

**TESTIMONY OF THE ASSOCIATION OF SCHOOLS & PROGRAMS OF PUBLIC HEALTH
to the Senate Appropriations Committee
on the U.S. Government Response: *Fighting Ebola and Protecting America***

The Association of Schools and Programs of Public Health appreciates the opportunity to submit testimony to the Committee regarding the United States' responses to the Ebola crisis. ASPPH is the voice of accredited public health education, representing schools and programs accredited by the Council on Education for Public Health (CEPH). Our mission is to transform public health by strengthening and promoting the education, research, service, and practice activities of CEPH-accredited schools and programs. We advocate for investments needed to advance population health and more effective public health policies. ASPPH has 98 members, including 52 schools, 42 programs, and 4 associate members.

ASPPH members are in the forefront of addressing the Ebola crisis, both domestically and in several African countries. Our members active efforts include: vaccine development; the search for innovative low-cost, technology-driven solutions for personal protection; community preparedness activities; public health information sharing and education; disease transmission modeling; crisis communication; the training of public health students and professionals in Ebola management and prevention; and consulting activities with both domestic and international agencies addressing the crisis. In addition, faculty from schools and programs of public health have volunteered to serve in West Africa, and ASPPH fellows who are current public health students are volunteering in the CDC's Emergency Operations Center in Atlanta. Our schools and programs also are serving as invaluable assets to their academic clinical partners, as essential members of interdisciplinary teams preparing to address the needs of patients in their communities.

ASPPH supports the President's Ebola emergency supplemental budget request and strongly supports the efforts of the Centers for Disease Control and Prevention, the Agency for International Development, the National Institutes of Health, the Department of Defense and the Department of Homeland Security to address the crisis. We have been pleased with the important coordinating role played by the White House. We also laud our public health colleagues at the state and local level who have managed the crisis with an admirable level of professionalism and competence. All of us in the public health community, however, share the belief that effective management of the Ebola crisis demands an international effort to meet the public health, clinical delivery, and social service needs of the Ebola-affected and at-risk countries that are bearing the brunt of the crisis' impact. The U.S. has taken a leadership role in helping the countries most at risk in addressing their needs. We urge that the U.S. role be on-going and strengthened. Congress should also pay special attention to short- and long-term efforts to strengthen domestic emergency and health preparedness.

We recently reached out to selected leaders of ASPPH schools and programs, as well as leaders of prevention and preparedness centers, in an effort to identify possible initiatives that the

faculty at our schools and programs could undertake to help CDC, the WHO, and affected countries and communities to address the Ebola crisis. We have not attempted to estimate the cost of such initiatives, but note that many could be funded as supplements to existing Prevention Research Center and Centers for Public Health Preparedness grantees.

We strongly urge Congress and the Administration to consider these proposals as they plan the nation's coordinated approach to the Ebola crisis. We stand ready to assist in the further development of these proposals.

Preparedness Support

- CDC should continue and expand preparedness funding to schools and programs of public health, above and beyond the preparedness funds allocated to the Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) for State, tribal and territorial jurisdictions.
- NIH should reinstitute grants to establish educational mock laboratories (BSL3 and BSL4) to train public health practitioners and enable them to develop appropriate research protocols.
- Fund efforts to improve communication between public health professionals – including schools and programs of public health – and clinical providers, including physician practices, nurses, veterinarians, pharmacists, and other members of the health care team.

Methodology

- Enhance and expand the modeling expertise of schools and programs of public health, including all types of mathematical, computational, and statistical models. Expand and facilitate robust modeling networks.

Communication and Related Training

- Support initiatives to enhance risk communication training, including the development of practical training resources, such as practice interviews, mock press conferences, etc.
- Support the production, testing, and distribution of educational resources for media education. Schools and programs of public health are well positioned to collaborate with journalism schools on such initiatives.
- Develop educational resources for state, tribal and local government leaders to understand both the organization of public health in the U.S. and how specific agents are being managed.

