

**NACCD Public Meeting**

**Transcript**

**February 26, 2015**

**2:00 pm ET**

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*Coordinator: Welcome and thank you for standing by. All participants will be on a listen-only mode for the duration of today's conference. This conference is also being recorded. If you have any objections, you may disconnect at this time. I will now turn the conference over to Dr. Maxine Kellman. Thank you. Please begin.*

Maxine Kellman: Thank you, hello, and welcome. It is now 2:04 pm Eastern 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 Dr. Maxine Kellman, the Acting Designated Federal Official for this meeting.

Before we get started I would like to review the Federal Advisory Committee Act and the Conflict Interest Rules. The National Advisory Committee on Children and Disasters, as 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 and oversee meetings and 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 the full committee, but by

working groups and sub-committees 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 documents, and as official 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 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 should ask 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 Web site at [www.phe.gov/naccd](http://www.phe.gov/naccd). This meeting is being recorded and a summary will be made available on the NACCD web site after this meeting. When the public was notified in the Federal Register of this meeting, they were asked to submit the comments on the NACCDs electronic form, available on the NACCD web site at [www.phe.gov/naccd/comment](http://www.phe.gov/naccd/comment). Public comments were accepted through yesterday.

Now, I will take roll call of the voting members, Michael Anderson?

Michael Anderson: Present.

Maxine Kellman: Alex Amparo. Allison Blake. David Esquith.

David Esquith: Present.

Maxine Kellman: Robin Gurwitch. Lisa Kaplowitz.

Dan Dodgen: This is Dan Dodgen for Dr. Kaplowitz.

Maxine Kellman: Thank you. Linda MacIntyre.

Linda MacIntyre: Present.

Maxine Kellman: Mary Dianne Murphy. Scott Needle. Sarah Park. Georgina Peacock. Sally Phillips. Mary Riley.

Mary Riley: Present.

Maxine Kellman: Jeffrey Upperman.

Jeffrey Upperman: Present.

Maxine Kellman: Anne Zajicek. NACCD ex-officio member, Gary Drisbrow, and we have Dr. Dodgen, ASPR subject matter expert. If there are any designated alternates today, please state your name and who you are an alternate for. Are there any members who joined late and did not hear me call your names? Okay Dr. Anderson over to you.

Michael Anderson: Thank you Dr. Kellman. Just a point of order, there isn't a quorum of NACCD members, however the public meeting should continue with minutes to be distributed to the members that can't make it, correct?

Maxine Kellman: Yes. We're not voting, so you can proceed.

Michael Anderson: Great, thank you. Good afternoon members of NACCD and members of the public. My name is Mike Anderson. I'm proud to serve as chairman of the NACCD. We have a couple of items on the agenda. So briefly we'll be talking about our first task. That is the care of children in a surge type of situation such as a pandemic, the Ebola Viral Disease (EVD), et cetera.

I'll talk a little bit about the great work that's going on in Task 1. I'll talk briefly about Task 2, which is more about healthcare coalitions and the general readiness taking care of children in the healthcare situations in disasters. I would also like Dr. Dan Dodgen to update us on a couple of issues and I will make some brief remarks of tasks that are in the works although I can't comment on them because they're still in the works.

I do want to publicly acknowledge, although it's not on the agenda, Dr. Steve Krug who was recently elected Chair of the NPRSB another federal advisory committee that reports to Dr. Lurie, the ASPR. I know Dr. Krug is a wonderful advocate for patients across the country and I'm sure the NPRSB will be all the better for his leadership. I'm looking forward to working with Dr. Krug in this new capacity.

