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CNN NEWSROOM

Congress Grills CDC Director; CDC Director Questioned on Allowing Nurse to Fly; Nurse Speaks Out on Duncan Care.

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TOM FRIEDEN, DIRECTOR, CENTERS FOR DISEASE CONTROL AND PREVENTION: We have a federalist system. The -- the -- the CDC provides information and input. There are roughly 5,000 hospitals in the country -- we're not a regulatory agency.

REP. JIM MATHESON, D-UTAH: One other line of questions. There is no good news about Ebola, but at least it is not an airborne, transmitted as an airborne entity. It's clearly that we don't want to underestimate its ability to be transmitted.

And while the focus is on Ebola, and rightly so, for this hearing, there are other airborne transmissible pathogens that ought to be of great concern to everyone, including this Congress, that exist around the globe today, MERS being one of them.

Is this experience we've had with Ebola, how do we learn from it to make sure we are prepared for other, human-to-human transmissible pandemics that may be more -- may be a higher rate of transmission than Ebola?

FRIEDEN: I think there are two major lessons. First, to prevent it at the source. If we had had the basic public health system in place in these three countries a year ago, to find it, stop it, and prevent it, it would be over already.

And, second, within our country, to continue to support hospital preparedness, community preparedness and, fundamentally, the public health measures to find, stop and prevent health threats.

MATHESON: Thanks, Mr. Chairman.

REP. TIM MURPHY, R-PA.: Mr. Long, recognized for five minutes.

REP. BILLY LONG, R-MO.: Thank you, Mr. Chairman.

And, today, we have referred to -- people on the panel, people up here, have referred to nurse one and nurse two. And these are two young women that have dedicated their lives to helping other people, sick people. And to refer to them as nurse one and nurse two just doesn't sit well with me. It's kind of reminiscent of Dr. Seuss, Thing One and Thing Two. These are not things.

So, for the record, I'd like to state that the first nurse to contract Ebola was Nina Pham. And the second nurse was Amber Joy Vinson. These are young women with families. I know one in particular has a fiance. And so, I think that it would serve us well to remember that these are human beings that have dedicated -- young women that have dedicated their lives to helping other people. And for them and nurses everywhere and their families, I'd just like to open with that.

Dr. Frieden, you said in your testimony earlier, that only by direct contact can you contract Ebola. Is that -- do you stand by that statement?

FRIEDEN: Direct contact with someone who's ill or died from Ebola, or their body fluids.

LONG: And it's not airborne? Congressman (inaudible) and you agree, it's not an airborne -- cannot be contracted airborne?

FRIEDEN: Ebola spreads person-to-person, not by the airborne route, so it's not like...

LONG: So you need personal contact?

FRIEDEN: Yes.

LONG: If you need personal with bodily fluids, why is there an airliner in the Denver airport right now, that Frontier Airlines has scrubbed four times? Aren't they wasting money? Why can't they get that back in service?

If you have to have bodily contact, close contact, why scrub that airliner?

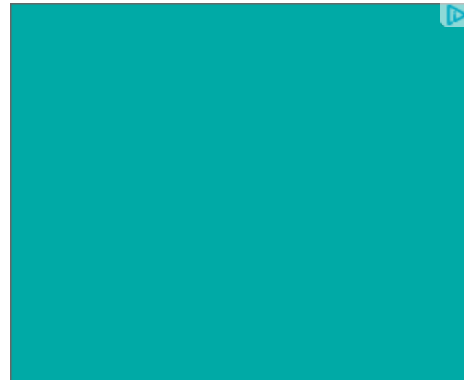
FRIEDEN: I understand that people are very concerned about Ebola. It's a scary disease. I can't comment on...

(CROSSTALK)

LONG: So, it's just for public perception. I mean, there's -- they really don't need to be doing that. Right?

FRIEDEN: No. We have detailed guidelines along with the EPA for how to clean airlines.

LONG: Do you need a fever to be contagious?



...to you need a fever to be contagious?

FRIEDEN: You need to be sick. Generally, the first symptom of illness is fever.

LONG: So, you -- do you need a fever to be contagious?

FRIEDEN: Late in the disease, when people are deathly ill, they may not have a fever but they would be unlikely to be able to walk at that point.

