Association of State and Territorial Health Officials

Testimony before the U.S. Senate Committee on Appropriations

Hearing on "U.S. Government Response: Fighting Ebola and Protecting America"

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On an active, daily basis, state and local health departments play an integral role alongside our nation's healthcare system and our federal partners to respond to a variety of public health threats, including infectious diseases, both traditional and novel. Ebola presents its own unique set of challenges, but the public health community has built, through existing critical federal funding programs and technical support, a ready infrastructure of disease surveillance and epidemiological investigation, contact tracing, lab capacity for rapid diagnosis, health worker training, communications, public education, and active traveler monitoring that is now in place to respond to the current domestic threat of Ebola from those travelling to U.S. from infected regions in West Africa. These Ebola-specific capabilities were built on the existing all-hazards public health preparedness infrastructure that has significantly evolved since 2001.

Over the last several years, ASTHO and other public health partner organizations have consistently opposed budget cuts for federal programs that are focused on domestic public health preparedness. Unfortunately those cuts materialized, including a 40% cut in the hospital preparedness program.

ASTHO supports increases for these domestic programs and the activities overseas that have been included in the Administration's recent budget request which totals $6.2 billion for the Ebola outbreak.

The proposed funding would potentially restore cuts to the CDC Public Health Emergency Preparedness Program (PHEP) cooperative agreement to state and local health agencies, restore cuts to the Hospital Preparedness Program at HHS, and restore grants from CDC that support state laboratory and epidemiologic capacity, among other investments in preparedness response that comprise the established public health infrastructure needed to respond to this disease threat.

The domestic response to Ebola and other disease threats that we currently face requires a trained public health workforce. From 2008-2014, more than 51,000 jobs were lost in state and local health departments, reducing staff such as public health physicians and nurses, laboratory specialists, and epidemiologists. These job losses represent 14 percent of the state health workforce and 20 percent of the local health workforce. Recent cuts to programs such as the Public Health Emergency Preparedness program (PHEP) and the Hospital Preparedness Program (HPP) place even greater burden on state and local public health departments, add to job losses, and further weaken the essential federal-state-local public health network that is essential to protect the health of Americans. In order to restore the strength of the public health workforce here in the U.S, ASTHO strongly supports the domestic component of the supplemental budget request for Ebola.

Trained public health professionals are essential for performing contact tracing of potentially infected individuals, providing training and oversight of hospital infection control, and providing accurate information to the public on how to protect themselves and allay fears. Public health agencies are on the front line with responsibility for ensuring policies, programs and services are in place for rapid and accurate diagnostic testing, initiating control interventions such as quarantine and isolation, the safe transport of patients to designated treatment facilities for definitive care, infection control and worker safety including availability of sufficient supplies of adequate personal protective equipment, clinical care, facilitating proper environmental decontamination and waste disposal. , and the proper disposal of human remains. A key component of public health and healthcare readiness is training and exercisingto hone the skills of the workforce which quite often is resource intensive but critical for a successful mission of saving lives and preventing the spread of disease among healthcare workers and the community. As has been stated by CDC Director Dr. Tom Frieden, the most effective way to stop the threat of Ebola for U.S. residents is to stop it before it reaches our borders. ASTHO agrees with this approach and supports the dedicated investments overseas in Sierra Leone, Guinea, Liberia, and surrounding countries. ASTHO also strongly supports the proposed scaling up of the CDC Global Health Security Initiative, which is broader in reach to countries around the world. This initiative has been proposed by the Administration in recent CDC budget requests to Congress and the rapid, escalating spread of the current Ebola outbreak in West Africa underscores the global importance of effective disease monitoring and rapid outbreak control in countries with modest health care systems and disease monitoring capabilities. For years it has been a well-used phrase in the public health community that the next disease outbreak here in the U.S is a plane ride away. Ebola has certainly made that concern clear to the general American public today and it has been amplified by the recent media coverage.

The lesson learned from the current Ebola outbreak is that early detection and quick response is the key to staying ahead of the curve of a global infectious disease outbreak, both here and abroad. That is the vision of the Global Health Security Initiative to assist other countries with the knowledge and technical expertise from CDC to build their capacity to spot outbreaks early and stop them quickly through proven public health techniques such as isolation, quarantine, infectious disease control, and development and delivery and vaccines and therapeutics.

States have been gearing up and daily building their Ebola response capacity in various aspects. Below are some examples of ongoing preparedness activities:

Most states have implemented their incident command structures to work across agencies and sectors to ensure they are prepared for the possibility that an Ebola patient will present themselves in their state.