Item one on the agenda is the change in the deadline for Task 1. Under the terrific leadership of Dr. Jeff Upperman, a pediatric surgeon from Los Angeles, great work has been done at looking at surge. Obviously, when Dr. Lurie tasked us we were in the middle of Ebola viral disease and not really being 100 percent sure as to how far that would ramp up in the United States. Although obviously there are no cases that we know of in the United States right now, my read of the epidemiology of West Africa is we still need to be diligent and be prepared. I think that the work that the sub-committee on Task

1 is doing is very important. We will not vote today. We've asked Dr. Lurie for an extension so that we may get some more literature behind us and some more data behind us. But the six sections that the sub-committee has crafted to date are world-class. Dr. Upperman is very busy. I thank him for joining us. Dr. Upperman would you like to just comment briefly on the work of the sub-committee for Task 1?

Jeff Upperman: Yes. Thank you and on behalf of the workgroup I'd like to say thank you for getting us this extension. The workgroup is working very diligently. We're making extreme progress in all of the work in gathering the data and curating this data and we anticipate that we will meet the modified timeline. I'd also like to publicly acknowledge Lieutenant Commander Evelyn Seel for her outstanding work in guiding the workgroup's activities and keeping us on task.

Michael Anderson: Jeff, that's really well said I have been very impressed, everybody on the NACCD has other very busy, full-time jobs. The staff at ASPR has done just an amazing job of helping us organize and keep on task. I do think that this extension is a good idea. I think it will make the final report more robust. We will obviously have a public meeting when we bring that report forward. I've been very impressed so far, so Dr. Kellman that ends agenda Item 2. I'm just going to keep moving on if that's okay with you?

Maxine Kellman: You're free to move on.

Michael Anderson: Great. Task 2 is really around health care coalitions and general health and preparedness for the needs of children in disasters. After we got Dr. Lurie's task letter we had started putting that committee together and outlining what this is going to look like. There have been some questions that I've received through channels as to how these two tasks are separate. They're

obviously not. We were first asked in rapid turnaround to talk about surge in the middle of enterovirus D68, in the middle of a potential EVD outbreak and in the middle of what turned out to be a pretty busy flu and RSV season. It's more a surge around viral diseases, but obviously preparing coalitions and emergency departments and the primary care medical homes and all of that is very important. Task 2 will have to synchronize and coordinate well with Task 1. I'm confident in the leaders we have on that sub-committee that those will be distinct and I think excellent stand-alone reports.

We continue to, as I said at the beginning of the call to look at the third and fourth tasks. Because they're not officially given to us by Dr. Lurie, I don't want to go too far down that path. It would suffice to say to my fellow committee members that the in-person and the phone discussions we've had about making sure we look at multiple areas, obviously under the Pandemic All Hazards Preparedness Reorganization Act, other than just the medical care of kids. I hear that. I understand that. I'm sure tasks three and four from Dr. Lurie as our committee ramps up will continue to honor that. So we will hear more as those tasks become more fleshed out.

The third item on the agenda is Dr. Dan Dodgen is on the line and I think one of the powers of NACCD is having both federal and non-federal folks at the table. Our colleagues in the federal government had issued a couple of really foundational papers. One is the finalization of the CHILD Report. One, which we won't comment on in too much detail, is the National Health Security Strategy Implementation Plan from Dr. Lurie's office. I think once again these documents in addition to things from other organizations will really help this committee as we move on. So I'd like to acknowledge Dr. Dodgen and ask if he could update us on these.

Dan Dodgen: Sure. Thanks Dr. Anderson. It's really a privilege to be associated with this group and to have the chance to talk to you all, all be it somewhat briefly. Most of you received a pre-final copy of the what we call the CHILD Working Group Report. Again that stands for Children's HHS Inter-leadership in Disasters, but it's easier just to remember C-H-I-L-D or child. That's the working group that's comprised of all of the components of HHS such as CDC, FDA, NIH, SAMHSA, etc., along with ASPR, co-led by ASPR and ACF. Mary Riley is on the phone today as a member of the NACCD and co-chaired with me. The report you heard about before, but I am very pleased to tell you that it has finally passed through the entire departmental clearance and it is ready for posting.