LONG: This 21 day period, that you need to show symptoms within 21 days from exposure. During that 21, could you be contagious at the third day of that point? FRIEDEN: Only if you were sick. Only if you had symptoms.

LONG: OK. And the incubation period is anywhere from 0-21 days?

FRIEDEN: Two to 21 days, generally within the first 10 days or so.

LONG: You said here today that there are 100-150 people a day coming from West Africa to the United States. You're opposed to travel restrictions, which the constituents in the 7th District in Missouri are very much in favor of travel restrictions.

I predict you're gonna put on or the president's gonna put on travel restrictions. I don't know if it's gonna be today or tomorrow or two weeks or a month from now, but I think that they're coming. and I think sooner rather than later.

If there's 150 a day and you rationalize, well, we don't really need to worry about that because they could get cross borders, they could go by land and then get here. But that 100-150 a day, don't you think that number might be reduced to five or 10 a day if we did put on travel restrictions?

FRIEDEN: I can't comment on what numbers would be.

LONG: If someone had to make an effort other than going out to their local airport and jumping on a plane, if they really had to try to get here, don't you think that number would dramatically drop?

FRIEDEN: I know that people do come back. And, right now, we're able to screen them, collect their information...

(CROSSTALK)

LONG: What if they don't come back? A lot of people come in this country, and we lose track of them. They don't come back. What happens then?

My point is, if you've got 150 a day coming in or you have five coming in today, I and my constituents would rather have five a day coming in.

And this thing of checking for temperatures, like it's going to help, is kind of like scrubbing a plane that doesn't need to be scrubbed.

But I'd like to commend the folks -- reading this copy of business -- Bloomberg Business Week, "Ebola is coming. Coming to America. The U.S. had a chance to stop the virus in its tracks, but it missed."

That issue came out before Mr. Duncan came to this country and before he was diagnosed with Ebola. There is good reading in there that I would correct (ph). I mean, I'd also recommend, to you, if you want to Google "A hospital from hell is swamped by Ebola," the New York Times, just a couple, few days ago. "Hospital from hell." If you get a chance to read that, I think that everyone would be in favor of the travel restrictions we've talked about here today. And, today, OSHA, Occupational Safety and Health Administration, just today said that Customs and Border Patrol immigration enforcement agents are at risk of coming into contact with Ebola.

Mr. Wagner, are we prepared for that? Are your agents -- are they protected to the fullest extent, what they need?

(CROSSTALK)

LONG: This just came out today.

JOHN WAGNER, ACTING ASSISTANT COMMISSIONER, CUSTOMS AND BORDER PROTECTION'S OFFICE OF FIELD OPERATIONS: We issue them personal protective gear. And we train them on how to -- how to wear it and what circumstances to wear it.

But they encounter all different kinds of travelers, with a whole host of different potential communicable diseases. So, you know, we are aware and we do train to recognize signs of overt illness. And we have the protocols with the health professionals to get those travelers into that care and to protect our employees.

LONG: Well, to me, they fall in the same category as the nurses. They're there to save us and help people and protect people in this country. So God bless them.

I'll yield back.

MURPHY: The gentleman's time is expired.

The gentlelady from North Carolina, Mrs. Ellmers?

REP. RENEE ELLMERS, R-N.C.: Thank you so much, Mr. Chairman.

And I have a number of questions.

I'd like to start with Dr. Varga in regard to the two nurses that were exposed. My understanding is one of the nurses, the first nurse, Ms. Pham, was exposed in the emergency room. Is that correct?

DANIEL VARGA, CHIEF CLINICAL OFFICER AND SENIOR VICE PRESIDENT, TEXAS HEALTH RESOURCES: I'm sorry, could you repeat the question, please?

ELLMERS: The first nurse was exposed in the emergency room? Is that correct?

VARGA: No, that would not be correct. Nina was one of our ICU nurses and came in contact with Mr. Duncan when Mr. Duncan was transferred from the emergency department up to the ED (ph).

ELLMERS: So, that was some time from September 28th to the 30th. Is that correct?

VARGA: That's correct.

ELLMERS: OK. And then the second nurse, Ms. Vincent (sic), was she also an ICU nurse?

VARGA: That's correct.

ELLMERS: OK. So they were exposed after the point that we would have already started recognizing that Ebola was being questioned. Is that correct?

