racing to catch up to events on the ground in Dallas and at the airports with the additional screening, does the President and the White House continue to have confidence that Dr. Frieden is both the right person to lead the CDC at this time but also the right person to be the public face of the response for the administration?

MR. EARNEST: Well, I think that there are a lot of people who have been involved in this effort to respond to the Ebola outbreak in West Africa and to respond to the isolated cases that we've seen in this country.

Q He's doing the daily briefings every single day. He's the principal.

MR. EARNEST: He's doing a lot of that. I've seen Dr. Fauci from the NIH participate in a lot of briefings. Lisa Monaco convened a briefing here at the White House. This obviously is a prominent setting, as all of you can attest. We've seen the Department of Defense talk publicly about their role. Administrator Raj Shah has talked frequently in public about the role that they're playing.

So I think what I would describe as the -- in the context of this response are the many faces of members of the administration who are mobilizing assets in support of this important priority. What we're going to do is we're going to be guided by the best scientific advice that we have, and we certainly are going to work closely with experts in other countries. There are non-governmental organizations, like Doctors Without Borders, that have some expertise in this. We're going to continue to work closely with them as we design a response that both addresses the need to confront this outbreak at the source while also ensuring that protocols here in the United States are in place to keep the American people safe and healthy.

Q But can you specifically talk about Dr. Frieden? Does he retain the President's confidence and is he the right person?

MR. EARNEST: He does, and Dr. Frieden is a preeminent physician, somebody that has a lot of experience not just in the medical profession but also in the field of public health. And he is somebody who in the last few months here has been working almost around the clock to ensure that our response is commensurate with the challenge that is posed here. And the challenge that's posed is significant, as Chris was walking through the outbreak in Africa is distressing. And the lack of a medical infrastructure in that country means that there are thousands of people who have died and thousands more who are suffering.

And that is tragic, it's sad, but it's also something that we are concerned about because of the more broader, destabilizing impact it could have on the region and because of the risk -- although it's quite minimal -- that this poses to Americans around the globe. So the United States is going to play the role that we have played many times, which is leading the international community to respond to an urgent international incident, and Dr. Frieden is playing a very important role in all that.

Q And just one last clarification. You had talked I think maybe in answer to Major about -- when you said that government doesn't need a czar because there are clear lines of responsibility.

MR. EARNEST: Well, I don't think I used exactly those words, but I did indicate that there are specific lines of responsibility in terms of who's responsible for carrying out specific objectives in this.

Q Right. So who's in charge? Like, who does -- you listed all those people -- Raj Shah and the military and the CDC and the NSC and all the different pieces. Who ultimately do you see in this who is leading the effort and who's responsible for making sure that all the different pieces are doing what they should be doing?

MR. EARNEST: Well, the interagency coordination effort is something that is being monitored and run -- very capably, I might add -- by Lisa Monaco, who is --

Q So she's --

MR. EARNEST: She's the President's Homeland Security Advisor. But again --

Q So you would consider her to be the person that's responsible for the effort globally?

MR. EARNEST: She is the one that is responsible for coordinating among the varied -- the multifaceted effort that is currently underway by this administration; that we've got CDC, Department of Defense, and USAID playing their own very specific structured roles --

Q And they all report to her, too?

MR. EARNEST: Well, but again, they're all playing their very specific structured roles on the ground in West Africa. You have the CDC and HHS, and even some components of DHS who are responsible for various lines of effort here in this country.

And so they are all principally responsible for fulfilling their own task. Ensuring that all of their efforts are integrated and coordinated is the responsibility of the President's Homeland Security Advisor, Lisa Monaco.

Scott.

Q Josh, just to clarify that. When we got briefed last week, it was explained that CDC and NIH work as advisors, but they're still going through the state and local public health officials, right? You have not nationalized this response?

MR. EARNEST: Well, that's correct, that there is still a very important role for state and local health authorities to play in all of this. There obviously is an important role for medical professionals in communities all across the country and in hospitals across the country to play in all of this to ensure that protocols are updated and followed.

So again, this is a multifaceted effort that's underway to ensure the safety and health of the American people. And this is a difficult challenge, but one that our experts are guiding and are dedicated to succeeding in.

April.

Q Josh, since the latest case of Ebola in Texas was discovered, is there 100 percent certainty that you're getting still to the White House from health officials to include the CDC, as to how this disease is spread?

MR. EARNEST: Well, are you talking about this in this one specific case in Dallas?

Q I mean, but this one specific case in Dallas could basically translate into other cases, as well. Is there still a certainty as to how this disease is spread? Because people were saying that you couldn't -- after a certain period of time, you couldn't live and what have

you. And they're still trying to figure out how she contracted this disease.

MR. EARNEST: Yes. I think it's important not to conflate the two, so let me separate these two things out.

The first is, the CDC is conducting an investigation to determine how the transmission occurred -- how was the virus transmitted from this Ebola patient into the system of this one health care worker who was working heroically to try to save his life. And that is something that the CDC is still trying to figure out. And what they're going to do is they're going to interview her, the patient; they're going to interview the -- when I say the patient, I mean the health care worker who is now a patient -- they're going to interview her colleagues and her coworkers who are also treating this individual. They're going to review all the protocols that were going to -- in place -- that were in place. They're going to review how all the protocols were implemented, and they're going to try to determine how this individual, this health care worker contracted the disease.

