Global Health Week of Action 2019-2020

Toolkit

Global Health Action Committee
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Acronyms and Definitions

- S. - represents the bill proposed in the Senate
- H.R. - represents the bill proposed in the House of Representatives
- WHO - World Health Organization
- CDC - Centers for Disease Control
- HIV - Human Immunodeficiency Disease
- AIDS - Acquired Immunodeficiency Syndrome
- PEPFAR - President's Emergency Plan for AIDS Relief
- AMR - Antimicrobial Resistance
- ASL - American Sign Language
- MRI - Magnetic Resonance Imaging
- Op-Ed - Opinion Editorials; “Opposite the Editorial Page”
- LA - Legislative Assistant
- KFF - Kaiser Family Foundation
- BPA - Bisphenol-A

- Advocacy: Support and education about a cause, policy or issue
- Grassroots advocacy: More citizen-based activism; educating the general public so they can advocate to their local, state or federal representatives
- Lobbying: Influence on a specific legislation
- Bill: proposed legislation
- Public bill: proposed legislation that affects general public
- Private bill: proposed legislation that affects or provides benefits to a specified individual(s) or organizations
- Resolutions: written motion
- Simple Resolutions: Can be to honor a public event, offer condolences, advice on foreign policy or other executive business. President does not need to sign it because it does not have the force of law
- Joint Resolution: similar to a bill; continuing or emergency appropriations; amendments to the Constitution
- Still need both the Senate and House approval, but do not need President signature
- Concurrent Resolution: To make or amend rules that apply to both houses. Examples: To allow the United States Capitol Visitor Center to celebrate the birthday of King Kamehameha; To congratulate another country; providing a joint session of Congress such as State of the Union address or congressional budget resolution. Still needs both the Senate and House approval, but do not need President signature and does not have the force of a law.
- Amendment: a change or an addition to a piece of legislation to usually improve it
- Appropriations: Expenditures of money by the government. Allocated to specific legislation and/or programs.
Overview

Welcome from the Global Health Committee!

Dear AMSA leader,

We are so excited that you and your chapter are interested in adding global health advocacy to your activities for this year. Our week of action focuses on a variety of essential global health issues. World AIDS Day is on December 1st, 2019, (we will focus on this date both on the 1st and 2nd) as well as International Day of Disabled persons is December 3rd, 2019. The general information you find in this toolkit as well as the information you receive from our week will make you educated to advocate for these two days. The rest of the week we are focusing on antimicrobial resistance, plastics, and maternal/child health. These are current and important global health issues that need to be advocated for not only this week, but throughout the years to come. Everything listed is just a suggestion, and we’re happy to work with you to make a plan tailored to your chapter’s needs. You may reach out to us via email at gh.chair@amsa.org

Sincerely,

Ashley Barker, University of North Carolina-Chapel Hill Gillings School of Global Public Health
Hanna Choi, University of Massachusetts-Amherst
Mattie White, Indiana University School of Medicine
Overview

AMSA is committed to developing medical-trainee activists that use their voices to challenge the status quo and advocate for policies that provide our patients with better health outcomes. As an action committee, we aim to provide the resources to AMSA members and future physicians to instill the passion. The following are some ways we believe you can get involved to advocate for global health issues.

General Advocacy Ideas

- Legislative visits
- Education (research, congress.gov, educating others, etc)
- Issue Briefings
- Letter Writing Campaign
- Press Releases
- Blogs
- Videos
- Rallies, walks, etc
- Social Media


Please look at the following link for more activism help:

https://www.amsa.org/advocacy/action-committees/grassroots-campaigns/activism-toolbox/
Overview

It is important to investigate the trend of US Funding for Global Health. This can be found through the KFF and other resources. The following are some data visualizations of US funding for FY2019. We recommend researching about specific global health topics as well.
World AIDS Day

Overview

HIV (Human Immunodeficiency Virus) affects almost 38 million individuals around the world, of which 1.7 million are children. If left untreated, HIV can lead to the development of Acquired Immunodeficiency Syndrome (AIDS), which can lead to death. Though treatments and numerous preventative methods have been developed, access to these methods of care are limited by a lack of access and stigmatization of the disease.

