

**NACCD PUBLIC MEETING TRANSCRIPT**

Thursday, December 18, 2014

1:00 p.m. EST

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Coordinator: Welcome, and thank you all for holding. I'd like to inform participants that your lines have been placed on a listen-only mode. Today's conference is also being recorded. If anyone has any objections, you may disconnect. If you need operator assistance, press star then zero, and thank you. You may begin.

Lynn Seel: Hello, and welcome. It is 1:00 Eastern Standard Time and I call this meeting to order. This is a meeting of the National Advisory Committee on Children and Disasters, or NACCD.

Welcome NACCD members, ex officio members, federal officials, and members of the public. I am Lieutenant Commander Lynn Seel, the Acting Designated Federal Official for this advisory committee.

The purpose of this meeting is for the NACCD members to vote on two task letters. First, I will read the Federal Advisory Committee Act overview, and the conflict of interest rules.

The National Advisory Committee on Children and Disasters, being a Federal Advisory Committee, is governed by the Federal Advisory Committee Act, or FACA. FACA is a statute that controls the circumstances by which agencies or offices of the federal government can establish or control committees or groups to obtain advice or recommendations, where one or more members are not federal employees. The majority of the work of the NACCD, including gathering information, drafting reports, and developing recommendations, is performed not only by the full committee, but by working groups and subcommittees that report directly back to the Committee.

Regarding conflict of interest rules, Committee members received the standards of ethical conduct for employees of the executive branch document, and as special government employees or federal employees, are subject to conflict of interest rules and regulations. Committee members initially and periodically must provide information about their professional, personal, and financial interests. This information is used to assess real, potential, or apparent conflicts of interest that may compromise a member's ability to be objective in giving advice during committee meetings. Members must be attentive during meetings, to the possibility that an issue may arise that could affect or appear to affect their interests in a specific way. Should this happen, the affected member is asked to recuse himself or herself from the discussion, refrain from making comments, or leave the meeting.

And now, a few additional items: this meeting is being conducted via teleconference and webinar. The agenda is located on the NACCD Website at [www.phe.gov/NACCD](http://www.phe.gov/NACCD). This meeting is being recorded, and a meeting summary will be available on the NACCD Website after. When the public was notified of this meeting, they were asked to submit their comments using the NACCD's electronic form, available on the NACCD website at [www.phe.gov/NACCD/comments](http://www.phe.gov/NACCD/comments). Public comments were accepted through yesterday.

Now, I will take roll call, starting with voting members. When I call your name, please say, present, and as a courtesy, please mute your phone line when not speaking. Alex Amparo.

Alex Amparo: Present.

Lynn Seel: Michael Anderson.

Michael Anderson: Present.

Lynn Seel: Allison Blake.

Allison Blake: Present.

Lynn Seel: David Esquith.

David Esquith: Present.

Lynn Seel: Robin Gurwitch. Lisa Kaplowitz.

Lisa Kaplowitz: Present.

Lynn Seel: Linda MacIntyre.

Linda MacIntyre: Present.

Lynn Seel: Dianne Murphy. Scott Needle.

Scott Needle: Present.

Lynn Seel: Sarah Park.

Sarah Park: Present.

Lynn Seel: Georgina Peacock.

Georgina Peacock: Present.

Lynn Seel: Sally Philips. Mary Riley. Jeffrey Upperman.

Jeffrey Upperman: Present.

Lynn Seel: Anne Zajicek.

Anne Zajicek: Present.

Lynn Seel: Next, NACCD ex officio member, Gary Disbrow, ASPR subject matter expert, Dan Dodgen. If there are any alternates in attendance today, please state your name. Are there any members who did not hear me call your name?

Dianne Murphy: Yes, this is Dianne Murphy. I just signed on.

Lynn Seel: Thank you. I would like to inform the NACCD Chair that we have a quorum. The next item on the agenda is opening remarks. I would like to welcome Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response, Department of Health and Human Services, Dr. Lurie, thank you for being here today.

Nicole Lurie: Thanks. So, hi to all of you, and hi to all of you who are listening in on the committee meeting today. Thanks for participating. I'm just so pleased with the Committee's work to date. You guys have gotten off to a terrific start. Your interest and enthusiasm in tackling the issues on children's health and

wellbeing in disasters is, bad pun, but infectious. So it's great to have you all here.

We've had a really busy few months here at HHS, as I think you know, with Ebola. We've had a number of particularly interesting issues arise with regards to children. I think we've been able to address those quite well. One had to do with being sure we had treatment capabilities to treat children with Ebola if any of them were here in the United States.

