

Public Meeting Summary¹

Tuesday, April 29, 2014

Thomas P. O'Neill, Jr. Federal Building

200 C Street, SW, Washington DC 20024

Lower Level -L1J13 / S103 – Willow Conference Room

9:00 am – 11:30 am ET

Call-in: 1-888-989-9728, International Dial-In: 1-517-308-9118, Public Passcode: 5150747

NBSB Voting Members Present

John Parker, Chair
Georges Benjamin
John Bradley
Jane Delgado
David Ecker
Emilio Emini
Manohar Furtado
Kevin Jarrell
Steven Krug
Sarah Park
Betty Pfefferbaum

NBSB Ex Officio Members Present

Brooke Courtney (FDA Alternate)
Bruce Gellin (OASH)
Sam Groseclose (CDC Alternate)
Lisa Kaplowitz (ASPR Alternate)
Randall Levings (USDA)
Richard Martinello (VA Alternate)
Bonnie Richter (DoE Alternate)
Marc Shepanek (NASA Alternate)

Presenters Present

Nicole Lurie, Assistant Secretary for Preparedness and Response
Edward Gabriel, Principal Deputy Assistant Secretary for Preparedness and Response
Lisa Kaplowitz, Deputy Assistant Secretary for Preparedness and Response

NBSB Staff Present

Charlotte Spires, Executive Director
Ayah Wali, Senior Management Analyst
Jyl Woolfolk, Senior Policy Analyst
Maxine Kellman, Biotechnology Policy Analyst
Justin Willard, Junior Management Analyst
Belinda Green, Program Policy Analyst
Miesha Dockery, Program Analyst

¹ A full transcript of these proceedings may be found at
<http://www.phe.gov/Preparedness/legal/boards/nprsb/meetings/Pages/140429-meeting.aspx>.

Call to Order, Conflict of Interest Rules, and NBSB Introductions

Charlotte Spires, DVM, MPH, DACVPM, Executive Director, NBSB
CAPT, U.S. Public Health Service
U.S. Department of Health and Human Services

CAPT Spires called the meeting to order. She provided an overview of the Federal Advisory Committee Act (FACA) and conflict of interest rules, and then proceeded to take roll for all National Biodefense Science Board (NBSB) members present in-person and via teleconference.

Welcome and Agenda Overview

John S. Parker, MD, Major General (Retired)
Chair, NBSB

Dr. Parker thanked CAPT Spires for confirming a quorum. Dr. Parker then announced to all meeting attendees that Dr. Kaplowitz was present, and would be introduced later in the meeting. He welcomed members of the public, and announced that there were new voting members present for the discussion. Dr. Parker reiterated that new voting members were not eligible to vote until they were authorized starting May 1st. Dr. Parker provided an overview of the meeting's agenda, which included the Board's vote on the approval of the Future of the NBSB Working Group's (WG) recommendations to the Secretary of the Department of Health and Human Services (HHS).

Future of the NBSB WG's Letter of Recommendations to the ASPR ²

John S. Parker, MD, Major General (Retired)
Chair, NBSB

Dr. Parker summarized the content of the letter to the ASPR with the following short-term and long-term priorities:

Short-term Priority Areas:

1. The 2014 National Health Security Strategy (NHSS) and Implementation Plan would be an ideal priority for the NBSB. The board considers the NHSS a major leadership publication of the ASPR. The content of the NHSS is the roadmap for the plans and goals of the ASPR. Major sections could be devoted to Community Health Resilience (CHR) and Community Resilience in general. The Implementation Plans would outline the projects that would need to be executed to bring about CHR. The board would also be a valuable resource as it would be innovative in recommendations about the distribution and marketing of the NHSS.
2. The board is interested in being involved in the development and future implementation of the Hospital Preparedness Programs. Initial discussions have led the board to the conclusion that Dr. Marcos is interested in having the expertise of the board to help fill gaps of knowledge and ideas in the form of NBSB recommendations.

Long-term Priority Areas:

1. The NBSB provided several recommendations to the ASPR concerning MCM's in one of its earliest reports. The board recognizes that the BARDA has made some sweeping changes in defining its goals and meeting expectations. Since that report, the board has had the opportunity to study the National Strategic Stockpile and also recently answering the question

of “When is enough enough” from a preparedness and response perspective. The board feels that a second look at BARDA with their accumulated knowledge would be a valuable excursion.