VARGA: No, that's not correct. The nurses in the MICU, from the time they had first contact with Mr. Duncan were in personal protective equipment according to the CDC guidelines. Nina cared for Mr. Duncan...

(CROSSTALK)

ELLMERS: OK. Mr. -- Dr. Varga, I'm gonna stop you right there. So they were already using universal precautions, but also had -- were using some of the more isolation? And just answer yes or no. VARGA: Yes.

ELLMERS: OK. To that, I'd like to move on.

Dr. Frieden, this, of course -- and I'll just back up, on October 2nd -- excuse me, October 6th, I sent a letter to the CDC, to CBP and HHS, calling for travel restrictions. So, there's no question I believe travel restrictions need to be put in place. And now, after having this subcommittee hearing, I believe even more strongly that we need them.

And I just want to back up to a couple questions for Dr. Frieden and Dr. Fauci.

Do we know the strain -- are there multiple strains of Ebola?

FRIEDEN: There are five different subspecies. This outbreak is one particular subspecies, Ebola Zaire. And all of the strains that we've seen have been closely related.

ELLMERS: OK. So, we know that it's isolated to one particular strain?

FRIEDEN: Yes,.

ELLMERS: Now, you had mentioned, and I believe the quote was, "unless it mutates, there will not be an outbreak here in the United States." Is that correct?

FRIEDEN: I -- there will not be a large outbreak here barring a mutation.

ELLMERS: Well, the question I have is when the nurses were using the protective gear then, how is this that this has happened?

It -- it tells me that something is changing here, and are we -- are we currently looking into this situation right now?

FRIEDEN: We're absolutely looking for other mutations or changes.

What we've seen is very little change in the virus. We don't think it is spreading by any different way.

ELLMERS: So you're -- and -- and you've already said a couple of times that you don't believe that this is airborne. And yet there again, "I know how nurses are. I was one for 21 years before coming to Congress."

You're protecting yourself. You're protecting your patient. You're protecting your family.

They followed precautions, I am sure, and now we're having this conversation, and I'm very concerned about that.

FRIEDEN: We are confident this is not airborne transmission. These nurses were working very hard.

They were working with a patient who was very ill, who was having lots of vomiting, lots of diarrhea. There was a lot of infectious material.

And the investigation is ongoing, but we immediately implemented a series of measures to increase the level of safety.

ELLMERS: OK. I'm going to move on.

Dr. Borio, in discussion of fast-tracking a test for Ebola, where is the FDA on that? Is there an -- is there a fast-track process right now that you know of?

LUCIANA BORIO, ASSISTANT COMMISSIONER FOR COUNTERTERRORISM POLICY, FOOD AND DRUG ADMINISTRATION: For diagnostic tests?

ELLMERS: Yes.

BORIO: Sure.

So there're three diagnostic tests that are authorized for use under our (inaudible) authorities.

And -- and we have also taken some practice steps by contacting manufacturers, commercial manufacturers who we know have potential interest in technologies to be brought to bear here, and we've -- we've reached out to a handful who might be interested in working with us.

ELLMERS: OK. So you're in the process of looking towards a fast-track process?

BORIO: Yes. We would expedite every -- every such test.

ELLMERS: Great. Thank you.

And then Dr. Frieden, lastly, you know, there, again, I'm speaking on behalf of my constituents and every American in this country. I just don't believe that it is acceptable that the quote that you have given us, "We won't be able to track them," as the reasoning for why we should not implement travel restrictions. I do believe we can.

And Mr. Wagoner, as far as our Customs and Border Patrol, do you believe that there is a way that we can implement tracking?

And Mr. Wagner, as far as our Customs and Border Patrol, do you believe that there is a way that we can implement tracking?

WAGNER: Tracking?

ELLMERS: Tracking of individuals if we -- if we do not allow them to...

WAGNER: We have ways -- yeah, we have ways to determine a person's itinerary and travel history through the questioning or review of the passport.

It's easier when they're coming on a direct ticket from those places...

ELLMERS: True. True, true.

But as you pointed out...

MURPHY: (OFF-MIKE) time's expired.

ELLMERS: ... they're coming from -- thank you, Mr. Chairman. I -- I thank you for indulging my overtime here.