PEPFAR, or the President’s Emergency Plan for AIDS Relief, is the largest single-funded bilateral program to focus on one disease- AIDS. PEPFAR provides funding to programs in the US and abroad that tackle everything from direct care of those affected by AIDS (increasing access to antiretroviral treatment, for instance) to funding research on strategic approaches to care.

For the past several years, PEPFAR’s budget has stagnated, with little attention paid to the incredible role it has played in decreasing HIV and AIDS incidence. This year, the President’s recommendation for the budget was 2 billion dollars lower than previous years, and the budget released from the Senate State and Foreign Operations Programs (SFOPS) subcommittee remained 50 million less than in previous years. With the end of AIDS in sight, we cannot afford to back down. We need to increase funding for PEPFAR this year, so we can achieve an AIDS-free future!
World AIDS Day

Actionable Item/Advocacy:

For World AIDS Day, AMSA is calling on our Senate representatives to make the right decision, and increase funding for PEPFAR.

Want to lend your voice to fight for a 1 billion dollar increase to PEPFAR funding? You can use this call-in script to talk to your Senator today!

Senator’s office: “Hello, this is ________’s office, to whom am I speaking?”

You: “Hello, my name is ____ and I am a (pre-medical/medical student) at _______. As one of the 30,000 members of the American Medical Student Association in support of PEPFAR, the President’s Emergency Plan for AIDS Relief, I wanted to share why I support PEPFAR. PEPFAR is a critical program that has saved millions of lives and advances US security interests abroad. As a future medical professional, I want to be sure that programs exist to fight this destructive and expensive disease. Will Senator ______ commit to a $1 billion dollar increase for PEPFAR in Fiscal Year 2020?”

Senator’s office: “Thank you for calling! (May provide an answer to the question above, may not). Can we get your information for a call back?”

Resources


International Day of Disabled Persons

Overview

The disabled community is the largest, most intersectional minority in the world. However, this minority constantly gets dismissed and overlooked, especially in medicine. There is a huge disparity in medicine with educating and advocating for accessible medicine for disabled persons. Accessible medicine ranges from ASL interpreters to MRI wheelchair-accessible machines. Accessible medicine can also include important education initiatives. For example, people with Down syndrome are allowed to be refused an organ transplant. Someone who is born Deaf is automatically consulted to get a Cochlear Implant, which you may think is fine. However, Cochlear Implant is a controversial topic in the Deaf community due to the idea that a CI is “fixing” and not accepting of the culture. The list can go on and on. In the U.S. disabled people refuse to go to doctors because of these barriers they face. These disparities may be magnified internationally, particularly in under-resourced locations with already limited access to healthcare.

Actionable Item/Advocacy:

To educate and advocate for the disabled community please write a letter to the editor. A letter to the editor is a way to communicate to a newspaper, magazine, etc. Letter to the editors are a great way of addressing and changing public issues. The below link will give you more information on why and how to write a letter to the editor.

https://docs.google.com/document/u/3/d/1ZgQdFprUVi9bLck6LnA8VNhXz2Utp8zMHEXqVtUaKu/edit?usp=sharing

To educate and advocate take it upon yourself to do research on the huge disparity disabled people feel in medicine. Address in the letter why this is so important, from how it can cause serious misdiagnosis to overall discrimination. Please make sure you use dated and appropriate language. Handicapped or impaired is no longer appropriate or used in the disabled community. If you are addressing a specific type of disability make sure you are addressing it appropriately and in the right language.

P.S. I am the Global Health Chair and I have two disabilities and am actively involved in the Deaf community and disabled community. Please feel free to email me with specific questions. gh.chair@amsa.org

Resources

https://ncdj.org/style-guide/


https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/?deliveryName=USCDC_1222-DM10067


https://www.cdc.gov/ncbddd/disabilityandhealth/features/unrecognizedpopulation.html
Antimicrobial Resistance

Overview

S. 2304 Strategies to Address Antibiotic Resistance Act

AMR can threaten not only our healthcare, but our food, the environment, and overall community welfare. For example, the increase in our modern traveling has accelerated the rates of AMR. As healthcare professionals it is important to educate your patients before they travel about the implications their travels can have on the world. To prevent AMR, there needs to be a collaborative approach across all countries and all healthcare professionals.

