

Public Meeting Summary¹

Monday, March 30, 2015

Thomas P. O'Neill, Jr. Federal Building

200 C Street, SW, Washington DC 20024

Lower Level -L1J13 / S103 – Willow Conference Room

1:00 pm – 2:00 pm ET

Call-in: 1-888-946-7304, International Dial-In: 1-212-547-0362, Public Passcode: 7491964

NPRSB Voting Members Present

Steven Krug, Chair

John Bradley

Virginia Caine

David Ecker

Christina Egan

D. Gray Heppner

Noreen Hynes

Ross LeClaire

Eva Lee

Catherine Slemp

Tammy Spain

Sharon Stanley

David Weinstock

NPRSB Ex Officio Members Present

Randall Levings (USDA)

Bonnie Richter (DoE Alternate)

George Korch (HHS/ASPR)

Bruce Gellin (HHS/OASH)

Rosemary Hart (DoJ)

NPRSB Staff Present

Charlotte Spires, Executive Director

Cynthia Henderson, Executive Assistant

Jyl Woolfolk, Senior Policy Analyst

Evelyn Seel, Policy Analyst

Maxine Kellman, Biotechnology Policy Analyst

Paula Murrain-Hill, Senior Management Analyst

Belinda Green, Program Analyst

Miesha Dockery, Program Analyst

Justin Willard, Management Analyst II

Daniel Flynn, Intern

Call to Order and NPRSB Introductions

Charlotte Spires, DVM, MPH, DACVPM, Executive Director, NPRSB

CAPT, U.S. Public Health Service

U.S. Department of Health and Human Services

¹ A full transcript of these proceedings may be found at

CAPT Charlotte Spires called the meeting to order, and welcomed the Board members, ex-officios, and the public in attendance. She discussed the purpose of the March 30th NPRSB public meeting, and provided an overview of the Federal Advisory Committee Act (FACA) and conflict of rules. Mr. Justin Willard followed by taking roll call for all National Preparedness and Response Science Board (NPRSB) members, and ex-officios present. CAPT Spires introduced Dr. Steven Krug, the Chair of the NPRSB.

Welcoming Remarks

Steven Krug, M.D.
Chair, NPRSB

Dr. Krug provided an overview of the agenda, a presentation of the ASPR Future Strategies Working Group (FSWG) and the purpose for producing the ASPR Future Strategies report. Dr. Krug voiced great appreciation for the excellent work the ASPR FSWG, and National Advisory Committees (NAC) team performed. He gave a special thanks to Co-Chair Catherine Slemp for her dedicated effort throughout the WG and report process.

NPRSB ASPR Future Strategies Working Group Report Presentation and Discussion

Steven Krug, M.D. CHR Co-Chair
Catherine Slemp, M.D., CHR Co-Chair

Dr. Krug discussed the task given to the NPRSB from the Assistant Secretary for Preparedness and Response (ASPR). The scope of the task was to identify future strategies in support of ASPR's and the United States Department of Health and Human Services' (HHS) mission for preparedness, response and recovery, and assess the current efforts toward future strategies. The ASPR FSWG included expertise from the NPRSB, ex-officio, ex-officio alternates and both federal and external subject matter experts.

In developing recommended future strategies, the NPRSB was asked to address the following:

- Task 1: Highlight ASPR's accomplishments to date and its impact on national health preparedness and resilience.
- Task 2: Assess environmental, fiscal, policy, and other relevant spheres for potential near- and far-term conditions that may affect ASPR's mission space.
- Task 3: Identify potential future resource and capability gaps nationally; and suggest adjustments in strategic alignment and changes to legislative authority and/or policy position. (Recommend Future Strategies)
- Task 4: Develop an analysis which compares ASPR's current mission, requirements, strategic objectives, resources, and capabilities against near- and far-term conditions. Provide a prioritized list of suggestions based on the comparative analysis for ASPR to support its continued success in the future.

Drs. Krug and Slemp provided a review of each task addressed in the report beginning with Task 1. The first task addressed ASPR's accomplishments highlighted by the work of the Public Health Emergency Medical Countermeasure Enterprise (PHEMCE), Biomedical Authority Research Development Authority (BARDA), and the development of medical countermeasures. Dr. Slemp noted the second task focused on mapping ASPR's future based on the trends and conditions, and presenting guidance for future direction of ASPR. The third task recommended future strategies in reference to potential changes to the legislative authority, policy changes and strategic alignment. Dr. Slemp stated the fourth task provides the focus areas that incorporate each strategy and the steps ASPR needs for implementing the strategies.

Questions posed to the NPRSB and recommendations received:

1. Highlight ASPR's accomplishments to date and its impact on national health preparedness and resilience.
 - PHEMCE/BARDA
 - A clear structure with incorporation of both strategic and operational components. A clear mission and comprehensive in scope.
 - Supports and works through partnerships, collaborations, and networks; Integrates capabilities and expertise of multiple entities.
 - Focuses on policy and then who is best to operationalize it.
 - Seeks innovation -- explores promising approaches, supports development of, and then implements, new technologies.
 - Utilizes a system for prioritization of efforts given limited resources.
 - Funded at significant levels and in multi-year blocks.
 - Advancing Health Care System Preparedness and Promotion of Healthcare Coalition Development
 - Development and Use of Regional Emergency Coordinators
 - Legal and Policy Advances
 - Dialogues and Frameworks for Global Sharing and International Coordination of Response
 - Advancing the Science Behind Disaster Response and Recovery Through Real-time, Event-based Research
 - Engaging Partners to Make Relevant Data Accessible and Useful for Preparedness and Response; Using Data to Inform Preparedness, Response and Recovery
 - Efforts to Coordinate and Better Align Efforts Between CDC and ASPR
2. Assess environmental, fiscal, policy, and other relevant spheres for potential near- and far-term conditions that may affect ASPR's mission space.
 - Disasters and emergencies will remain a significant threat to the health and safety of communities and the security of the nation.
 - Economic challenges pose major threats to at least three core components of our nation's health security:
 - The ability to domestically develop and produce new medical countermeasures and technologies,
 - The stability of the nation's public health system and its potential for further growth and maturation, and
 - The ability of healthcare systems to engage in and commit to emergency preparedness.
 - Disaster risk reduction is a critical component of advancing health security globally and in the United States (US).
 - Social and entrepreneurial models are changing. Networks, collaborations, and less centralized models of leadership are being used to address complex issues.

- Demographic and environmental changes relevant to health security are projected to occur in the US.
 - Data and data computation capacity are rapidly expanding, as is the need for data systems integration and cyber security.
3. Identify potential future resource and capability gaps nationally; and suggest adjustments in strategic alignment and changes to legislative authority and/or policy position. (Recommend Future Strategies)
- Strengthen ASPR's ability to fulfill the full intent of its authorizing legislation -- "The Assistant Secretary for Preparedness and Response shall have lead responsibility within the Department of Health and Human Services for emergency preparedness and response policy coordination and strategic direction." (PAHPRA, 2013)
 - Markedly expand, beyond PHEMCE, ASPR's facilitation of and participation in networks, coalitions, collective impact initiatives, and other structured collaborative approaches used to address complex social and system issues.
 - Work to assure, through operational and policy-related initiatives, that a sufficient domestic capability to conceive, develop, produce, and replenish medical countermeasures is maintained and enhanced.
 - Continue to prioritize preparedness strategies that address multiple hazards or synergistically meet both health security and other high-priority societal needs. This includes working with partners to mobilize efforts to stabilize and strengthen foundational systems core to national security, including emergency and trauma services and public health systems.
 - Increase public visibility of emergency preparedness and response efforts undertaken by ASPR and others. More openly and actively engage the public on issues pertinent to preparedness, response, and resiliency. Collaborate with key stakeholders towards promoting a stronger culture of personal, organizational, and community readiness.
 - Strengthen disaster risk reduction strategies in ASPR's work and encourage the same with federal, state, and local government and private sector partners.
 - Link with and incorporate preparedness policy and incentives into other initiatives shaping the health of individuals, communities, the economy, and national defense.
 - Continue to seek novel approaches for accessing, analyzing, disseminating, and utilizing data to reduce disaster risk, strengthen resilience, improve preparedness, guide response, and hasten recovery. Work to continuously improve quality and ensure security of data.
4. Develop an analysis which compares ASPR's current mission, requirements, strategic objectives, resources, and capabilities against near- and far-term conditions. Provide a prioritized list of suggestions based on the comparative analysis for ASPR to support its continued success in the future.
- Intentionally and significantly increase ASPR visibility; utilize successes to earn further respect and trust. ASPR should actively brand itself as the nation's lead coordinating across public and private sector health and medical preparedness and response systems and in establishing policy to advance the nation's health security.
 - More strongly focus on and utilize ASPR's existing policy leadership authority and role.
 - Develop an organizational culture that promotes and expands ASPR's organizational capability to lead and work within facilitated networks, coalitions, collective impact, and other structured collaborative approaches to addressing complex social and system issues.

- Promote and strengthen the foundational systems of public health, health care, and biotechnology upon which the nation's health security fully relies. Engaging others, work to address the rapid erosion of capability currently being threatened or seen in these areas.
- Seek to more fully understand the dynamics of how preparedness is achieved at all levels— listening, consulting with, and working alongside state and local agencies, healthcare systems, researchers, private sector, and community partners earlier and more often.
- Significantly increase the use of public dialogue and engagement on issues relevant to national health security.
- Advance the science behind preparedness and response: More fully engage the public health community, academia, healthcare systems, and industry in the development and implementation of short- and long-term agendas to increase the preparedness and response evidence base.
- Advance ASPR's ability to be a flexible, nimble, innovative, rapidly responsive, and adaptable organization.

Dr. Slemp thanked the former NPRSB members, who were on the Working Group, for the great feedback, the presenters and NAC staff for endless effort throughout the task.

Dr. Noreen Hynes presented two questions to the ASPR FSWG Chairs regarding the issues of necessary trained individuals in science and technology, and preparedness and response policy issues. Drs. Krug and Slemp explained how the issues were addressed throughout the ASPR FSWG report and discussed by the working group and the subject matter experts who presented to the working group.

Public Comment Check (via Email)

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

No public comments were received via email.

NPRSB Vote on Report from ASPR FSWG

Steven Krug, M.D.
Chair, NPRSB

Mr. Willard polled the members of the Board for approval or disapproval. The recommendations were unanimously approved and will be transmitted to the Secretary with a letter.

Wrap-Up and Remarks

Steven Krug, M.D.
Chair, NPRSB

Dr. Krug thanked the ASPR Working Group, NAC Staff, the writers and editors who helped produce the report. CAPT Charlotte Spires adjourned the meeting.

CAPT Charlotte Spires adjourned the meeting at approximately 2:10 P.M.