MURPHY: I now recognize Mr. Scalise for five minutes.

(END OF LIVE CONGRESSIONAL HEARING COVERAGE)

BROOKE BALDWIN, CNN ANCHOR: We are going to pull away into this. We're almost three hours into this committee hearing. Pretty tough questions for members of the medical community. They have Dr. Frieden, chief of the CDC, and Dr. Fauci, NIH, a number of people sitting at that table. This is the House Energy and Commerce Committee. So we're going to talk to one of the ranking members who called this hearing at the top of the next hour.

Listen, there has been a lot of substance, a lot of questions. Very good questions about preparedness, or lack thereof, and questions about the PPEs, personal protective equipment, and was enough of that used and did nurses and medical professionals at the Dallas hospital know how to use it, and questions about transmission with pets. It ran the gamut. Some of it was -- just call it what it was -- political theater. This is D.C. This is politics.

Let's get to the substance with Sanjay in just a second.

Let me back up. If you are just joining us here, let me tell you about these two nurses, these two Ebola patients. First, you have Nina Pham, the first of two Dallas nurses that contracted Ebola. She, as we have been reporting today, was moved out of Dallas to the NIH, to the National Institutes of Health. She'll be flown to Maryland one day after Amber Vinson was transferred to Emory University Hospital in Atlanta to be treated for Ebola. So both of these nurses leaving Dallas.

Vinson is the nurse who took that commercial airplane, that Frontier Airlines flight from Cleveland to Dallas one day before she was diagnosed with Ebola. Turns out, she had the CDC's OK to fly. We don't have anything to listen to this conversation but this is what

we do have. Questions were asked of CDC Director Tom Frieden today at this hearing and this was his response to that.

(BEGIN VIDEO CLIP)

UNIDENTIFIED CONGRESSMAN: Dr. Frieden, a second nurse affected with Ebola took a flight to Cleveland after she registered a fever. We have reports that say she contacted the CDC and was told she could fly. Did she in fact call the CDC and ask for guidance on boarding a commercial flight as far as you know?

DR. TOM FRIEDEN, DIRECTOR, CDC: My understanding is that she did contact CDC and discussed with her symptoms and other evaluation.

UNIDENTIFIED CONGRESSMAN: Were you part of that conversation?

FRIEDEN: No, I was not.

UNIDENTIFIED CONGRESSMAN: Was there a pre-plan suggesting limiting her contact with other persons?

FRIEDEN: The protocol for movement and monitoring of people potentially exposed to Ebola identifies as high risk someone who did not wear appropriate personal protective equipment during the time they cared for a patient with Ebola.

UNIDENTIFIED CONGRESSMAN: Let me ask this then. What specifically did she tell you? Mr. Duncan's medical team was not under same restrictions of people he came into contact with. What did she tell you her symptoms were?

FRIEDEN: I've not seen the transcript of the conversation. My understanding is that she reporting no symptoms to us.

(END VIDEO CLIP)

BALDWIN: Let me bring in our chief medical correspondent, Dr. Sanjay Gupta. Here he is. He is, once again, at Emory University hospital in Atlanta where we know that second nurse, Ms. Vinson, is being treated.

Sanjay, just straight up, you have been blunt about the assessment of the CDC's response. Listening to this almost three-hour hearing in D.C., did it change anything for you?

DR. SANJAY GUPTA, CNN CHIEF MEDICAL CORRESPONDENT: It made me feel bad for Dr. Frieden. They have been going at it. They're still going at it with him and asking him lots of questions, drilling --

(VIDEO PROBLEM)

BALDWIN: OK. We're going to work on getting him back up.

But Elizabeth -- OK. I'm going to pause and bring in a doctor who is with me on set. (LAUGHTER)

Listen, it's live TV. What are you going to do?

Dr. Devi Nampiaramil?

DR. DEVI NAMPIARAMPIL, ASSISTANT PROFESSOR, ANESTHESIOLOGY & REHABILITATION, NYU MEDICAL CENTER: Yes.

BALDWIN: There you go.

(LAUGHTER)

BALDWIN: OK, Dr. Devi. You are with NYU Med Center. Let me ask you the same question. In listening to it, talking about travel bans and preparedness and PPEs. Did anything change your opinion of all of this?