Training

- CDC should fund a training program for students in health security. Such a program should include training for public health laboratory directors and should include modules focused on biosafety/biosecurity, global health resources, and other appropriate topic areas.
- Support the development of additional training facilities for Ebola responders, building on the Aniston, Alabama facility currently used by the CDC. The faculty of schools and programs of public health are well positioned to lead the creation of interdisciplinary regional training facilities and make them available to domestic and foreign responders.

- Support faculty at schools and programs of public health in the development of “train-the-trainer” modules that can be quickly deployed to vulnerable locations.
- Expand all hazard preparation and response training (continuing and expanding current efforts). This might include enhanced training for emergency department personnel, health department personnel, as well as EMS and first responders.
- Develop enhanced just-in-time interprofessional training for public health (ASPPH), hospital staff and residents (AACN and AAMC) relating to infectious disease control and management including personal protective equipment, isolation and quarantine procedures.
- Similarly, develop training and educational modules for community members, food services, funeral homes, union officials, security services, transportation workers (including people who clean such vehicles), and other unique cohorts. In addition, support outreach and collaboration with waste, sewer, treatment facilities and departments and their leaders.

Community Assessments

- Encourage schools and programs of public health to collaborate with local, tribal and state health departments to conduct community preparedness assessments and then to address the identified needs.
- Utilize the skills of public health students by enhancing existing (or in some schools, creating) student preparedness response teams to help staff help lines/command centers at state, local, and tribal health departments, conduct epidemiological surveillance, or provide other support to governmental public health agencies.

Surveillance

- Support efforts to develop innovative, crowdsource, mobile phone-based solutions for reporting data on new and suspected cases of Ebola to a central source in resource constrained countries. Schools and programs of public health, working with other academic partners, are well positioned to establish data sharing mechanisms that span the NGO/UN coordination efforts to Ebola treatment centers to community care centers. This might include open source, free and accessible software packages, tested methodologies, training, along with data aggregation, analysis and mapping capabilities.
- Support new and enhanced surveillance capabilities – including surveillance at the interface between humans and wildlife, including laboratories and enhanced training capacity.
- Several of the academic partners of schools and programs of public health manage clinical care facilities at U.S. airports and major sports and performance facilities. Support enhanced training for the staff of such clinics and urge their expansion at more airport and other transportation terminals.
- Launch a help-in-place initiative focusing on the management of epidemiologic data, e-sourcing of supplies, and symptom monitoring.

Health System and Public Health Development

- Sponsor a set of design challenges to assist affected countries to meet their health system needs.

- Establish a competitive program of U.S.-West African academic collaborations to promote health system development and lab capabilities in West Africa.
- Establish an enhanced program to provide graduate and advanced training to prospective foreign health system leaders.

Global Security/Foreign Aid

- Provide an infusion of financial support to those U.S. academic programs with facilities or existing collaborative relationships with the Ebola-affected and at-risk countries to ensure that such relationships are sustained and nurtured.

Research

- The CDC and NIH should create a collaborative health security innovation and research program for investigator-initiated research at accredited institutions. The program should focus on public health activities broadly, and not be focused solely on countermeasure development.
- Support enhanced implementation and dissemination research activities specifically focused on meeting the challenges of Ebola and similar agents.
- Support aggressive research on the control of nosocomial infections and improved communications between hospitals, other providers, and research agencies.

Social Customs Education and Research

- Provide support for research and educational efforts to reduce stigma (both domestically and internationally), and to change social customs in affected countries (for example, helping the Liberian government change burial practices).
- Provide support for research and demonstration projects aimed at increasing the probability that people at risk will present themselves to public health officials.

Higher Education

- Support the development of model programs for university student health centers to educate and assist university officials and students given the flow of international students.
- Enhance the support of research and curriculum modules on cultural anthropology and psychology in the context of addressing public health challenges.
- Support the creation of regional tabletop exercises concerning an Ebola outbreak that can be used as a case study in various venues.

Again, we appreciate the Committee's consideration of our proposals. If you would like further information or if we can be of further assistance, please contact Tony Mazzaschi, ASPPH Senior Director of Policy and Research, at 202-296-1099, ext. 132 or tmazzaschi@aspph.org.