The Strategies to Address Antibiotic Resistance Act, was introduced in July of 2019 and its purpose is to expand on various initiatives to address antibiotic resistance as well as reestablishing the Antimicrobial Resistance Task Force. This bill is very important to continue to raise awareness about AMR and the threat AMR has to global health security. This bill will also give us the ability to establish laboratories and clinical trials.

This bill is fairly new and it requires your support to get the word out and have it passed. This is a highly important bill to accelerate our and the CDC’s efforts in working and supporting countries and facilities to improve AMR and improve our global health.

Actionable Item/Advocacy:

To spread awareness about Antimicrobial Resistance, please send an email to your member of Congress (in both the Senate and the House). Just as a reminder, for information to get passed to the respective Senator or Representative there must be a mass number of call-ins or emails! This email is a template, so feel free to individualized this email with your own personal story. That also can be more effective. Your voice does matter tremendously! Gather up a bunch of people you know to email about S. 2304 the STAAR Act.

Use this following email script on the next page to educate your Senator and Representative about AMR!!
Subject line: Support [S. 2304] Strategies to Address Antibiotic Resistance Act

Dear Senator/ Representative _____,

As a constituent and a (pre)medical student, I want to express my support for S. 2304, that expands and reestablished Antimicrobial Resistance efforts.

The 30,000 members of the American Medical Student Association and I strongly believe that antimicrobial resistance is a serious threat to medicine and overall global health security. I believe that this is dangerous for patients and professionals. Bacteria that becomes antibiotic resistant can cause infections that are harder to treat, leading to higher medical costs, prolonged hospital stays, and increased mortality rates. For example, organ transplants, chemotherapy, and surgeries such as caesarean sections or hip replacements become very high risk. A healthy 11 year old girl developed hip pain that was due to an infection caused by the resistant bacteria, Staphylococcus. This eventually caused bacterial pneumonia in her lungs. She was unable to go a lung transplant due to multiple infections caused by resistant E. Coli, Stenotrophomonas maltophilia, and a resistant form of pneumonia bacteria (Enterobacter aerogenes). The child’s doctors ran out of the most common antibiotics to treat these types of bacteria since they were so resistant. She had to undergo highly toxic antibiotic therapy and a double lung transplant. Just because of antibiotic resistance.

Antibiotic resistance is present in every country and this legislation will allow the CDC to collaborate and focus on preventing antibiotic resistance. Additionally, it will also establish laboratories and clinical trials that are essential to conduct clinical research to prevent the spread and impact of antibiotic resistance.

Resistance is growing in other deadly pathogens from malaria to AIDS, TB, and influenza. These all pose major global health risks if we cannot address them and stop the spread of resistance. This bill can also address and work on these concerns as well.

This legislation would provide for greater accountability and enforcement for the U.S. and CDC to stop antibiotic resistance. The legislation also calls for reestablishing the Antimicrobial Resistance Task Force which is highly important in addressing resistance and the threat it poses to global health security.

The American Medical Student Association calls on [Rep/Senator Their Name] to show leadership and protect us from the dangers of antimicrobial resistance by immediately cosponsoring S. 2304. Thank you for your attention.

Sincerely,

[Your Name]
Antimicrobial Resistance

Resources
https://www.congress.gov/bill/116th-congress/senate-bill/2304?q=%7B%22search%22%3A%5B%22antimicrobial+resistance%22%5D%7D&s=1&r=1


https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance

https://www.who.int/news-room/fact-sheets/detail/antibiotic-resistance

Plastic Pollution

Overview

Plastic Pollution is a complex global health issue that involves an interdisciplinary perspective of economics, healthcare advocacy, and policy. 300 million tons of plastic are produced on a yearly basis, which is the equivalent of the weight of the entire human population, and less than 9% is properly recycled. Plastic pollution is a serious threat to global health. In low-income regions, waste (including plastic) is burnt for heating and/or cooking purposes, which statistically exposes women and children the most to serious and prolonged toxic emissions.