2. The preparedness and response continuum – Federal, State, Territory and Local cooperation. The board fully recognizes that this continuum is critical and would like to offer the ASPR their observations and recommendations.
3. Determine how well the federal government along with states and territories are prepared for unknown threats. Current scenario and preparations involve known threats, and there is a need to have a framework of response to unforeseen threats.
4. Assess current cyber security surrounding healthcare, and how the integrity of information systems has an impact on preparedness and response.

Dr. Parker asked CAPT Spires to confirm if any email comments had been received.

Public Comment Check (via E-mail)

CAPT Charlotte Spires, DVM, MPH, DACVPM
Executive Director, NBSB

No public comment was received via email.

NBSB Vote on Recommendations from the Future of the NBSB WG

CAPT Charlotte Spires, DVM, MPH, DACVPM
Executive Director, NBSB

CAPT Spires polled the members of the board for approval or disapproval. The letter was unanimously approved, and will be transmitted to the Secretary with a letter.

Acknowledgement of New NBSB Voting Members

John S. Parker, MD, Major General (Retired)
Chair, NBSB

Dr. Parker acknowledged NBSB’s retiring voting members: Drs. Georges Benjamin, Jane Delgado, David Ecker, Daniel Fagbuyi, Kevin Jarrell, and Betty Pfefferbaum. He then welcomed the NBSB’s five newly appointed voting members and one re-appointed* member: Drs. Virginia Caine, Noreen Hynes, Catherine Slemper, Tammy Spain, David Weinstock and David Ecker⁴. Dr. Parker introduced Dr. Lisa Kaplowitz, the Deputy Assistant Secretary in the Office of Policy and Planning for Preparedness and Response.

Presentation and Introduction of the ASPR

Lisa Kaplowitz, MD, MSHA
Deputy Assistant Secretary for Preparedness and Response

Dr. Kaplowitz discussed the history and responsibilities of the ASPR and its components, the Biomedical Advanced Research and Development Authority (BARDA) and the National Disaster Medical System (NDMS). She noted that her office would be delivering a revised version of the National Health Security Strategy (NHSS) by the end of this year. She introduced Dr. Nicole Lurie, the Assistant Secretary for Preparedness and Response.

ASPR Presentation to NBSB and Introduction of the New Task³

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

Rear Admiral, US Public Health Service

Dr. Lurie thanked Dr. Kaplowitz and provided a brief overview of her background. She stressed the importance of the NBSB and its role in the continuous improvement of ASPR. Dr. Lurie opened the discussion with a historical perspective of the ASPR noting successes and hardships, and announced that version 2.0 of a behavioral health concept of operations had been completed. Dr. Lurie explained her office's role in the behavior health involvement, and emphasized the need for a behavioral health aspect in response to events such as Hurricane Sandy and the Boston Marathon.

Dr. Lurie detailed how ASPR has evolved and broadened its responsibilities as crises have arisen. She discussed tasking the Board on advising how to be better prepared in responding scientifically when there is a public health emergency. Dr. Lurie noted that these actions resulted in a very robust science preparedness and response initiative within the Office of Policy and Planning (OPP). Dr. Lurie highlighted grants offered, collaborations with other associations, and recommendations that the ASPR had submitted.

Dr. Lurie thanked the Board for their input and advice, and revealed the new name of the Board. The NBSB will also be known as the National Preparedness and Response Science Board (NPRSB). She indicated that the new name change more accurately reflects the broader scope and mission of what the ASPR tasks the Board to develop. Dr. Lurie stated that the ASPR Strategic Plan needs to be revised due to the expanding responsibilities and progress that ASPR has made over the past five years and will make into areas unforeseen.

Dr. Lurie would like the Board to assess where ASPR is now moving forward, discover more strategic opportunities and identify the strategies that can best support achieving the mission with regard to preparedness, response, recovery and resilience.

In conclusion, Dr. Lurie asked the Board to keep the following in mind when re-envisioning the organization's strategic plan:

- Take the opportunity to highlight some of the accomplishments to date, the past impacts of ASPR, and the impacts the Office of the ASPR should have regarding preparedness and resilience.
- Assess the current environmental, scientific, and healthcare fiscal policy, and re-evaluate ASPR's viewpoint.
- Identify the near and far term conditions that will impact this mission space and how the Office of the ASPR can be successful.
- Analyze the current mission requirements; develop strategic objectives, and future resource and capability gaps to present in a final report with a prioritized list of suggestions.

