

**SUBJECT:** Strengthening Pandemic Preparedness and Public Health Infrastructure through Collaboration between Academia and Public Health Agencies

**SUBMITTED BY:** Student Association of the American College of Osteopathic Family Physicians on behalf of Yasaman Dasteh Goli, OMS III, Edward Via College of Osteopathic Medicine Virginia; Michelle Mathew, OMS III, Kansas City University; Rachel Mojica, OMS II, Lincoln Memorial University - DeBusk College of Osteopathic Medicine; Cordigan Summers, OMS II, Idaho College of Osteopathic Medicine

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RESOLUTION NO. 21

- 1 WHEREAS, effective pandemic preparedness and a robust public health infrastructure are essential
- 2 for safeguarding communities; and
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- 4 WHEREAS, partnerships between medical schools and public health agencies can significantly
- 5 contribute to addressing gaps in public health infrastructure, as seen during the Spanish flu
- 6 outbreak in 1918 when medical students at the University of Pennsylvania cared for patients in
- 7 similar capacities as physicians (4), in 1952 during the polio epidemic in Denmark when groups of
- 8 medical students were tasked with manually ventilating patients (5), and during the COVID-19
- 9 pandemic when medical schools in the United States, Italy, and the United Kingdom were graduated
- 10 early so that they could serve as frontline clinicians (1); and
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- 12 WHEREAS, utilizing the expertise of academia and the resources of public health agencies is crucial
- 13 for a comprehensive approach to pandemic preparedness; and
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- 15 WHEREAS, research initiatives can address gaps in pandemic preparedness and response
- 16 strategies; and
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- 18 WHEREAS, encouraging medical schools to conduct research that translates into policies leveraging
- 19 the latest scientific advancements; and
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- 21 WHEREAS, implementing systems for medical students to report on mental health trends during
- 22 virtual and in-person interactions; and
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- 24 WHEREAS, community emergency response teams with medical students, when established, can
- 25 enhance capacity during public health emergencies; and
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- 27 WHEREAS, practical simulations help identify and address gaps in coordination and logistics
- 28 management during a public health emergencies; and
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- 30 WHEREAS, community wellness checks, both virtual and in-person contribute to assessing mental
- 31 health and physical well-being; now, therefore be it
- 32
- 33 RESOLVED, that the American College of Osteopathic Family Physicians (ACOF), in collaboration
- 34 with medical students and student organizations, highlight available resources such as but not

35 limited to virtual mental health support through telehealth services, including online counseling  
36 sessions, mental health hotlines, and virtual support groups; and, be it further  
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38 RESOLVED, that the ACOFP considers the establishment of a collaborative framework between  
39 academia and public health agencies, the creation of community emergency response teams with  
40 medical students, and the implementation of mental health initiatives; and, be it further  
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42 RESOLVED, that the ACOFP works in concert with medical schools, public health agencies, and local  
43 health departments for the betterment of public health and community well-being.  
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45 ACTION: \_\_\_\_\_

#### References:

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2. Martin A, Blom IM, Whyatt G, Shaunak R, Viva MIF, Banerjee L. A Rapid Systematic Review Exploring the Involvement of Medical Students in Pandemics and Other Global Health Emergencies. *Disaster Med Public Health Prep.* 2022 Feb;16(1):360-372. doi: 10.1017/dmp.2020.315. Epub 2020 Sep 2. PMID: 32873349; PMCID: PMC7550875.
3. Rudy E, McNamara K, Patel R, Sturm C. A Virtual Companionship Intervention Reduces Loneliness During the COVID-19 Pandemic. *Innov Aging.* 2021 Dec 17;5(Suppl 1):958. doi: 10.1093/geroni/igab046.3456. PMCID: PMC8682692.
4. Starr I. (2006). Influenza in 1918: recollections of the epidemic in Philadelphia. 1976. *Annals of internal medicine*, 145(2), 138–140. <https://doi-org.proxy.kansascity.edu/10.7326/0003-4819-145-2-200607180-00132>
5. West JB. The physiological challenges of the 1952 Copenhagen poliomyelitis epidemic and a renaissance in clinical respiratory physiology. *J Appl Physiol* (1985). 2005;99:424-432. [PMID: 16020437]