Now, separate from that, it is very clear how the Ebola virus is spread. It's not spread through the air. It's not spread through the food and water here in the United States. It is spread through close contact with the bodily fluids of an individual that is -- has symptoms of Ebola. That is why we see so many cases involving health care workers, because it's obvious that it's health care workers who are, again, because of their courageous service, that they've put themselves in a position in which they're coming into close contact with the bodily fluids of an individual that they know is sick.

They know they're handling hazardous materials, but yet they put themselves at risk to try to meet the needs of this individual. And I think that is -- it's laudable, it's heroic. We want to make sure that health care workers -- nurses and doctors -- can do that in a way that doesn't put themselves at significant risk.

Q And two other questions. And as you were saying, the President has a lot on his plate. The White House put out some papers, emails about what they're doing when it comes to the Nigerian girls. What has been the problem, as this administration is trying to help, in the global effort to find the Nigerian girls? Is it corruption in the Nigerian government, as many throughout Washington would like to say, or have been saying?

MR. EARNEST: Well, April, the United States, since the month of April, has assisted the Nigerian government in its efforts to locate the abducted girls, and our broader partnership to confront Boko Haram is longstanding.

As we mark the solemn six-month anniversary of the girls' abduction, we continue to undertake concerted, effective and responsible actions to ensure the safe return of those kidnapped by Boko Haram, including through on-the-ground technical assistance, expanded intelligence sharing, the effective use of sanctions, and broader engagement with the group.

In May, the United States, as you know, dispatched a multidisciplinary team to Abuja to advise the Nigerians on how to secure the safe return of those kidnapped, encourage a comprehensive approach to address insecurity, and establish a capacity to respond more

effectively in the future. These officials provided guidance to the Nigerian government on conducting a comprehensive response to Boko Haram that protects civilian populations and respects human rights.

Let me add one more thing to that, which is that the team that's on the ground includes civilian humanitarian experts, U.S. military personnel, law enforcement advisors and investigators, as well as experts in hostage negotiations, strategic communications, civilian security and intelligence.

The reason I went through that is because I wanted to make sure that people understood the kind of commitment that the United States had made to assist the Nigerian government as they try to find these girls.

Q Is Nigerian corruption some of the problem as to why these girls cannot been found?

MR. EARNEST: Again, you probably have to talk to somebody who is a better analyst of the Nigerian government to draw that assessment.

Q All right. And lastly, on Ferguson -- Ferguson has expanded to a certain extent into St. Louis. What is the White House doing? How are they watching the situation? What are they doing as it relates to this powder keg resulting from the young -- the 18-year-old boy being shot to death by a police officer who has yet to be charged in this incident?

MR. EARNEST: Well, I know that there is -- you're talking about the most recent incident, I assume?

Q Yes, St. Louis, which is different, but it's still kind of extending into that.

MR. EARNEST: It is. And I'm hesitant to talk in much detail about that because there is an ongoing law enforcement investigation into that specific incident. But this is something that is on the radar screen of the White House.

The Department of Justice, in the context of the earlier incident earlier this summer has been working closely with state and local officials to respond to the concerns that have been raised in the community. And those efforts continue.

Q Does the White House believe that either the lack of a Surgeon General in place or budget cuts at the NIH and CDC have hurt the government's response, or in any way materially impacted it?

MR. EARNEST: Yes, I mean, as it relates to the Surgeon General, the President did nominate a highly qualified individual to that post quite some time ago, and we do believe that that person should be confirmed. In terms of what role the Surgeon General would play in this specific response, I guess what I would say about that is it's hard to imagine it would hurt, and that we would only benefit from a scenario where we had a dedicated public health professional who was involved in helping us communicate with hospitals and medical professionals all across the country to ensure that these protocols -- the proper protocols were in place and closely followed.

As it relates to funding, we've talked many times about the impact that sequestration and other tight budget caps have had on a range of critical health care programs. That said, this administration continues to be focused on ensuring a focused and coordinated Ebola response both in West Africa and here in the United States. There are some more statistics I can give you that relate to the efforts of this administration to try to ramp up funding, as we have for a number of years, to those programs within the CDC that are related to prevention and public health.

Q So you're saying that -- are you not -- it doesn't sound like you're saying whether it would have helped or hurt. Lots of money has been cut; it's becoming an issue where even Democrats are using it in ads against Republicans. Does the White House think it would have had a different -- or would have benefitted if that money had not been cut?

MR. EARNEST: Well, let me say it this way: I think that what we can all agree is that the role that the CDC plays in preventing the outbreak of disease is critically important to the country, to our citizens, and to our broader economy. And those are programs and those are efforts that are worth investing in. And it certainly is disappointing that Republicans, at least to this point, haven't shared that commitment to investing in those kinds of critically important programs.

Q -- on funding, please?

MR. EARNEST: Yes, we'll move it around.

Q -- Ebola and Malaria.

MR. EARNEST: We'll get you something. Thanks, everybody. Have a good day.

END
2:00 P.M. EDT