

SUMMARY REPORT
of the
NATIONAL BIODEFENSE SCIENCE BOARD
CLOSED SESSION TELECONFERENCE
May 23, 2012

VOTING MEMBERS PRESENT

Chair, John S. Parker, M.D., Major General (Retired)
John S. Bradley, M.D., FAAP, FIDSA
Nelson J. Chao, M.D., M.B.A.
Jane Delgado, Ph.D., M.S.
David J. Ecker, Ph.D.
Emilio A. Emini, Ph.D.
Manohar R. Furtado, Ph.D.
Steven E. Krug, M.D.
Betty J. Pfefferbaum, M.D., J.D.

VOTING MEMBERS NOT PRESENT

Georges C. Benjamin, M.D., FACP, FACEP(E), FNAPA, Hon FRSPH
Daniel B. Fagbuyi, M.D., FAAP, Major
Kevin A. Jarrell, Ph.D.
Sarah Y. Park, M.D., FAAP

EX OFFICIO MEMBERS PRESENT

Bernard L. DeKoning, M.D., FAAFP, COL, Commander, U.S. Army Medical Research Institute
for Infectious Diseases, U.S. Department of Defense
Heather Evans, Ph.D., Policy Analyst, Program and Planning Office, Director's Office, Chemical
Science and Technology Laboratory, National Institute of Standards and Technology, U.S.
Department of Commerce (*designated by Dianne Poster, Ph.D.*)
Sam Groseclose, D.V.M., M.P.H., DACVPM, Associate Director for Science, Office of
Science and Public Health Practice, Office of Public Health Preparedness and Response,
Centers for Disease Control and Prevention, U.S. Department of Health and Human
Services
George W. Korch Jr., Ph.D., Senior Science Advisor, Office of the Principal Deputy, Office of the
Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human
Services
Randall L. Levings, D.V.M., Scientific Advisor, National Center for Animal Health, U.S.
Department of Agriculture
Carol D. Linden, Ph.D., Principal Deputy Director, Biomedical Advanced Research and
Development Authority, Office of the Assistant Secretary for Preparedness and Response,
U.S. Department of Health and Human Services
Richard A. Martinello, M.D. Acting Senior Medical Advisor, Veterans Health Administration,
Office of Public Health and Environmental Hazards, U.S. Department of Veterans Affairs
(*designated by Victoria J. Davey, Ph.D., M.P.H.*)

Dianne Poster, Ph.D., Special Assistant to the Associate Director for Laboratory Programs,
Director's Office, Chemical Science and Technology Laboratory, National Institute of
Standards and Technology, U.S. Department of Commerce

Bonnie S. Richter, Ph.D., M.P.H., Director, Office of Illness and Injury Prevention Programs,
Office of Health, Safety, and Security, U.S. Department of Energy (*designated by Patricia R.
Worthington, Ph.D.*)

OTHER INVITED PARTICIPANTS

Susan Boggess, Department of State

Rick Bright, BARDA

Margaret Chamberlin, ASPR/OPP

Susan Collier-Monarez, DHS

Scott Deitchman, CDC

Richard Hatchett, ASPR

David R. Howell, ASPR/OPP

Richard Jaffe, ASPR/OPP

Lisa Kaplowitz, ASPR

Michael Kurilla, NIH/NIAID

Scott Nystrom, ASPR/OPP

Joanna M. Prasher, ASPR/OPP

Stephen Redd, CDC

NATIONAL BIODEFENSE SCIENCE BOARD

Jomana Musmar, M.S., Program Analyst (Contractor)

Casey Wright, M.P.H., Acting Designated Federal Official

CALL TO ORDER AND ROLL CALL

Casey Wright, M.P.H., Acting Director, Division of Policy and Strategic Planning, OPP/ASPR

Ms. Wright called the meeting to order at 1:03 p.m. She briefly discussed the standards of ethical conduct, conflicts of interest, and issues of confidentiality related to the closed meeting. The meeting was then turned over to the NBSB Chair, Dr. Parker.

OVERVIEW OF AGENDA AND TELECONFERENCE RULES OF ENGAGEMENT

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

Dr. Parker said that the goal of the meeting was to obtain input from participants on the PHEMCE Prioritization Framework. He said that Dr. Korch would be presenting the framework, followed by questions about the presentation, and then discussion by Board members and others present.

BRIEFING ON THE PHEMCE PRIORITIZATION FRAMEWORK

Dr. George W. Korch, Jr. Senior Science Adviser, ASPR

Dr. Korch said that the 2012 PHEMCE Strategy is in final clearance at HHS and that development of the PHEMCE Prioritization Framework and the rest of the 2012 PHEMCE Implementation Plan is progressing briskly and sequentially in discussion with partners across HHS. He added that he was seeking input from the NBSB on the framework, with the goal to have an implementation plan finalized by the end of summer.

