

# U.S. Senate Committee on Appropriations Full Committee Hearing

Testimony of the American Federation of Teachers Regarding "U.S. Government Response: Fighting Ebola and Protecting America" Nov. 12, 2 p.m.

Dirksen Senate Office Building, SD-G50

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The American Federation of Teachers represents 1.6 million members, including more than 112,000 healthcare professionals—84,000 of whom are registered nurses. As a representative of nurses and healthcare professionals, we are pleased that the committee is holding today's hearing on the U.S. government's response to the Ebola outbreak and appreciate the opportunity to share our views on this important matter.

Preparedness and capacity have been a central focus of our healthcare members and leaders in the wake of the Ebola outbreak, and the administration's request addresses this need. To this end, we urge you to approve the administration's \$6.18 billion request for emergency funding to fight Ebola and request that you consider the following issues and concerns as the committee undertakes its important work.

#### Federal funding for the U. S. public health infrastructure must be increased:

The Ebola outbreak highlights the need for greater investment in the U.S. public health infrastructure in order to strengthen the capacity of state and local public health departments to respond swiftly and effectively to developing emergencies. In recent years, such investment has been slashed significantly. For example, the Centers for Disease Control and Prevention's (CDC) Office of Public Health Emergency Preparedness (PHEP) cooperative agreement, which helps public health departments prepare for a variety of threats to public health, has seen its funding cut by nearly one-third, from nearly \$900 million in 2007 to \$611 million in 2013.<sup>2</sup>

The U.S. Hospital Preparedness Program, which helps communities and hospitals prepare for public health emergencies,<sup>3</sup> has also seen its funding cut—by 50 percent since 2003, according to the Congressional

<sup>&</sup>lt;sup>1</sup> The purpose of the PHEP cooperative agreement is to provide funding to "public health departments across the nation to upgrade their ability to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events." <a href="https://www.cdc.gov/phpr/coopagreement.htm">www.cdc.gov/phpr/coopagreement.htm</a>
<sup>2</sup> FY 2007 PHEP allocation: \$896,736,525 (see Appendix 3, p. 24: <a href="https://www.cdc.gov/phpr/documents/coopagreement-archive/FY2007/fy07announcement.pdf">www.cdc.gov/phpr/documents/coopagreement-archive/FY2007/fy07announcement.pdf</a>). FY 2014 PHEP allocation: \$611,750,000 (see Appendix 2, p. 3: <a href="https://www.cdc.gov/phpr/documents/BP3-Final-PHEP-and-CRI-Funding-508.pdf">www.cdc.gov/phpr/documents/BP3-Final-PHEP-and-CRI-Funding-508.pdf</a>). See also the Pew Charitable Trust's Nov. 5, 2014, report: "Ebola Efforts Tax Strapped Public Health Agencies," <a href="https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2014/11/05/ebola-efforts-tax-strapped-public-health-agencies.">www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2014/11/05/ebola-efforts-tax-strapped-public-health-agencies.</a>
<a href="https://www.phe.gov/PREPAREDNESS/PLANNING/HPP/Pages/default.aspx">www.phe.gov/PREPAREDNESS/PLANNING/HPP/Pages/default.aspx</a>

Research Service. In addition, the CDC reports that it lost nearly \$1 billion in funding due to sequestration and cuts to the Prevention and Public Health Fund.

State public health funding has likewise been slashed. According to Trust for America's Health and the Robert Wood Johnson Foundation, "33 states and Washington, D.C. decreased their public health budgets from FY 2011-12 to FY 2012-13." At a time when additional trained public health professionals are urgently needed in our communities, layoffs and attrition have reduced the number of employees at 91 percent of all state and territorial health agencies, according to the Association of State and Territorial Health Officials.

We are now witnessing the shortsightedness of these disinvestments. Underfunded state and local health departments and an under-resourced CDC complicate local efforts to respond effectively to crises. This also makes it difficult for hospitals and other healthcare institutions to follow and implement CDC guidelines and ensure that nurses and health professionals have the training and equipment they need to keep themselves, their patients and their communities safe.