Babies drinking from bottles with leaching plastics (from category 2, 3, and 7 plastics) can have many toxic chemicals leak into their digestive system, circulatory system, and, most importantly, their endocrine system. Plastic exposure is consisted of thousands of chemicals that are not all properly regulated when mass-produced by industries. These chemicals include phthalates, organophosphates, BPAs which are all implicated in endocrine disruption and in the pathogenesis of asthma and allergies. POPs, carcinogens, EDCs, and heavy metals are linked to negative impacts to the renal, cardiovascular, gastrointestinal, neurological, reproductive, and respiratory systems.

Microplastics are passed through foods and beverages like fish and beer and through plastic packaging. Even though these seem like small doses of plastics, evidence has also showed that small doses may be just as bad, or even worse, than larger doses to cellular pathways. Plastic pollution contributes to the acceleration of climate change which can cause accelerated asthma rates in children. Evidence has also found that plastics have lowered the IQ of populations which in turn worsens the economy of countries by millions to billions of dollars. Other health implications include cancers, neurotoxicity, reproductive toxicity, developmental toxicity, and low birth weight. Think about the serious effects past, present, and future plastic has on our health on a global scale.

A great resource to fully comprehend the health implications of plastic exposure is the comprehensive text by the Center for International Environmental Law called “Plastic & Health: The Hidden Costs of Plastic Planet”. According to the text, Plastic microfibers can induce acute or chronic inflammation in the lungs through inhalation. Inhalation of plastics is caused by the industrial extraction and transport of plastics, the refining and manufacturing of plastics, the consumer use of plastics (i.e. carpets and furniture), and the improper waste management of plastics where the severity is based on the country one lives in. For example, China is currently responsible for 28% of the world’s plastic pollution due to mismanagement. China’s ban on accepting other countries’ waste, including plastic waste, in 2017 has ironically caused exacerbated mismanagement of waste in many other countries. Of course mismanagement is a much more complex area of study, so it is highly recommended to research about this topic further in order to advocate for decreasing plastic pollution.

Though it is difficult to measure how many deaths are related to plastic pollution due to the slow and long-term effects of plastics, one report by Tearfund implicated that plastics kill up to a million people a year. In other words, plastic pollution is a global life-or-death matter and we urge you to fight for more government and industrial involvement.
Plastic Pollution

Actionable Item/Advocacy:

To advocate for this issue, write an Op-Ed! Op-Eds are an impactful way of bringing light to healthcare professionals and others about the concern for plastic pollution. We encourage you to write one and publish it through a local newspaper, school paper, or other media on the increasingly detrimental issue of Global Plastic Pollution.

There are many aspects of Plastic Pollution that need attention including stagnant policy changes within the US and other countries to prevent further pollution, the lack of public knowledge on how plastics negatively impact human health, and irreversible environmental effects of single-plastic use even by one person. We have adopted the Op-Ed layout by the California Medical Association, but we encourage you to make this your own. Op-Eds are successful with passion and with a strong opinion backed up by undeniable research. Resources on how to write an Op-Ed are linked, and we recommend looking into the AMSA Health Policy Action Committee and Team Advocacy Toolkit:

https://docs.google.com/document/d/1sYh-LCu2B4AcrM3xyioGyD1NW8ujZhVZry6pTzCTwgE/edit

Heading

TITLE DATE AUTHOR, TITLE, CREDENTIALS

The Opener

The first paragraph of your op-ed should set up the problem. Here, the author can start with local data that drives home the message that plastic pollution is a problem in the local community and the global community.

The rest of the paragraph demonstrates the different ways that the problem can affect the health of community members on a local scale as well as a global one, regardless of age, gender and other factors. This puts a human face on the problem — an important part of any op-ed.

The paragraph concludes with a sentence that hints at finding a solution: plastic pollution is worsening but much of it is preventable with action. This acts as a nice transition to the next paragraph.

The Body

The second paragraph of the op-ed should present your solution. The author can use the first few sentences of this paragraph to restate the problem and offer a solution: consumer advocacy towards industrial and government regulation of plastic management. The effectiveness of the solution is then supported by data that proves the link between consumer representation and industrial and government change.