(CROSSTALK)

BALDWIN: You were feeling bad for Dr. Frieden as well.

NAMPIAPARAMPIL: Yes. He's done a good job of keeping the American public up to date with what's going on. He doesn't have all of the answers. No one does. But he's keeping everyone involved.

But I didn't feel surprised by the hearing. One thing that I think looking at all of this is just in terms of incentives for the hospital, there's a few things. They don't have an incentive to be up to date with protocols because in order to do all of these drills and to be totally prepared, they really have to take their doctors and nurses and everybody and move them into actually these drills and not taking care of patients.

BALDWIN: Let me jump in to connect the dots here. What we're talking about, and much has been made and you pick up any major paper in the country today and there are illustrations on what the personal protective equipment, the gowns, face masks, what they should and should not be wearing, and so, your point, a lot of questions have been asked about how they had been trained or not trained for Ebola, and your point being it's tough to do that without short-staffing a hospital.

NAMPIAPARAMPIL: Exactly. You have other patients who have other problems who are not being treated while health care workers are trained for Ebola. If you look at what people are affected by in terms of viruses, flu is a bigger one. We need people to be ready for that. People come in from a car accident or something else, you need E.R. staff to be there not necessarily in drills.

BALDWIN: It seems almost unthinkable --

NAMPIAPARAMPIL: Exactly.

BALDWIN: -- a month ago I would sitting here with you. We know President Obama went to the CDC and said that it's unlikely this would reach our shores, and fast forward a couple weeks.

NAMPIAPARAMPIL: Exactly The other thing is the learning curve. People get better with practice. How can hospitals be fully prepared to take care of something they've never seen before. We were talking before about computers. I had a P.C. I switched to a Mac. It took a while for me to get up to speed to everything. The same is true here. They are using personal protective equipment and using protocols they have with other diseases but they haven't dealt with Ebola. So there's a lag. When you have questions, what you usually do, you don't look at manuals. At least that's not what I did when I switched computers. I asked friends or I tried to Google the answer. In this case, they're not going to find the answers on the Internet.

BALDWIN: Not Google.

(CROSSTALK)

NAMPIAPARAMPIL: Exactly.

BALDWIN: Dr. Devi, thank you so much. I really appreciate it.

NAMPIAPARAMPIL: Thank you.

BALDWIN: We'll stay on this. Sanjay will be back. I can promise you that. Also, we have Anderson Cooper standing by in Dallas. He'll join me in a second as well.

Also ahead, a nurse who works at this Dallas hospital is now coming forward, showing her face, blasting the hospital's response to all of this. You're about to hear from her and why she says the handling of Thomas Eric Duncan was a disaster.

Plus, should personal responsibility have come into play when that second infected nurse took that flight?

This is CNN's special coverage. Stay right here.

(COMMERCIAL BREAK)

BALDWIN: You're watching to CNN. I'm Brooke Baldwin.

At risk of losing her job, this nurse at Texas Health Presbyterian in Dallas, is going public about the risks her hospital took caring for Thomas Eric Duncan, the first to die of this Ebola virus in the United States. Her name is Briana Aguirre. She reveals chronic mistakes the Dallas hospital committed from the start, she says, including initially putting Duncan into a room with seven other patients. This nurse spoke to the "Today" show and she'll speak to Anderson Cooper tonight, so tune in at 8:00 eastern. But Aguirre never provided care for Duncan. She has cared for Nina Pham, her fellow nurse, now with Ebola. And Aguirre said this about what she would do if she herself contracted the virus.

(BEGIN VIDEO CLIP)

BRIANA AGUIRRE, NURSE, TEXAS HEALTH PRESBYTERIAN HOSPITAL: Knowing what I know, I would try anything and everything to refuse to go there to be treated. I would feel at risk by going there. If I don't actually have Ebola, I may contract it there.

(END VIDEO CLIP)

BALDWIN: With me now, Sandy Summers, founder and executive director of the Truth about Nursing.

Sandy, nice to have you on. Welcome.

SANDY SUMMERS, FOUNDER & EXECUTIVE DIRECTOR, TRUTH ABOUT NURSING: Thank you, Brooke.

