



**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

United States Subcommittee on Emergency Preparedness, Response, and Recovery of  
the House Committee on Homeland Security

“State and Local Response to the Evolving Novel Coronavirus (COVID-19) Outbreak”  
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Testimony of

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Chairman Payne, Ranking Member King, and distinguished Committee members, thank you for the opportunity to appear before you today to discuss the evolving novel coronavirus (COVID-19) threat; what may well be the pandemic of our generation. I am here today to discuss the nation’s COVID-19 response from a state and local perspective as experienced through the public health system in Mississippi.

COVID-19 is a virus that causes a febrile respiratory syndrome similar to influenza. Although many have died worldwide, most cases will have mild or even no symptoms. The vast majority of people infected with COVID-19 will fully recover. Older adults and those with chronic medical conditions are far more likely to experience severe manifestations of the disease. COVID-19 is spread primarily from person-to-person via infectious respiratory droplets, much like influenza and other common respiratory viruses. Based on these transmission characteristics, measures to limit the spread of the disease will be focused on limiting contact with infectious patients and decreasing the likelihood of the public encountering the virus in public settings. To protect healthcare workers, strict adherence to infection control practices and the use of personal protective equipment (PPE) will be necessary. The increased utilization of protective equipment is certain to strain the supply chain, leading to resource gaps in certain areas. An increase in patients requiring hospitalization and intensive care will strain bed capacity. Staffing to care for an increased number of severe cases may be difficult, especially if healthcare workers are ill and must stay home for prolonged periods. There is currently no antiviral treatment or vaccine for COVID-19.

In addition to strains on the healthcare system, the public health system will be greatly challenged to meet the need. The public health system plays a unique role in protecting the safety and wellbeing of the public. When viewed through an historical lens, the

majority of health and longevity gains achieved in our society are attributable not to clinical healthcare, but to public health activities that assure that people have clean water, safe food, healthy environments and that they do not succumb to outbreaks of infectious diseases. This system, especially at the state and local level, serves to ensure that disease outbreaks are detected quickly and addressed promptly. These are functions that cannot be performed by the traditional healthcare system. Within each local jurisdiction, legal mandates charge public health authorities with monitoring and responding to disease outbreaks in a manner that is not achievable through entities such as clinics and hospitals. At the state and local level, systems and staffing are in place to ensure rapid detection of communicable disease. Trained staff ensure disease cases are located, isolated and treated; not only for the benefit of the individual but also to the benefit of broader society by preventing additional disease from being transmitted. These actions are always in play at the state and local level, addressing diseases such as tuberculosis, syphilis, HIV and localized outbreaks. Within the context of COVID-19, these systems have been activated in Mississippi to track down at-risk travelers, maintain isolation and quarantine, respond to outbreaks and implement broader control measures. At a level above these localized responses, coordinated surveillance systems must be maintained and activated to support the entire endeavor and coordinate across jurisdictions. These activities are further coordinated with federal partners such as the Centers for Disease Control and Prevention. Staffing and maintaining this complex and data intensive infrastructure requires talent, funding, highly specialized skill sets, and access to sophisticated information technology.

When the public at large is threatened by pandemic illness, a closely coordinated response with state, local and national emergency response systems is required. This coordination allows for a unification of mission and the capacity to bring multiple partners into the response framework, such that resource needs from all sectors can be deployed for a common purpose. The key element that makes these endeavors successful is unified command. This concept ensures that all partners are incorporated into the larger effort, and that they are accountable to a singular leadership that assures activities are coordinated and effective. In Mississippi, we are fortunate that our state public health agency is well integrated in to state and local emergency response activities. The state department of health maintains a constant staff presence within the state emergency operations center, ready to fulfill our response function in concert with the Mississippi Emergency Management Agency (MEMA). Our local Emergency Response Coordinators maintain close connections to the county Emergency Management Agencies, ensuring that we are ready to act quickly in the event of a local crisis. Our statewide essential services function healthcare coalition (MEHC) incorporates state and local government agencies with external healthcare organizations for the purposes of joint planning, the rapid dissemination of information, determining resource needs, and response coordination. (For MEHC members see Appendix 1.) All of these close relationships are only reinforced by our regular, joint activations for natural disasters and other events.

Mississippi sits in a state of readiness for the arrival of COVID-19, with an expectation of community transmission in the near future. As a component of our public health response, the Mississippi State Department of Health has been placing all at-risk travelers on limited quarantine. Our public health nurses have been directly monitoring every at-risk person twice daily for symptoms of COVID-19, using our established telehealth home monitoring platform that was initially designed to assist in the management of patients with tuberculosis. As of March 7, 2020, there have been no confirmed cases of COVID-19 in Mississippi. Testing for COVID-19 in Mississippi is available through the Mississippi State Department of Health and certain private labs. At the present time, we have sufficient capabilities to meet testing demand. As the lead agency for pandemic response, the Mississippi State Department of Health is working closely with the Mississippi Emergency Management Agency (MEMA) in anticipation of the arrival of COVID-19.

