

**PUBLIC MEETING SUMMARY
THURSDAY, OCTOBER 12, 2013
3:00 PM - 4:00 PM ET**

**THOMAS P. O'NEILL, JR. FEDERAL BUILDING
200 C STREET, SW, WASHINGTON DC 20024
C1A16 / B122A – ASPEN CONFERENCE ROOM**

1-888-324-3180, INTERNATIONAL DIAL-IN: 1-517-308-9236, PUBLIC PASSCODE: 3003460

NBSB Voting Members Present

John Parker, Chair
John Bradley
Jane Delgado
David Ecker
Emilio Emini
Manohar Furtado
Kevin Jarrell
Sarah Park
Nelson Chao
Betty Pfefferbaum

NBSB Ex Officio Members Present

Kay Briggs (DOL Alternate)
Peter Jutro (EPA)
Sam Groseclose (CDC Alternate)
Bonnie Richter (DOE Alternate)
Mark Shepanek (NASA Alternate)
Robert Sorenson (DOS Alternate)
Lisa Kaplowitz (ASPR Alternate)
George Korch (ASPR)

Call to Order, Roll Call, and Conflict of Interest Rules

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 NBSB members present either in-person or via teleconference.

Welcome and Agenda Overview

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

Dr. Parker thanked everyone for their attendance, and provided an overview of the meeting's agenda, which entailed approval by the Board of recommendations to the Secretary of the Department of Health and Human Services (HHS) regarding an NBSB Situational Awareness (SA) Working Group Report and a letter relating to implementation models to be used during the development of the National Health

Security Strategy (NHSS) Implementation Plan (IP). He then introduced Dr. Sarah Park, Chair of the Situational Awareness Working Group.

NBSB Situational Awareness (SA) Working Group (WG) Report Presentation

Sarah Park, MD, FAAP, SA WG Chair

Manohar Furtado, PhD, SA WG Co-Chair

Dr. Park began the discussion by reminding the Board of the task from the Assistant Secretary for Preparedness and Response (ASPR) to assess current biosurveillance activities, identify inefficiencies and make recommendations in collaboration with applicable Centers for Disease Control (CDC) advisory committees and staff. She also reminded the Board that the central recommendation being put forward is to help achieve a national biosurveillance system for human health with international connectivity and to ensure comprehensive real-time all hazards biosurveillance capabilities.

Dr. Park emphasized a need for the HHS Secretary to convene an HHS-lead centralized public health and healthcare situational awareness oversight authority to act as a central focal point to ensure the compatibility, consistency, continuity, coordination and integration of all biosurveillance systems and information requirements. She described this oversight authority as the Central Executive Strategic Group (CESG) which would be composed of federal government leaders involved in biosurveillance and healthcare situational awareness. The primary role of the CESG would be to develop a strategy for coordinating effective integration of public health and healthcare situational awareness (including human biosurveillance) activities across all federal agencies and their partners.

Dr. Park also recommended the establishment of a Strategic Integration Group (SIG) to be composed of leading biosurveillance subject matter experts from relevant federal agencies. She noted that the task of the SIG would be to ensure implementation of the CESG's strategy to integrate and coordinate biosurveillance activities and analyses. Neither the SIG nor the CESG is intended to create another permanent federal agency, but rather to fill a perceived need for coordination among all key players involved in public health and healthcare situational awareness; activities including biosurveillance.

There were no further comments or questions and the Board approved the report and recommendations unanimously.

NBSB National Health Security (NHS) WG Presentation

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

Dr. Parker explained that the Board received a task from the ASPR on September 3, 2013 concerning implementation models and the NHSS with a completion date of October 31, 2013. Dr. Parker requested that the Board issue a letter to the Secretary of HHS offering guidance on the strategic viability of certain implementation models to be used in developing the NHSS IP. The task was received and accepted by the board and the NHSS Working Group was formed.

Within the NHSS are ten primary objectives to foster informed empowered individuals in communities, develop and maintain the workforce needed for national health security, ensure situational awareness, foster integrated scalable healthcare delivery systems, ensure timely and effective communications, promote an effective countermeasures enterprise, ensure prevention or mitigation of environmental and other emerging threats to health, incorporate post incident health recovery into planning and response, work with cross-border and global partners to enhance national, continental and global health security, ensure that all systems that support national health security are based on the best available science, evaluation and quality improvement methods.

Dr. Parker encouraged everyone to read the Strategy. It will be updated and republished for 2014.

The Department of Health and Human Services offered five implementation models to the NBSB NHSS Working Group for review. These models included traditional government centric, external execution, consensus building, grassroots experimental and a mixed model (which encompassed elements of each of the other four models).

After careful review, the NHSS Working Group offered to the Board the following specific recommendations:

- **Recommendation 1:** Use the implementation model that most effectively engages the right people and the right organizations at the right time to gain fulfillment of specific and national health security strategy objectives.
- **Recommendation 2:** The next version of the National Health Security Strategy Implementation Plan should identify tangible outcomes as well as performance measures for each stated objective to assess achievement.
- **Recommendation 3:** Develop a full marketing plan for the National Health Security Strategy. An informed American public will endorse the National Health Security Strategy initiatives and contribute towards the goals of building community resilience and strengthening health and emergency response systems providing the public is aware of and understands the strategy.
- **Recommendation 4:** The National Health Security Strategy and its implementation plan should strive for international visibility and engagement as national health security in the end.

Dr. Parker thanked Drs. Emilio Emini and Steve Krug for their hard work and CAPT Spires polled the members of the board for approval or disapproval. The recommendations were unanimously approved and will be transmitted to the Secretary as a letter.

Public Comment (In-Person or via Email)

No public comment was received via email, and no one in attendance provided any comment.

Wrap-Up and Conclusions

John S. Parker, MD, Major General (Retired), Chair, NBSB
Charlotte Spires, DVM, MPH, DACVPM, Executive Director, NBSB

CAPT Spires expressed how proud she was of the board and the extreme quality of these work products under very trying circumstances.

Dr. Parker stated that the NBSB board was totally dedicated to performing the tasks that they accepted. He added that coming up in January would be announcements of new NBSB Board members. Those announcements will be made publicly through the usual media channels.

Dr. Parker thanked everyone for their attendance in-person and those on the phone, and asked CAPT Spires to adjourn the meeting.

CAPT Spires adjourned the meeting at approximately 3:46 P.M.