Next, Dr. Korch walked through the key questions for discussion: Is this prioritization framework proposed a sound approach to implementing direction from PHEMCE leadership? Have we selected the right “things” to prioritize? Are we considering the right methodology? What methods should be considered in the future as our approach to prioritization evolves? Are there alternative methods that could be leveraged to identify priorities? Dr. Korch added that the implementation plan, which will set the course for PHEMCE activities over the next 5 years is intended to capture those that are current, where they fit in overall prioritization, and whether a re-prioritization of resources is necessary.

The bulk of Dr. Korch's presentation focused on the development of the prioritization criteria and the framework itself. The prioritization principles, approach, and criteria were developed based on interviews with 10 Enterprise Senior Council (ESC) principals. Dr. Korch said that the two core principles of prioritization were (1) limit adverse health impact; and (2) stewardship of resources that create an enduring capability.

Next, Dr. Korch walked through the prioritization framework (what is being prioritized and how), the draft criteria scaling model, and the evolving prioritization process. He also identified other desired framework characteristics.

Finally, Dr. Korch highlighted next steps, which include finalizing the criteria scaling, developing a list of commodity domains to be prioritized, and applying the prioritization framework across the commodity domains. Once these steps are completed, he said, then the PHEMCE Steering Committee can finalize the program narratives needed to support the priority commodity domains. Wrapping up his presentation, Dr. Korch said that the final step before publication is for the implementation plan to be vetted by PHEMCE governance and HHS Exec Sec processes.

Q&A ON THE PHEMCE PRIORITIZATION FRAMEWORK¹

Full Board and Participant Discussion

Board members raised two questions about the plan: the audience for whom it is being developed and whether the mission and vision will change if there is a change in administration.

Regarding the audience, Dr. Korch said that the plan is meant to inform the individuals who have to work on it as to what the operating conditions are for all of the partners (and what each needs to focus on to address the need). He added that the plan is also intended to inform Congress and other stakeholders. Regarding any possible changes in administration, Dr. Korch said that the threats identified in the plan have been consistent concerns of both Congress and the last two administrations so that he does not anticipate a potential new administration re-baselining the threats. A colleague added that the plan is also consistent with Department of Defense activities.

FEEDBACK ON THE PHEMCE PRIORITIZATION FRAMEWORK

Full Board and Participant Discussion

Board members made several general comments about the implementation plan and offered some specific recommendations. There was consensus that the framework made sense—but that the

¹ *The voting members of the Board, followed by Ex Officio members, and then other participants asked questions about the PHEMCE Prioritization Framework. It was followed by a discussion period. This summary includes some, and not all, of the discussions that took place on the May 23, 2012, closed teleconference.*

hard work of prioritization would be figuring out what qualifies for what level of priority (high, medium, low). Several board members cautioned that the prioritization charts needed to be seen as tools that can be used to guide decisions (and not as *de facto* decisions). One board member advised adding specific language into the narrative to spell out that these are guidelines and analyses, but that the ESC must ultimately come to consensus.

There was some discussion of the prioritization criteria, with recommendations from Board members that the PHEMCE Steering Committee focus only on the top two approaches; the third, they suggested, was self-evident. One board member advised creating, two-dimensional decision tool, a drawing with "Threat" on the Y axis and "Multi-Purpose/Capacity-Based Approach" on the X axis; each countermeasure could then be mapped as a data point with the size of the circle based on the adverse health effects and enduring capability.

Board members also asked about the decision rules, which are currently under development, and the fact that there is a long history of research and data for certain risks and limited research and data on others. Dr. Korch suggested that some of the decision rules will be couched in the context of "is this something you really need to work on right now?" (i.e., some things cannot be put off).

Board members readdressed the core question of whether the framework accurately captures threats, and there was some discussion of the need to make sure that threat assessments are accurately shared among HHS Agencies and across Departments.

Regarding communications, there was some discussion about whether communicating across the end-to-end mission space should be an actual component. Board members suggested, however, that it is very important to communicate with the public the tremendous work that has been put into building the plan (i.e., communicating to the public the results of all this hard work). In addition, Board members advised figuring out a way to make PHEMCE governance decisions public.

CONCLUSION, WRAP UP, AND NEXT STEPS

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

Dr. Parker thanked Dr. Korch for his presentation and Board members for their participation at the meeting. Jomana Musmar informed the group that the next meeting will take place the morning of June 25, followed by a meeting that afternoon of the Working Group. Dr. Parker adjourned the meeting at 3:02 p.m.