# The Senate should approve the administration's request for emergency funding to fight Ebola:

The administration's request for additional funding to fight Ebola at home and abroad is a step in the right direction as it begins to reverse the recent trend of disinvestment. Particularly welcome are the \$1.83 billion earmarked for the CDC and the \$333 million for the Public Health and Social Services Emergency Fund. Those funds will, among other things, help fortify state and local public health departments and ensure that frontline caregivers have needed personal protective equipment and training on its use.<sup>8</sup>

## Ending Ebola at its source in West Africa is a matter of our own national security:

We applaud the fact that the administration's emergency funding request includes resources to contain and end the Ebola outbreak at its source in West Africa. The United States' leadership in mobilizing our military and civilian resources to West Africa is critical. In addition to providing much-needed supplies and training to the hardest-hit countries, the \$1.98 billion requested for the U.S. Agency for International Development would support global health security efforts aimed at stemming the spread of Ebola and preventing any future outbreaks from becoming epidemics. The World Health Organization's efforts to fight Ebola in West Africa would also benefit from part of the \$127 million requested for the U.S. Department of State.<sup>9</sup>

We must also draw upon the experience of West African healthcare workers, their unions and their professional networks to combat the outbreak's devastating effects. They are on the frontlines of the immediate medical response, but they are also allies in community engagement. Their voice must be included as part of longer-term policies to strengthen public health systems throughout the region. This epidemic is not just a threat to regional security, it is a potential threat to global security; we must go beyond consideration of our social, economic and political interests to consider our humanitarian interests. We are a nation that does not fail to answer the call to aid those living in fear and suffering beyond our borders.

<sup>&</sup>lt;sup>4</sup> See the Oct. 9, 2014, Congressional Research Service report, "Funding History for Public Health and Hospital Preparedness Grants to States."

<sup>&</sup>lt;sup>5</sup> "Fact Sheet: Impact of Sequestration and Other Budget Changes on the Centers for Disease Control & Prevention," www.cdc.gov/fmo/topic/budget%20information/appropriations budget form pdf/Sequester Impacts.pdf.

<sup>&</sup>lt;sup>6</sup> Trust for America's Health and Robert Wood Johnson Foundation, "Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts," May 2014, <a href="http://healthyamericans.org/assets/files/TFAH2014-InvestInAmericaRpt08.pdf">http://healthyamericans.org/assets/files/TFAH2014-InvestInAmericaRpt08.pdf</a>.

<sup>&</sup>lt;sup>7</sup> Ibid.

<sup>&</sup>lt;sup>8</sup> www.whitehouse.gov/the-press-office/2014/11/05/fact-sheet-emergency-funding-request-enhance-us-government-s-response-eb

<sup>&</sup>lt;sup>9</sup> Ibid.

#### The Senate should swiftly confirm Dr. Vivek Murthy as U.S. surgeon general:

In times of crisis, strong leadership is essential. As the "nation's doctor," the surgeon general provides the public with clear, evidence-based information and helps us discern fact from fiction during complex and emotional public health crises. The surgeon general also leads a corps of public health professionals tasked with promoting and protecting public health from coast to coast.<sup>10</sup> It serves no one's interests to leave this post vacant during one of the most high-profile public health crises in recent years. The Senate should approve President Obama's nomination of Dr. Vivek Murthy for this post without further delay.

## Nurses and other frontline health professionals must be involved in public health decision-making:

It is no surprise that the first two people to contract Ebola in the United States were nurses. Nurses and health professionals are on the frontlines of the fight to treat and respond to health crises like Ebola. I am happy to report that in many places across the country, AFT nurses and health professionals are working collaboratively with employers to develop and implement preparedness programs. However, there are still too many places where the voice of nurses and frontline workers is not being listened to, and, as a consequence, these workers lack the resources, equipment or training they need to safely respond to emergencies.

We believe that the best way to prepare for, respond to and contain the Ebola virus is through a three-point strategy:

- 1) Infection-control protocols and worker-preparedness plans at all healthcare facilities;
- 2) Dedicated, specially trained teams of willing staff to care for potential Ebola patients; and
- 3) Inclusion of frontline providers in the development and implementation of preparedness plans.

As the administration continues to respond to the Ebola outbreak, nurses and other frontline health professionals must have a seat at the table. Protecting healthcare employees and incorporating their experience and expertise in preparedness plans will go a long way toward meeting the public health challenge ahead of us.

We stand ready to assist you in this important work. Thank for you considering our views on this critical public health issue.

<sup>10</sup> www.surgeongeneral.gov/about/