BALDWIN: So we are now hearing from this CDC doctor who spent two weeks at this Dallas hospital, and this is what he told CNN, quote, "People are scared to go there." Apparently not even half of the beds are full right now. "Scared" was his word. Let me ask you, reality check for all of us, Sandy, if you were a nurse or a patient in Dallas, would you be scared as well?

SUMMERS: The nurses did raise a lot of concerns about the way the virus was being handled. the lack of a bright line on the floor to

cross between what's clean and what's dirty, the trash piling up. And it was very sad to hear that infection control policies were very low. Apparently, they were following CDC guidelines. And I'm happy to see the CDC guidelines have ratcheted up their precautions. But still, on their website, I do not find anywhere for hazmat boots or protective gear.

When patients are sick with Ebola, they have a lot of vomiting and diarrhea. And when you have to clean up a patient that's had vomiting and diarrhea, there are body fluids everywhere, including falling off the bed onto your shoes and ankles and pants. And nurses need hazmat boots and rubber aprons to be able to properly prepare for patients and keep their body fluids from seeping into their clothes. It's possible that Nina Pham and Amber Vinson got it from taking off their shoes and socks because it doesn't seem like there was foot protection. We don't know exactly how they --

(CROSSTALK)

BALDWIN: We don't know.

(CROSSTALK)

BALDWIN: They're looking into it. They are trying to figure out how this went from the patient to two nurses. You paint a very ugly picture of this particular virus. And in response to all of that from these nurses, you know, this hospital in Dallas released this blow-by-blow, countering these multiple accusations. And overall, this hospital says it follows CDC protocol. And there were fears about Duncan's lab specimens containing other patients'. They say it didn't leak or spill. They said the nurse's necks were exposed.

Listen to one more thing this nurse in Dallas said.

(BEGIN VIDEO CLIP)

AGUIRRE: I'll be honest, I threw a fit. I just couldn't believe it. I just flat-out asked several infectious disease nurses and asked the CDC, why would I wear two pairs of gloves, three pairs of booties and plastic suit covering my entire body and leave my neck hanging out this much so that something can potentially go close to my mouth or nose?

(END VIDEO CLIP)

BALDWIN: That was kind of the point you were making. Here's my question. I know that Sanjay has been talking to a federal official who says we know both nurses are not at this Dallas hospital. And one of the reasons, as explained to him, that there are real fears that these nurses will walk out. Do you think they should or that they would?

SUMMERS: I'm sorry. The nurses on staff would walk out?

BALDWIN: That's one of the fears, correct.

SUMMERS: Right. It's a concern that the hospital did not appear to be up to date. And I believe the vast majority of hospitals across the nation have not prepared their staffs to be up to date if a patient should walk in the door. Every hospital needs to be prepared for a patient to walk in with Ebola. That's what happened to Texas Presbyterian. They didn't get advance notice, as Emory got when they received two patients, that someone would be walking into their E.R. So we all need to be on alert and look out for Ebola --

(CROSSTALK)

BALDWIN: Sure. As you well know, nurses are incredibly compassionate people. Do you see these nurses, as perhaps fearful or anxious or angry as they may be, do you actually see them walking out?

SUMMERS: Well, nurses do not lightly abandon their patients, that's for sure. But it's very sad that nurses are not listened to. And in our book, "Saving Lives, The Media Portrayal of Nursing Puts Us All at Risk," we talk about how society undervalues nursing because people don't understand what nurses do to save lives and improve patient outcomes. Hospital administrators don't understand what nurses do in their every day practice. They do 24/7 surveillance and intervention. They advocate for patients.

And it seems as though the nurses at Texas Presbyterian were trying to advocate for better care, better public health for Mr. Duncan and the patients who surrounded him at the hospital, and they were not listened to. A nursing supervisor tried to put Mr. Duncan in isolation and met with resistance from other hospital officials. The nurses who were taking care of Mr. Duncan were trying to exhibit good infection control, and as Ms. Aguirre said, there was not proper equipment provided to the nurses to protect the nurses and to protect public health.

BALDWIN: That's right. They are working to get to the bottom of it. Sandy Summers, we'll be listening through the whole journey.

Sandy, thank you, executive director of the Truth about Nursing. Appreciate you.

SUMMERS: Thanks so much.

BALDWIN: And we continue on. Top of the hour. I'm Brooke Baldwin. You are watching CNN.

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