08-EC-01

Committee: Executive

Title: NASPHV/CSTE resolution on One Health

Statement of the Problem:

The public health workforce and other health care providers of humans and animals face unprecedented challenges associated with global climate change, emerging pathogens and explosive population growth. More now than ever, an interdisciplinary "One Health" approach is needed involving physicians, veterinarians, public health and environmental health professionals working together to collaboratively address the health concerns associated with these complex problems.

The One Health/ One Medicine concept was first espoused by Rudolf Virchow in the 1800's, and popularized in the 1960s by Dr. Calvin Schwabe, who advocated cooperation between veterinary and human medicine to combat zoonotic diseases. Unfortunately interest in this collaborative approach diminished over time with both human and veterinary medicine becoming divided into specialties with little interaction between the two disciplines. Additionally, there is currently limited opportunity for contact between medical and public health professionals and environmental health scientists such as microbiologists, ecologists or entomologists. In July 2006 Dr. Roger Mahr, then President-elect of the American Veterinary Medical Association (AVMA), outlined his vision of One Health to the organization. The AVMA supported his vision and subsequently convened a One Health Initiative Task Force in July 2007. This Taskforce was charged with articulating a vision to be used by a multi-agency, multi-organizational team working together to promote the One Health problem solving approach. Initiatives to be supported by this group may include, but are not limited to, data sharing efforts among human, animal and environmental agencies; dedicated funding for interdisciplinary research approaches to health problems; integrated medical, veterinary and environmental science training and education efforts; coordinated public education efforts and better coordination between human and veterinary medical practitioners diagnosing and treating zoonotic diseases.

Inspired by Dr. Mahr's leadership, the American Medical Association (AMA) adopted a resolution officially endorsing One Health in June 2007. The American Society of Microbiology (ASM) is anticipated to endorse a similar resolution in April 2008.

CSTE has for many years been a model of One Health by supporting and affiliating closely with NASPHV in public health initiatives and policy. We are asking both organizations to formally recognize the importance of One Health by endorsing the CSTE/NASPHV One Health resolution below.

Statement of the desired action(s) to be taken:

Adoption of a resolution endorsing One Health by the NASPHV/CSTE memberships.

The NASPHV/CSTE One Health Resolution:

Whereas, The majority of recently emerging infectious diseases, including HIV, SARS and agents of bioterrorism, are zoonoses; and
Whereas, Zoonoses can, by definition, infect both animals and humans; and
Whereas, By their very nature, the fields of human medicine and veterinary medicine are complementary and synergistic in confronting, controlling, and preventing zoonotic diseases from infecting across species; and
Whereas, Collaboration and communication between human medicine and veterinary medicine have been limited in recent decades; and
Whereas, An initiative, often called the "One Health" initiative is being developed to improve the lives of all species-human and animals- through the integration of human and veterinary medicine; and

Whereas, “One Health” previously coined as “One Medicine” by Calvin Schwabe, aims to promote and implement close and meaningful collaboration/ communication between human medicine, veterinary medicine, and all allied health scientists with the goal of improving human public health practice effectiveness as well as advanced health care options for humans (and animals) via comparative biomedical research; and
Whereas, The challenges of the 21st Century demand that medical, veterinary and environmental health professions work together; and
Whereas, The AVMA has formed an initiative to promote collaboration between human and veterinary medicine; and
Whereas, NASPHV/CSTE recognize the ways in which animals and animal care affect human health and disease through policies on the use of animals in research, medical education and product safety testing; xenotransplanation; and animal-transmissible spongiform encephalopathies in humans; the evaluation of therapeutic and non-therapeutic use of antimicrobials in animals and humans, and the impact on antimicrobial resistance in animals and humans; and effective recognition, prevention and control of zoonoses such as rabies and avian influenza; therefore be it
Resolved, That NASPHV/CSTE support an initiative designed to promote collaboration among human and veterinary medicine and environmental scientists; and be it further
Resolved, That NASPHV/CSTE support joint educational efforts between human medical and veterinary medical schools; and be it further
Resolved, That NASPHV/CSTE encourage joint efforts in clinical care through the assessment, treatment and prevention of cross-species diseases transmission; and be it further
Resolved, That NASPHV/CSTE support joint efforts to promote human, animal and environmental wellness; and be it further
Resolved, That NASPHV/CSTE support cross-species disease surveillance and control efforts in public health; and be it further
Resolved, That NASPHV/CSTE support joint efforts in the development and evaluation of new diagnostic methods, medicines, and vaccines for the prevention and control of diseases across species; and be it further
Resolved, That NASPHV/CSTE endorse this effort and will participate with the AVMA, AMA, American Public Health Association and ASM to discuss strategies for enhancing collaboration between the medical and veterinary medical professions in medical education, clinical care, public health and biomedical research.

Public Health Impact:
Improved public health outcome through a more integrated approach to medical education, practice and research.

Coordination:

Agencies for Response:

(1) Dr. Julie L. Gerberding, Director
U.S. Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA
404 639-7000
jyg2@cdc.gov

(2) Dr. Cindy Smith
Director
USDA, APHIS
Jamie L Whitten Federal Building, Room 320 E
1400 Independence Ave SW, AG Box 3491
Washington, DC 20250-3491
202-720-4171
Cindy.Smith@aphis.usda.gov

(3) Dr. Leslie Dierauf
Director
National Wildlife Health Center
USGS, Department of Interior
6006 Schroeder Road
Madison, WI, 53711-6223
608-270-2401
ldierauf@usgs.gov

Agencies for Information:

(1) Dr. Hugh Mainzer
Supervisory Prev. Med. Officer
U.S. Centers for Disease Control and Prevention
NCEH, Division of Emergency and Environmental Health Services
4770 Bedford Highway, NE, Mailstop F28
Atlanta, GA, 30341
770-488-3138
HMainzer@cdc.gov

(2) Dr. Lonnie King
Director, NCZVED
Centers for Disease Control and Prevention
1600 Clifton Road, Mailstop D76
Atlanta, GA
404-639-7380
ljk8@cdc.gov

**For additional Agencies for Information, please provide a separate attachment with complete contact information.*

Submitting Author:

(1) Carina Blackmore, DVM, PhD
State Public Health Veterinarian, State Environmental Epidemiologist
Florida Department of Health
4052 Bald Cypress Way, Bin A08
Tallahassee, FL 32330
850-245-4732
Carina_Blackmore@doh.state.fl.us

Co-Author:

(1) ☒ Active Member ☐ Associate Member

Tim F Jones, MD
State Epidemiologist
Tennessee Department of Health
425 5th Ave, North
Nashville, TN, 37243
615.741.7247
Tim.F.Jones@state.tn.us