Certainly, we've seen a number of kids who have come back from West Africa and have developed fevers and needed to go to an assessment facility to have Ebola ruled out.

The other issue is to be sure that if children needed to be treated for Ebola here, that we would have a way to think about experimental therapies that might be available until other treatments are available.

Again, our pediatric countermeasure, IPT (Integrated Program Team), did a really great job putting together a set of recommendations for us. I'm very excited to have a committee now to continue to look to for advice on all the kinds of issues that we deal with, with children's health and wellbeing in disasters.

Today, I know that we've asked you to vote on two very timely task letters that I recently sent to your Chairman, Dr. Anderson. Before I go through them, I would also just like to mention that we've had a number of suggestions, and requests, and others that ask about things that we ask the Committee to take on.

We've also got a whole long list of things that from this end, we really need them to do. So for those of you that have asked that we defer some of your issues, it's really because of these two timely tasks that I've asked them to do.

I've just asked this new committee to stand up, I want them to be really successful, I want them to take the time they need to do a terrific job on the work that we've asked them to do. And I don't want to just drown them with tasking them to do multiple things at once.

As it is, we're asking them to do two. So this first task concerns the state of healthcare readiness this winter and spring season to care for a large number of infectious or ill children.

Obviously, there are a number of outbreaks that could affect us this winter, and we're already starting to see influenza with a not great vaccine match on the rise in the Southern and some of the Midwestern United States. There's Enterovirus D68 lurking in the back of our minds and continues to be a concern, and I'll just say heightened vigilance, obviously, about Ebola Virus Disease.

So we're very interested in your assessment of the surge capacity and capability of local healthcare facilities. At the same time, through the process to identify Ebola treatment and assessment facilities, we've also focused on a number of heightened infection control practices for these facilities, including a number of them that are specifically children's hospitals.

So you should all have a lot to work with here, and ultimately, the knowledge and experience you guys all have from across the country will help us a lot to respond to a surge in ill children.

The second task is broader, and really takes a longer-term perspective on pediatric healthcare readiness during a large-scale public health emergency.

So, we're looking to you for advice about how to incorporate emergency preparedness into hospital quality, as well. As you address this longer-term task, we've been very struck by this nexus of preparedness and quality as we've taken on the infection control issues related to Ebola.

We're looking to you to identify best practices and tools for healthcare coalitions to effectively care for children in any disaster situation, as well. So, there's a huge amount that we've put on your plate for the next couple months.

It's a great thing that you have all of the energy and enthusiasm that you do, because it's going to be a lot of work. But we very much look forward to hearing from you as you proceed in your deliberations. Thank you.

Lynn Seel: Thank you very much, Dr. Lurie. Now, we will move on to the first task letter. As reminders, please mute your phone when you are not speaking, and state your name before you speak. Dr. Michael Anderson, Chair of the NACCD, you may proceed.

Michael Anderson: Yes, good afternoon, everyone. It's an honor to welcome you all back to our public meeting. My thanks, as Dr. Lurie said, for the amazing amount of work that's gone on between meetings. A lot of great work has gone on. I also know that the individuals on the NACCD also have very busy full-time jobs. And suffice it to say, between Ebola, the regular work that we do, and I can attest to Northeast Ohio having a pretty significant flu issue right now, I think we've all been incredibly busy. But I am very pleased with the work that's gone on, and I am very pleased with the two tasks that Dr. Lurie has sent us for consideration.

I also completely agree with the fact that we've also got to make sure that we're very diligent, that we're very productive when we take on these tasks, and don't take on too much in too short a time. I also want to thank Lieutenant Commander Seel, Captain Spires, and the entire staff at ASPR for helping us to not only get off the ground, but manage a lot of issues day by day.

Also, I want to acknowledge publicly a couple of our ASPR staff members that have been incredibly brave and taken assignments to assist with EVD. So I have been blown away, not only by their professionalism, but also by their dedication to the cause.

I just wanted to publicly acknowledge that, as Dr. Lurie alluded to, our first task letter which was addressed to me and I'll just sort of read through it quickly. I know members of NACCD have it.