For those of you within government you know what 508 Compliance is. For those of you not in government you may or may not know but that just means that we're now making sure that everything in the report is fully accessible to anybody regardless of whatever speech or any other limitations they might have, and we want to make sure that the report is fully accessible. So it will probably take about a week or so to get it up and ready.

We can send a note out through the NACCD list serve when we have a live link that you can access. It's not going to look much different than the version that you saw before, but just for those of you that haven't had a chance to look at it in a while, as well as for members of the public who are listening, the report is really comprised of two major sections. The first major section is new items, areas that we've chosen to work on since our previous report. The new items are in three areas. Those are pregnant and breastfeeding women and newborns, children at heightened risk. That's just children who might have unique concerns or needs over and above the needs of all children. And then the third is non-government organizations and other collaborations and how do we improve collaboration.

In each of those sections there are recommendations for potential paths forward, as well as summaries of current activities. The other main part of the report is an update on everything we've done on all of the recommendations from the previous report. The previous report's recommendations were in four areas, mental and behavioral health was the first, medial counter measures was the second, children's physical health, emergency medical services and pediatric transport was the third. And childcare and child welfare was the fourth.

I'm very pleased to say that the reason that the report took so long to get through clearance was because there is so much in it. It is about a 75-page report I think at this point, including some very interesting appendices. For example, some screening tools for use with pregnant or women who could potentially be pregnant during disasters. So there are some really interesting things in there. I think when people have the chance to look at the final online report; you're going to find that the department has been doing a lot.

Are we there yet? Of course we are not. There's always more room for improvement, and we certainly will be welcoming recommendations from the NACCD on areas of future challenges and places that need our future attention. But in terms of what's been accomplished, particularly since the sunset of the National Commission on Children and Disasters that Dr. Anderson was the co-chair of and many others in this group are familiar with, a lot of progress has happened, and this is something that I think we can be very pleased about. Dr. Anderson I don't know if you want to pause for questions or comments from members regarding this report, or if you want me to just go ahead and talk briefly about the NHSS?

Michael Anderson: Oh, I would certainly welcome questions from the committee, any questions for Dr. Dodgen? I'll take chair's prerogative, and this is a little bit off the agenda, but Dan I think one of the things that the commission recommended several years ago before its sun-set, and I think the National Library of Medicine and other organizations have really done a good job of is trying to become a home for all things related to children's needs and disasters. Because the good news in my humble estimation since Hurricane Katrina is so much good work is going on at the federal level, at the NGO level, with other partners, but a central repository for all things pediatric disaster is a bit daunting. But as our committee continues to gather really amazing information such as the CHILD report, the Trust for America's Health put out an outstanding report about surge. Lieutenant Commander Seel you don't need to answer now, but I think it would be a really appropriate use, within of course the proper guidelines, to use the NACCD web site, not to be the end-all be-all, but a collective home for these kinds of both federal and non-federal reports. Lieutenant Commander Seel is that something we could take offline and discuss?

Evelyn Seel: Certainly.

Michael Anderson: Great. I think that report is outstanding and I think great organizations are putting out great stuff.

Dan Dodgen: Dr. Anderson, just to follow up on that as well I would say that one of the things that's going to be included in the report when it is posted. First we're going to have a hyperlink table of contents so that you don't have to wade through all 75 or so pages supplying the things that you are most interested in, of course it'll be searchable as well. But the table of contents is fairly detailed and you'll be able to hyperlink straight from that to the parts you are most interested in. In addition to that, we're double-checking all of the actual links

in the general document. In the document there are a number of links to guidances, tools, web sites, grant programs, a number of things that the department sent us with in the last couple of years. So this report is by no means intended to substitute for what you are talking about. But certainly the information contained in the report will link you back to the original documents where appropriate. Obviously, there is not a link for everything because some of it's internal or is a report rather than a Web site. But I think it will also be coming and we can certainly, anyone that wants to of course can link to the report once it's posted and again, we'll send the URL out as soon as we have it.

Michael Anderson: Well that makes it even more robust. I think that's great Dan. I think if we could figure out a way to host that and other documents, it just sort of builds capacity quickly because you've got the links already build in.