Dr. Lurie thanked the Board, and received a question: How can the organization convey the need for resources for public health preparedness when times are well? Dr. Lurie responded by stating that the historical trend has been for funding to fall light when times are well, and to increase dramatically after a disaster event. She stated that with every event, no matter how large or small, the constituents of ASPR need to be educated on the need for constant investment. Dr. Lurie expressed the need to change the dynamic to help people understand that there is a new normal, and this requires constant funding.

Presentation of Certificates to Retiring Members

Dr. Lurie presented a series of certificates of appreciation for both new and old members of the Board. She recognized the retiring members of the Board and presented them with personalized certificates signed by the Secretary thanking them for their service.

Swearing-In of New Members

Dr. Lurie swore in the following members of the Board:

- Virginia Caine, MD
- David Ecker, PhD (Re-appointed)
- Noreen Hynes, MD, MPH, DTMH
- Catherine Slemp, MD, MPH
- Tammy Spain, PhD
- David Weinstock, MD

Dr. Parker thanked Dr. Lurie for her leadership, and meeting contribution. Dr. Parker asked CAPT Spires to confirm that no email comments had been received, and to conduct a poll on the acceptance of the new task.

Public Comment Check (via Email)

CAPT Charlotte Spires, DVM, MPH, DACVPM
Executive Director, NBSB

No public comment was received via email.

NBSB Vote on Acceptance of New Task by Board

CAPT Charlotte Spires, DVM, MPH, DACVPM
Executive Director, NBSB

CAPT Spires polled the members of the board for approval or disapproval. The new task was unanimously accepted.

Remarks and Overview of New Task

John S. Parker, MD, Major General (Retired)
Chair, NBSB

Dr. Parker opened up the floor for general discussion on the new task at hand. He highlighted comments related to the direction in which to take the new task:

- Target and be specific in the areas where we can help the ASPR the most
- Visualize what the world is going to look like five years from now, explore if that's the way the world is going to potentially look like five years from now, and consider what do we need to do to prepare now
- The strategy has to speak to both coordination and operative elements
- Focus on emphasizing our efficiency so that we're not perceived as an entity that's wasting dollars
- Point out those things that appear to be working well because there may be a strategy within those efforts that might be applied towards either current or future needs

Dr. Parker then introduced Edward J. Gabriel, Principal Deputy Assistant Secretary for Preparedness and Response of the Department of Health and Human Services (HHS).

Concluding Remarks

Edward J. Gabriel, MPA, EMT-P, CEM, CBCP

Principal Deputy Assistant Secretary for Preparedness and Response

Mr. Gabriel introduced himself to the Board, and gave a background of his career. Mr. Gabriel discussed the levels of preparedness over the years, and how it's strengthened. He stated that he worked in New York City in 2001 under the Mayor's Office of Emergency Management, and that the level of preparedness then was nowhere close to today's levels. He encouraged members of the Board to bring their opinions and experiences to the table, to make the mission more practical. Mr. Gabriel stated that he had an open-door policy, and welcomed the NBSB members to come talk to him. He thanked Dr. Parker for giving him the time to speak.

Wrap-Up and Conclusions

John S. Parker, MD, Major General (Retired)

Chair, NBSB

Dr. Parker asked Mr. Gabriel to share his experiences in both the public and private sector with the Board, and to show a comparison of the differences between the two. Dr. Parker stated that seeing a comparison could help the Board see why there should be a difference, or ask if there should be a difference.

Dr. John Parker thanked Dr. Nicole Lurie, Dr. Lisa Kaplowitz and Mr. Edward Gabriel for taking the time to speak, and everyone for attending the meeting. Dr. Parker asked CAPT Spires to adjourn the meeting.

CAPT Spires adjourned the meeting at approximately 11:30 A.M.

² Letter from John S. Parker, NBSB Chair, to Nicole Lurie, ASPR may be found at <http://www.phe.gov/Preparedness/legal/boards/nprsb/meetings/Documents/TabA-NBSBfuture.pdf>

³ Letter from the ASPR to the NBSB regarding Long-Term Strategic Review <http://www.phe.gov/Preparedness/legal/boards/nprsb/meetings/Documents/ASPRLetter-StrategicReview.pdf>

⁴ Re-appointed members: David Ecker, PhD