The second paragraph from Dr. Lurie says: "I'd like the NACCD to address the current state of readiness across the nation for a surge of pediatric patients and mass transport for this fall and winter. Pediatric surge and the need for pediatric transport in the event of an outbreak of influenza, Enterovirus D68,

or Ebola, or a combination of these events could overwhelm present local healthcare facilities. The Committee's report should focus on these contagious diseases and how healthcare organizations would currently cope with large numbers of patients, as well as strategies to improve their readiness in the short-term.” Once again, as Dr. Lurie alluded to, this is a pretty quick turnaround time, because obviously, winter is here, and we're ramping up. Dr. Lurie goes on also, very eloquently, to talk about, “and additionally, I would appreciate if the Committee could specifically examine the following in the context of readiness for a surge this fall and winter involving pediatric patients: the current state of readiness to transport large numbers of critically ill kids, the current state of general emergency and pediatric surge capacity, the current readiness of the children's hospitals to surge during an infectious disease outbreak, the current state of non-pediatric facilities to care for children in large-scale disease outbreaks.”

And suffice it to say that sometimes pediatric facilities and children's hospitals are overwhelmed. How can we prepare better for our non-pediatric facilities to handle surges of pediatric patients. A summary of potential mitigation strategies for gaps, that's always important for NACCD to focus on.

Importantly, is a review of best practices and a summary of practical tools to build healthcare coalitions to increase community readiness to care for children. And then finally, once again, because this is so timely and so important to the care of kids, our deadline for this is very quick, which is a turnaround time of February 27, 2015.

A lot of great work has gone on behind the scenes, but now that we're ready to vote on our first task, I am just so pleased and proud of the work that NACCD has done. So Lieutenant Commander Seel, that's our first task.

Lynn Seel: Thank you, Dr. Anderson. Now we will commence with the vote. Members, when I call your name, please say yes if you accept this task, or no if you do not accept it. Alex Amparo.

Alex Amparo: Yes.

Lynn Seel: Michael Anderson.

Michael Anderson: Yes.

Lynn Seel: Allison Blake.

Allison Blake: Yes.

Lynn Seel: David Esquith.

David Esquith: Yes.

Lynn Seel: Lisa Kaplowitz.

Lisa Kaplowitz: Yes.

Lynn Seel: Linda MacIntyre.

Linda MacIntyre: Yes.

Lynn Seel: Dianne Murphy.

Dianne Murphy: Yes.

Lynn Seel: Scott Needle.

Scott Needle: Yes.

Lynn Seel: Sarah Park.

Sarah Park: Yes.

Lynn Seel: Georgina Peacock.

Georgina Peacock: Yes.

Lynn Seel: Jeffrey Upperman.

Jeffrey Upperman: Yes.

Lynn Seel: Anne Zajicek.

Anne Zajicek: Yes.

Lynn Seel: Okay, the results of the vote are 100%. We have unanimous acceptance of this task. Now, we will move on to the second task letter, and Dr. Anderson, you may continue.

Michael Anderson: Thank you, Lieutenant Commander Seel. Once again, as Dr. Lurie alluded to, we have both a short-term task, which is a surge focus. Basically, given the infectious disease worries that we have here in the winter of 2014 becoming 2015, the second is a more long-term look at the readiness of the healthcare system for large-scale pediatric events.

And once again, as you'll hear at the end, has a little bit more distant timeline. The second paragraph of the task letter, once again, the members should have this, "the hospital sector has undergone dramatic reforms with a focus on performance values and increased emphasis on quality care. As integrated health delivery systems enhance their program growth, coordination, and efficiency, the development of disaster preparedness response and resilience strategic plans that meet the long-term needs of children will be vital."

An Anderson editorial note, obviously, there've been wonderful things that have come from healthcare reform. I believe it's an important part of our work as the NACCD to make sure the needs of children in disasters are a part of those plans, or those innovative approaches.

Dr. Lurie goes on to say, "I would like the NACCD to address the topic of pediatric healthcare delivery systems in the event of mass casualty/large-scale disaster. I would also encourage the NACCD to identify the opportunities for hospitals to link preparedness to hospital quality control programs. In developing their report, I would like the Committee to examine the following: Number one, the current state of healthcare, both pediatric and non-pediatric facility preparedness to address care for children in mass disasters. Examples of variables may include site management, surge, transport, medical countermeasure capability, workforce development, innovative programming, communication streams, and partnership coalition building. Number two, a review of best practices, recommendations, potential long-term strategies, and a summary of practical tools to improve the ability of healthcare coalitions to effectively care for children after disasters."

Importantly, once again, and I believe we'll focus on in every task that we receive, number three is a summary of potential mitigation strategies to identified gaps. I think we have to be very pragmatic in what we recommend.