The next two paragraphs provide examples of the specific public health initiatives that the author is supporting — from a county-wide resolution, to efforts in specific countries that are most impacted. It is important to demonstrate that there are many ways to combat this problem on all levels — from statewide solutions to everyday tips that individuals can use to improve their plastic footprint.

The Call to Action

The concluding paragraph acts as a call to action. It reminds readers that solving the problem will take time, dedication and cooperation. It invites readers to become part of the solution in their communities.
Plastic Pollution

Resources


https://therevelator.org/plastic-pollution-laws/

https://www.google.com/url?q=https://www.unenvironment.org/interactive/beat-plastic-pollution/\&sa=D\&ust=1574090917605000\&usg=AFQjCN-GQxnfL52R2frHfBWoQLib4K8tA

https://www.unenvironment.org/interactive/beat-plastic-pollution/

https://wedocs.unep.org/bitstream/handle/20.500.11822/25496/singleUsePlastic_sustainability.pdf?isAllowed=y&sequence=1

https://wedocs.unep.org/bitstream/handle/20.500.11822/25496/singleUsePlastic_sustainability.pdf?isAllowed=y&sequence=1

https://www.breakfreefromplastic.org/plastic-calculator/

https://www.postlandfill.org/plastic-free-campus/

https://www.plasticpollutioncoalition.org/blog/2019/2/20/report-plastic-threatens-human-health-at-a-global-scale

https://www.ncel.net/plastic-pollution/

https://www.sciencemag.org/article/low-doses-hormone-like-chemicals-may-have-big-effects/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2901120/
Infant and Mother Mortality

Overview

The Reach Every Mother and Child Act (S. 1766) is an important piece of legislation to address the implications of mother and child health around the world. Despite the progress we have made in both the U.S. and the rest of the world, a pregnant woman or a newborn dies somewhere every 11 seconds. When a mother dies in childbirth, her infant has only a 19% chance of surviving in their first month. When interventions are delivered during labor and childbirth and immediate newborn care is provided, up to 51% of newborn deaths can be avoided. 295,000 mothers & 5.3M children die globally each year including over 2.5M newborns who die in their first month and almost 1 million on their first day of life.

In the last two decades, the number of maternal deaths per 100,000 live births has decreased by more than 50 percent in U.S. Agency for International Development’s (USAID) 25 priority countries for maternal and child health. Despite such substantial progress, the World Health Organization reports that 830 women still die every day from preventable causes related to pregnancy and 99 percent of maternal deaths occur in developing countries, a reflection of the deep inequities in accessing health services.

Breastfeeding is also an important part of maternal and child health. Breastfeeding has numerous benefits for both mothers and children. It stimulates cognitive development and protects infants against diarrheal infections and pneumonia. It also decreases the risk of obesity and chronic diseases such as type II diabetes. It serves as a protection against ovarian cancer and breast cancer among nursing mothers and assists them with birth spacing. Breastfeeding results in lower healthcare costs. Countries’ investment towards improving breastfeeding practices would result in US $35 of economic return per dollar invested. Inadequate breastfeeding rates result in economic losses of about US $302 billion annually, which represents 0.49% of the world’s Gross National Income (GNI). Increasing breastfeeding could prevent 823,000 annual deaths in children under five and 20,000 annual deaths from breast cancer.

The following Policy Brief written by Ashley Barker provides additional information on the Reach Every Mother and Child Act. The brief addresses the statistics under the 115th Congress. We advise on keeping up with the policies and the changes to them with the current Congress.
Infant and Mother Mortality

Actionable Item/Advocacy:

Conduct a legislative visit to your local or federal representatives to educate them and ask for their support for this important legislation. Make sure you call your representative (local or Washington D.C. office) and ask for a legislative visit with your Senator regarding the Reach Every Mother and Child Act. They may assign you a legislative assistant (LA) instead, but they will relay the info to the Senator/Representative, especially if you convey its importance and show up with a crowd!

