



Outside Witness Testimony, U.S. Senate Committee on Appropriations, Ebola Hearing  
National Coalition of STD Directors

Contact Information:

Testimony from: William Smith, Executive Director

Phone: 202-842-4660

Fax: 202-842-4542

Email: Stephanie Arnold Pang: [sarnold@ncsddc.org](mailto:sarnold@ncsddc.org)

1029 Vermont Avenue, Suite 500

Washington, DC 20005

On behalf of the members of the National Coalition of STD Directors (NCS D), who represent sexually transmitted disease (STD) programs in all 65 directly-funded project areas of the Centers for Disease Control and Prevention (CDC)— all fifty states, eight cities and seven U.S. territories— I would like to take the opportunity of this hearing on the domestic response to the Ebola outbreak to highlight the key public health workforce engaged in contact tracing across the country: Disease Intervention Specialists (DIS).

Throughout this Ebola outbreak, we have heard more and more about the importance of contact tracing, the tracking and monitoring of everyone who comes into contact with an infectious disease. As stated by the Centers for Disease Control and Prevention (CDC) in this helpful infographic (which can be found at: <http://www.cdc.gov/vhf/ebola/pdf/contact-tracing.pdf>), “Contact tracing finds new cases quickly so they can be isolated to stop further spread...Even one missed contact can keep the outbreak going.”

The boots on the ground engaged in tracing disease epidemics are the underpinning of all infectious disease programs across the country: Disease Intervention Specialists (DIS). Often working in STD control programs, DIS are currently engaged in Ebola contact tracing and control across the country. DIS personnel conduct voluntary interviews with patients to obtain the names and contact information of their sexual partner(s) and then use that information to contact a patient’s sexual partner(s) and inform them of their potential exposure to an STD or HIV. This work breaks the chain of disease transmission and protects the community’s health.

The importance of DIS to controlling disease outbreaks of all kinds cannot be overstated, as evidenced by their key role in the control of Ebola. This workforce infrastructure is vital to responding not only to emergencies such as this, but to contain our STD, including HIV, epidemics across the country. These individuals are the unsung heroes of public health; few have heard of them, but we desperately rely on them when many types of emergencies occur.

This infrastructure is housed in state and federal health departments and is often funded by federal dollars through grants from the Division of STD Prevention at the CDC. The functions of DIS are not going to be fulfilled by the private sector, but will need to be continued to be funded by the discretionary funding appropriated by this Committee.

DIS positions are often low paying and incredibly demanding. That, coupled with reductions in investments in the public health system, has eroded the DIS workforce over time. Additional resources are desperately needed to bolster DIS staffing— efforts on which NCSDDC has been leading for years. Limited funds at both the state and local levels do not allow for DIS to follow up on all of the almost two million cases of STDs, including HIV, that are reported annually. Additional funds are desperately needed to allow for more DIS to perform contact tracing to stop the spread of STDs. We need to ensure this workforce continues if we ever hope to control STDs, including HIV, but also so we can adequately and effectively respond to public health emergencies, including Ebola.

As we also prepare for the coming of drug-resistant gonorrhea, state and local health departments need additional DIS to identify partners of possible exposure to gonorrhea and link them to care now, ahead of arrival of multi-drug resistant gonorrhea in America. Tracing of partners of those who have tested positive for STDs is vital to ensuring those with possible treatment-resistant gonorrhea receive treatment and that treatment is successful. NCSDDC requested from this Committee (which can also be found here: [www.ncsddc.org/fundingforgonorrhearesistance](http://www.ncsddc.org/fundingforgonorrhearesistance)) an increase of \$53.48 million to support the prevention of STDs and their complications and to ensure those on the front lines of STD prevention have funding to prepare for the emerging threat of drug-resistant gonorrhea. This request includes \$19.5 million for additional DIS across the country to shore up the vital public health infrastructure.

As this Committee considers the needs of additional funding, both domestically and internationally, to assist in the control of Ebola, NCSDDC urges the committee to fund these additional needs through emergency funds. Funds at the CDC for public health infrastructure have taken drastic hits in the last few years due to budget constraints and sequestration. The Ebola outbreak in Africa and the subsequent instances of cases here in America were unexpected and sudden—the definition of an emergency. As a result, any additionally needed monies should be funded as such.

Thank you for the opportunity to provide this outside witness testimony on the importance of DIS and contact tracing. For more information about this testimony or STD prevention in general, please contact the National Coalition of STD Director's Director of Policy and Communications, Stephanie Arnold Pang at [sarnold@ncsddc.org](mailto:sarnold@ncsddc.org) or 202-842-4660.