Since the first three cases of Ebola were diagnosed in Texas and a subsequent fourth case in New York, states have continued to make preparations. Here's a quick scan of some of the activities states have undertaken.

--The Arkansas Department of Health created English and Spanish version signs that notify patients that they should identify themselves if they have recently traveled from Guinea, Liberia, or Sierra Leone for hospitals and other providers to display.

--Alabama State Health Officer Don Williamson released an informational, 30-second PSA (MP3 File) pointing the public to the state's webpage of Ebola resources. Alabama also gave a webinar to healthcare providers on how to prepare for Ebola.

--Arizona created an extensive set of toolkits on Ebola preparedness for the different disciplines that would be necessary to respond to an outbreak, including one each for hospitals, outpatient clinics, EMS and first responders, 9-1-1 call centers and other public safety answering points, decedent care services, childcare and schools, businesses, and clinicians.

--In California, all five University of California Medical Centers are among hospitals in the state prepared to provide in-patient care to people with confirmed cases of Ebola. Massachusetts and Oregon are also among a handful of states who have publicly listed the hospitals in their states that will treat Ebola patients should there be a need.

--Colorado developed a number of informational posters that healthcare providers can print and display and also distributed a PSA on Ebola (Zip file).

--The Connecticut Public Health Department asked each hospital in the state to complete a detailed checklist developed by CDC and ASPR for Ebola preparedness, which all acute care hospitals had done.

--The Florida Department of Health has placed 15 first responder support packages to strategic locations throughout the state. The kits contain supplemental personal protective equipment and are placed so that first responders can access them in one hour or less. Likewise, 14 hospital support packages that supplement existing supplies have been placed and can be quickly delivered where needed.

--Iowa and Wisconsin have established a weekly briefing between the state health agency and local agencies, hospitals, and EMS to provide an update on current Ebola information.

--The Kansas Department of Health and Environment and the U.S. Virgin Islands Department of Health have developed and continually updated as necessary tabletop training exercises for their hospitals and healthcare providers on diagnosing and treating suspected Ebola patients.

--The Indiana State Health Department created a hotline for healthcare workers to get fast, accurate information about screening or diagnosing a possible Ebola patient.

--The Maryland Department of Health & Mental Hygiene created a multimedia newsroom that features video from state news conferences, slide presentations, fact sheets, and press releases.

--Shortly after the first case was diagnosed in Texas, the Minnesota Department of Health sent letters to funeral homes and crematories, hospitals, and school superintendents.

--The North Carolina Department of Health has an Ebola Planning and Response Dashboard that shows the number of consultations with providers and local health departments, the number of

calls to their Ebola hotline, number of Ebola tests performed at the state laboratory, hospitals that have conducted Ebola response drills, and the number of EMS agencies that have adopted the state's protocol. The state also created an instructional video for healthcare providers on how to properly apply and remove personal protective equipment.

--New Hampshire conducted a training for law enforcement on isolation and quarantine procedures in the state. In addition, New Hampshire Deputy State Epidemiologist Elizabeth Talbot is going to Liberia to train clinical teams there on Ebola control activities.

--Like several other states, the New Jersey Department of Health is participating in a campaign that enables constituents with relatives and friends in the affected West African countries to contact them and share facts about Ebola.

--New York State and New York City announced plans to provide incentives to healthcare workers to volunteer in West Africa.

--All hospitals in Ohio have completed Ebola preparedness drills as requested by the Ohio Department of Health. The drills include instruction for frontline patient-contact staff on how to properly receive, isolate and implement proper infection control practices for a potential Ebola patient, as well as how to properly put on and remove personal protective equipment.

ASTHO appreciates the commitment of this Committee to addressing the Ebola crisis that can only be stopped with assistance from the United States and other countries willing to provide similar support. Our members and the thousands of state health department employees that they represent greatly appreciate your continued support of federal financial assistance for our mission, and look forward to working with your Committee on Ebola and the many other existing and future public health threats that exist in the U.S.

Public health preparedness is matter of national security. The duration of the Ebola response will be measured in multiple months, maybe even years, not days or weeks. The nature of the response needed to protect the American public will present a significant drain on an already overtaxed system. At the same time, we cannot let our guard down on the many other threats such as severe weather events and natural disasters, potential acts of terrorism, and the myriad of other infectious diseases such as influenza, MERS-CoV, Chickungunya, food borne outbreaks, and antimicrobial resistant pathogens such as TB, further amplifying the need for this supplemental appropriations.