Dan Dodgen: I do again want to thank Captain Mary Riley who is a member of the NACCD who co-chairs the CHILD Working Group with me. This has really been a joint project and Mary's leadership and participation in this has been critical.

Mary Riley: Thank you Dan.

Michael Anderson: I believe you have a second item Dan.

Dan Dodgen: All right. So let me just talk very briefly about the NHSS, which is the National Health Security Strategy. The members of the NACCD should have received an email within the last probably week or so containing the URL, the link to the full report, as well as just kind of a brief summary. But for members of the public who might be listening in, let me just say very, very briefly that the National Health Security Strategy is a strategy that also includes an implementation plan. Both are required by Congress under our

authorizing legislation and were submitted to Congress before the end of December 2014. I encourage people to go and look at the plan. I think you'll find that it is streamlined and a bit easier to think about how it relates to you than the previous plan, although the previous plan obviously had a lot of strengths. The vision of the plan is really this, a nation that is secure and resilient in the face of diverse incidents with health consequences with people in all communities enjoying a high level of security against threats to their health and well-being. So it really is the plan that's asking how we promote health security across the nation for the whole community. It has five strategic objectives; one, build and maintain resilient healthy communities. Two, enhance the national capability to produce and effectively use both medical countermeasures and non-pharmaceutical interventions. Three, ensure comprehensive health situational awareness and support decision-making before incidents and during response and recovery operations. Four, enhance the integration and effectiveness of the public healthcare and emergency management systems. And five, strengthen global health security. So the implementation plan really serves as a framework for how we're going to accomplish those five strategic objectives that I just read off. I think for members of NACCD, for organizations that you are a part of, and for any members of the public who might be listening, particularly those who represent organizations, we really are looking for ways that people can collaborate to promote national health security.

It's a national plan not a federal plan. The goal really is to move the needle at the individual, local, community, regional and national level on health security and preparedness. I really do encourage people to take a look at the plan and to think are their implementation activities that you could engage in that would promote health security? I think particularly for the NACCD so many of the members of this committee have outreach, not just in their community but in their professional organizations. I think there are lots of

opportunities. So that's the very thumbnail sketch. If you go to [www.phe.gov](http://www.phe.gov) that stands for public health emergencies, you certainly can access the plan for those that don't already have it.

Michael Anderson: Dr. Dodgen thank you very much; excellent report. Are there questions from committee members for Dr. Dodgen? I think we said at the kickoff meeting several months ago, and Lieutenant Commander Seel and everybody's been great to make sure we are coordinating with the CHILD report, with the national health strategy. We have to make sure that our recommendations and our gap analysis, or the things that we're advocating for, synchronize well with what has already been done. I also know that Save the Children, one of our obviously strong non-federal partners in child advocacy for kid's needs and disasters, is also ramping up a new report on looking at the state of the United States preparedness for kids several years after the commission. There's a lot of great work going on. We just have to make sure as best we can to coordinate it. Dan, I thank you very much for that update.

I am now turning to the last agenda item. I did not receive any email correspondence, or questions from the public. I think there'll be more questions once we submit report 1 for a vote and for comment. Dr. Kellman, do we have any questions from the public to go over?

Maxine Kellman: We have not received any new comments.

Michael Anderson: Okay. Then for my last item I would just like to open it up to the committee members, any further issues to discuss that we should cover today? Hearing none I once again want to thank the folks for their hard work. Look for a posting for our next public meeting. That's when we will be taking our first task report to a vote.

Thanks once again to those committee members who are serving on Task 1. For those of you serving on Task 2, we're ramping that up. And as I alluded to please look for Task 3 and Task 4 working their way through the pipeline very soon. Thanks once again for your dedication to our mission, and I wish everyone a good day.

Maxine Kellman: Thank you. If there is nothing else to discuss, this meeting is now adjourned. The time is 2:29 pm EST. Thank you so much and have a great day.