On March 4, 2020, Governor Tate Reeves signed an executive order forming the Mississippi Pandemic COVID-19 Steering Committee. Based on the foundation of the Mississippi Pandemic Influenza Steering Committee, this broad team of state partners will refine the existing pandemic plan to meet the specific needs of a COVID-19 pandemic. The pandemic response plan is an organizational roadmap that helps coordinate all partners, in a common mission, to meet the needs of Mississippi citizens. Such coordination is key for a pandemic event, as multiple components of society, businesses, schools, healthcare, critical infrastructure, and government are likely to be affected. Non-pharmaceutical interventions, activities that limit the spread of disease in the absence of vaccine or medications, will be core activities in the COVID-19 response. These include actions such as isolation, quarantine, social distancing and school closures. These interventions, and their disruptive sequelae, require multi-agency coordination and close collaboration with external, community partners. The current pandemic influenza plan, which is updated annually, contains essential elements that are relevant not only to influenza but to any pandemic respiratory illness that is spread through similar mechanisms. This continuous planning effort, supported throughout the years with federal funding, is absolutely essential to ensure Mississippi is prepared to execute a response in a timely manner. This existing plan includes directives for all state agencies under the existing Essential Services Functions as defined in the state's Comprehensive Emergency Management Plan. The 2019 Mississippi Pandemic Flu Response Plan, an Annex to the state's Comprehensive Emergency Management Plan, serves as the source document for our COVID-19 response. This Annex establishes a framework for the management of statewide operations, under a unified command, with appropriately scaled and structured responses. It establishes policies and procedures by which the state can coordinate local and state planning, response and recovery efforts. This plan follows the National Incident Management System (NIMS), a tool that ensures a consistent approach for all levels of governments, while incorporating private

sector and non-governmental organizations, to work together in incident response, regardless of cause, size or complexity.

The State of Mississippi is grateful for the emergency supplemental funding being made available through HHS to combat COVID-19. With this funding, Mississippi will be able to augment testing capacity, fund state response efforts, enhance disease surveillance, implement community mitigation strategies, fill critical resource gaps such as PPE and medical supplies, improve communications, support healthcare delivery, support the critical social needs of the public, support fatality management and maintain critical infrastructure. Recently enacted approaches to telehealth funding, such as permitting Medicare patients in some areas to access the service from home rather than a clinic setting, will greatly assist in community mitigation efforts by improving efficiencies, permitting ill patients to stay home, and allowing non-COVID-19 patients access to healthcare without coming into physical contact with a clinical environment. The emergency supplemental funding approved last week is a critical first step to assist state and local health departments in their response efforts. Recognizing that we do not yet know the extent to which this virus will impact our healthcare and public health systems overall, it is important to acknowledge additional supplemental funding might be needed in the future.

Steady federal support, through the CDC Epidemiology and Lab Capacity grant, the Public Health Emergency Preparedness cooperative agreements and the HHS ASPR Hospital Preparedness Program, are essential mechanisms for supporting action at the state and local levels. Without these programs, meaningful action at the community level would be severely hampered. The COVID-19 response is but one of many activations that I have experienced in my public health career. Threats such as the West Nile Virus, pandemic H1N1 influenza, Chikungunya, Zika, the opioid epidemic and Ebola give us historical perspective of what we are likely to face in the future; a steady stream of natural and manmade threats that will continue to undermine our nation's health and prosperity. Although different in nature, the public health response infrastructure needed to address them is largely the same. Support for these responses is often reactive and specific to a specific disease event. Maintaining a robust and capable public health response system takes a steady investment in time and effort. The necessary skill sets, staffing and technology are not readily scalable in the event of acute need. As you consider future investments in protecting the safety of your constituents, I would ask you to consider steady and sustained investment in our public health infrastructure. Stable support over time will permit us to remain in a state of perpetual readiness rather than diverting essential resources away from other public health issues when we must rapidly escalate a response in the event of a crisis.

## Appendix 1: Members of Mississippi ESF-8 Healthcare Coalition

- Agriculture & Commerce (MDAC)
- Agricultural Theft & Consumer Protection
- Animal State Board (MBAH)
- Assisted Living (ALFA, INHA, MHCA, MCAL)
- Community College State Board (MCCB)
- Coroners & Medical Examiners Association (MSCMEA)
- Dental Association
- Dental Examiners State Board (MSBDE)
- Dental Services, State Public Health
- Dialysis (Network 8)
- Education (MDE)
- Emergency Management (State, Local, Tribal, MEMA, MCDEMA)
- Emergency Medical Services (State, Local, Tribal, MEMS)
- Emergency Planning & Response (OEPR) Local and State Public Health
- Environmental Quality (MDEQ)
- Field Services, Local and State Public Health
- Funeral Directors & Morticians Association (MFDA)
- Healthcare (MHCA) Home Health
- Health Disparity, State Public Health
- Health Facilities, LTC, Licensure & Certification
- Home Health (MAHC)
- Hospice & Palliative Care Association (LMHPCO)
- Hospitals: MHA, Military, Parchman, UMMC, VA
- Human Services (MDHS)
- Institutions of Higher Learning (IHL)
- Medicaid
- Medical Licensure State Board (MSBML)
- Mental Health (MDMH)
- Mortuary Response Team (MMRT)
- National Guard (Army NG, Air NG)
- Nursing State Board (MSBN)
- Pharmacy State Board (MBP)
- Primary Healthcare (MPHCA)
- Public Health (State, Local, Tribal, MPHA)
- Policy & Planning, State Public Health
- Public Safety (MDPS)
- Rehabilitation (& Vocational) (MDRS)
- Rural Health/Primary Care
- Salvation Army
- State Emergency Response Team (SERT)
- State Fire Academy
- Transportation (MDOT)
- Veterinary Medical Association
- Women, Infant & Child (WIC)