Advancing Emergency Preparedness Through One Health Act of 2018 (S.2615)

- Who/When:U.S. Senators Tina Smith (Democrat-MN) and Todd Young (Republican-IN) introduced S.2615 on March
22, 2018 where it was assigned to the Senate Committee on Health, Education, Labor and Pensions
(HELP). https://www.congress.gov/bill/115th-congress/senate-bill/2615
- What: A bi-partisan bill to improve the effectiveness and efficiency of the US Government's response to emergencies by requiring the U.S. Departments of Health and Human Services (HHS) and Agriculture (USDA) to do more than just *coordinate* but *actively lead interdisciplinary collaborative efforts* with other relevant Departments and Agencies to develop and implement a federal One Health Framework for preparedness. Notably, "One Health" is a nonpartisan issue. What is a One Health Framework?: A collaborative plan to work across organizational boundaries on urgent emergency preparedness issues at the human, animal and plant/environmental interface (*e.g.* influenza, Ebola and other zoonotic diseases with pandemic potential, food-borne illness, environmental contaminants, and underpinning emergency preparedness research). To advance workforce development for prevention and response to disease outbreaks in animals and humans, improve coordination between federal agencies to advance scientific understanding at the nexus of human, animal, and environmental health with the goal to improve preparedness and response, to include preventing outbreaks from becoming pandemics.
- Why: Because "The World Is Not Ready for the Next Pandemic"¹ Across China, the virus that could spark the next pandemic is already circulating. It's a bird flu called H7N9, and true to its name, it mostly infects poultry. Lately, however, it's started jumping from chickens to humans more readily—bad news, because the virus is a killer. During a recent spike, 88% of people infected got pneumonia, three-quarters ended up in intensive care with severe respiratory problems, and 41% died. Global health experts including Anthony S. Fauci, MD, NIH-NIAID Director, Michael T. Osterholm, PhD, MPH, Director, Center for Infectious Disease Research & Policy (CIDRAP) Academic Health Center—University of Minnesota and Lonnie J. King, DVM, MP, MPA, former director of the U.S. Centers for Disease Control's (CDC) new National Center for Zoonotic, Vector-Borne and Enteric Diseases (NCZVED), David Nabarro, BA, MS, MBBS, (MD equivalent), MPH, United Nations Secretary-General's Special Adviser on Sustainable Development and Climate Change, to name just a few, recognize that much more needs to be done to implement one health approaches to prevent, detect and respond to major disease emergencies. The bi-partisan report, "A National Blueprint for Biodefense: Leadership and Major Reform Needed to Optimize Efforts" found that the U.S. remains dangerously vulnerable and also called for greater emphasis on one health solutions.

The tragic events of September 11, 2001, and the anthrax attacks that followed, highlighted the importance of strong local, state, and federal public health systems. The 2009-2010 H1N1 influenza pandemic and the 2014-2015 Ebola outbreak further underscored the importance of preparing communities for public health threats. Preparing for public health emergencies requires continual and *coordinated* efforts that involve every level of government, the private sector, non-governmental organizations, and individuals.²

Call to Action: The U.S. Government has evolved into silos to provide organizational structure and specific authorities, yet todays challenges require us to work across those silos. The issues described above are but a few of the issues at the human, animal and environmental interface that require interdisciplinary collaboration. Stopping a "bird flu" in poultry before it infects a person is the best preventative medicine, interrupting the transmission of Ebola from bats to people will help prevent future Ebola outbreaks from becoming major epidemics and humanitarian crises; evacuating people with their pets is the best way to improve compliance and psychological well-being during a disaster. Even the anthrax attacks required collaboration among law enforcement, public health and agriculture. But the formal mechanism for this as an ongoing collaborative process does not yet exist in the United States. We don't know what we don't know and working together works, that is why we need S.2615. Not to replace or supersede current efforts but to make current efforts more successful through true collaboration. Please urge your Senators to support S.2615. Thank you!!

¹ Time, May 15, 2017 Vol 189, No 18: <u>http://time.com/magazine/us/4766607/may-15th-2017-vol-189-no-18-u-s/</u>

² CDC "Are We Prepared?", Office of Public Health Preparedness and Response: <u>https://www.cdc.gov/phpr/areweprepared.htm</u>