



APR 30 2013

John S. Parker, M.D., Major General (Retired)
Senior Vice President
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Dear Dr. Parker and Members of the National Biodefense Science Board (NBSB):

Community resilience is defined as the sustained ability of communities to withstand and recover from adversity. Resilient communities include healthy individuals and families with access to health care, both physical and psychological, as well as the knowledge and resources to know what to do to care for themselves and others in both routine and emergency situations. Enhanced resilience is considered critical to mitigating vulnerabilities, reducing negative health consequences, and rapidly restoring community functioning after emergency events. Recent research suggests that social connectedness (or social capital) can be central to the ability of a community to withstand disaster and rebuild both the infrastructure and the societal ties that are at the foundation of any community. The U.S. Department of Health and Human Services (HHS) is committed to community health resilience and improving the nation's ability to respond to and recover from major public health emergencies. I would like the NBSB to provide actionable recommendations to HHS on how the Department can build and help sustain community health resilience.

The NBSB has considered the issue of community health resilience before. In a September 22, 2010 letter to the Assistant Secretary for Preparedness and Response (ASPR), one of the topics suggested as a future task for the NBSB was enhancing community resilience. Additionally, the vision for health security described in the *National Health Security Strategy* (NHSS) is built on a foundation of community resilience. The two main goals of the NHSS Implementation Plan are (1) building community resilience, and (2) strengthening and sustaining emergency response systems. The Department of Homeland Security's Office of Health Affairs collaborated with my office and the Administration for Children and Families to sponsor a two-day community health resilience workshop on October 25-26, 2011. Workshop participants raised awareness of the need for the whole community, which includes the government, private sector, and non-profit organizations, to share information during a major health-related emergency. Furthermore, the National Research Council (NRC) was asked by federal agencies and a community resilience group to examine ways to increase the nation's disaster resilience. In response, the NRC created a 2012 report entitled "Disaster Resilience: A National Imperative". One of the Report's recommendations was that federal government agencies should incorporate national resilience as a guiding principle.

I would like the NBSB to explore the concepts and issues surrounding community health resilience and to make actionable recommendations to HHS for ASPR policies and actions that will enhance and build community resilience. The NBSB should consult with leading experts and stakeholders in the field to obtain a holistic view of the various components that impact community health resilience and narrow the scope of this topic by choosing the area(s) on which to focus attention. Among the questions that the NBSB should answer:

- What actions should ASPR take to advance health resilience in communities?
- What domains of resilience would most benefit from federal action?
- What types of federal action would accomplish these goals?

Given the NBSB's expertise in disaster management, community health, and other related fields, I believe that the Board can offer great insight on this issue as an independent scientific body. I look forward to receiving the NBSB's recommendations by March 31, 2014.

Thank you for your continued attentiveness in ensuring the public health preparedness of our nation.

Sincerely,

Nicole Lurie, MD, MSPH
Assistant Secretary for Preparedness and Response