Number four, is an assessment of current granting structures for pediatric healthcare capacity building. Once again, a slight editorial by Dr. Anderson, that's actually baked into the statute of the Pandemic and All Hazards Preparedness, Re-authorization Act that we will look at grant funding streams.

Once again, this has a slightly longer turnaround time, and Dr. Lurie would like the NACCD to have a report ready by August 28, 2015. So Lieutenant Commander Seel that is the second task that Dr. Lurie has asked us to tackle.

Lynn Seel: Thank you, Dr. Anderson. Again, members, when I call your name for this second task, please say yes if you accept it and no if you do not accept it.  
Alex Amparo.

Alex Amparo: Yes.

Lynn Seel: Michael Anderson.

Michael Anderson: Yes.

Lynn Seel: Allison Blake.

Allison Blake: Yes.

Lynn Seel: David Esquith.

David Esquith: Yes.

Lynn Seel: Lisa Kaplowitz.

Lisa Kaplowitz: Yes.

Lynn Seel: Linda MacIntyre.

Linda MacIntyre: Yes.

Lynn Seel: Dianne Murphy.

Dianne Murphy: Yes.

Lynn Seel: Scott Needle.

Scott Needle: Yes.

Lynn Seel: Sarah Park.

Sarah Park: Yes.

Lynn Seel: Georgina Peacock.

Georgina Peacock: Yes.

Lynn Seel: Jeffrey Upperman.

Jeffrey Upperman: Yes.

Lynn Seel: Anne Zajicek.

Anne Zajicek: Yes.

Lynn Seel: Great, we had 12 vote yes, and zero vote no. Next, we will move to the public comments, and Dr. Anderson, you may continue.

Michael Anderson: Thank you, Lieutenant Commander Seel. We received a couple of comments. The first was more on funding, and I don't think is really something I want to comment on at this point. Suffice it to say that the NACCD is tackling these important tasks mostly over conference calls and emails.

There was an excellent comment by someone in the territorial, tribal, or local government, Pat Frost. Her comment is, "I'm the local EMS agency director for Contra Costa EMS in California, and the Co-Chair of the California Neonatal/Pediatric/Perinatal Disaster Coalition. At the inaugural meeting, I recommended that the Committee support a national pediatric disaster drill, and support an analysis of data availability regarding pediatric bed capacity nationally. Both of these recommendations create the opportunity to support local efforts for neonatal and pediatric disaster preparedness. We would also like to recommend that the Committee consider embracing perinatal preparedness, as some of the population is linked or integrated into the current infrastructure required to provide comprehensive support for emergency preparedness for infants and children."

And what I can say to Pat is, I always welcome her comments and input, and I don't want to speak for the subcommittee that will take on task two, but suffice it to say that I think one of the mitigation strategies has to be continued growth of robust drilling. And so I thank Pat for that comment and I think on behalf of the Committee, I can say that we will certainly use every opportunity to bake that into our recommendations. Lieutenant Commander Seel that is it for public comments.

Lynn Seel: Thank you. The last item on the agenda is final remarks. Dr. Anderson?

Michael Anderson: Thank you. Just in closing, I want to echo what Dr. Lurie said. It has been a very busy time for everyone involved in healthcare and in disasters, certainly with the Ebola issue, and EV-D68 before it. But I continue to be incredibly proud of this committee, and now that we've got our first official two tasks, we've really got to roll up our sleeves and get some work done.

And I want to thank some individuals. I specifically want to acknowledge Dr. Jeffrey Upperman, who has agreed to help chair these first two committees and everyone that's been assigned from the NACCD. I also want to thank national subject matter experts across the country who have agreed to help us, because we really have to grow this coalition in order to produce the robust reports that we owe Dr. Lurie.

I also want to say that we are very sensitive to, as Dr. Lurie alluded to, a number of different areas that we could examine or areas that we will, I repeat, we will address, including, but not limited to, the mental health needs of children, and the resilience of children within communities. There are a lot of good things that we will tackle. We just also have to make sure that we give as much effort as we can to the tasks assigned to us.

So I'm very excited now that we have our first two tasks officially passed. I can assure Dr. Lurie that we will put a lot of blood, sweat and tears into this effort. And I look forward to the reports coming out in February and August. That'll conclude my remarks.

Lynn Seel: Thank you very much. At this time, if there are no further comments, it is approximately 1:25 EST, and I would like to adjourn this meeting. Have a good day.

END