Make sure you are educated and well versed in the legislation before you go! Address the following points above. Additionally, you can bring the following factsheet to pass out to your Senator/Representative/LA. Mentioning a personal anecdote is also a great way to influence your member of Congress to support this legislation!

Resources (to read or bring to your legislative visits)


https://www.cdc.gov/reproductivehealth/global/savingmothers.htm

SUMMARY

Ending easily preventable maternal and infant deaths are critical to improving the health of developing areas. Many poor and underserved communities lack the funding for vaccinations and programs to help ensure healthy lives. The bipartisan Reach Every Mother and Child Act helps improve U.S. efforts through USAID to address this issue. Passing this legislation will allow USAID and the U.S. to be more effective and accountable in achieving the goal to end preventable and treatable maternal and infant deaths by 2030.

ISSUE

Mothers and children in developing countries face numerous issues, including easily preventable deaths. Many of these deaths derive from avoidable causes and lack of vaccinations.

- 300,000 women die annually due to pregnancy or childbirth complications
- 45 percent of children under the age of five die due to malnutrition
- 16,000 children die due to treatable and preventable diseases
- Preventable diseases accounts for 3 million maternal and child deaths annually
- USAID’s budget is 2.9 billion dollars and with this they can save about 15 million children and 600,000 women by 2020

BACKGROUND

5.6 million children are dying from vaccine-preventable diseases such as malaria, pneumonia and diarrhea- causing waterborne illness. 2.6 million newborns do not survive past their first month of life. 99 percent of these deaths occur in developing countries due to the lack of education and financial support. U.S. Agency for International Development (USAID) 2.9 billion dollar budget is not enough to reduce these deaths. USAID will use this budget to help women and children in developing worlds attain more accessible medicine, vaccines, nutrition and breastfeeding programs and other health services.

In the 115th Congress, H.R. 4022 and S. 1730 bipartisan Reach Every Mother and Child Act focuses on the most underserved, poor and vulnerable countries to reduce their maternal and child deaths. This bill proposes that the president will implement a five-year program with other countries to end preventable child and maternal deaths, by the year 2030. Furthermore, with this bill, the President shall initiate a permanent USAID Maternal and Child Survival Coordinator to ensure that the U.S. government funds are used appropriately. This legislation will hold USAID accountable for developing efforts for ending preventable and treatable maternal and child deaths. Economic and geographical status is not adequate reasoning for the millions of babies and their mothers that die annually. Without education or
vaccinations, developing countries will continue to rely on their knowledge or the little access to medicine they have and the rates of deaths can increase. This bill will end mothers excruciating pain of losing their child or eliminate children having to grow up without their mother.

RATIONALE

U.S. involvement with developmental efforts has reduced the deaths from 12 million in 1990 to 5.9 million in 2015. However, easily preventable maternal and child deaths still occur everyday at unacceptable rates. There is not enough enforcement of this bill to ensure implementation. CARE is a humanitarian organization that fights against global poverty and they support this bill because it will allow the "U.S. to be a leader in lifesaving services to women, girls and children around the globe." Another organization dedicated to ending global poverty (RESULTS) says that this bill "can unite us across borders and party lines." Also, they urge the "Senate and the House to act quickly to pass this bill because the world can end needless deaths of women and children if we made it a priority".

AMSA POLICY RECOMMENDATIONS

- AMSA strongly supports H.R. 4022 in the House of Representatives and S. 1730 in the Senate to pass immediately, so USAID can start reducing child and maternal mortality as soon and effectively as possible.
- AMSA strongly supports Congress and USAID to increase the budget for efficient execution of this bill.
- AMSA strongly urges that the bill contains more text and proper language so the respective committees and subcommittees can review it and pass it on to the House and Senate.
- AMSA opposes eliminating any of the programs, that ensures mortality reduction for any of the common preventable and treatable diseases that are affecting maternal and child deaths.

Disclaimer: The views, opinions, and interpretations expressed in this briefing strictly represent those of the American Medical Student Association only. Reference to other organizations and authors, or inclusion of data and discussion publicly reported by other entities is not intended to signify their official endorsement of the abovementioned stances, concerns, or recommendations.