NBSB NATIONAL BIODEFENSE SCIENCE BOARD

PUBLIC MEETING TRANSCRIPT
TUESDAY, APRIL 29, 2014
9:00 AM - 11:30 AM EST

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CAPT Charlotte Spires: Welcome board members, ex-officials, federal officials and members of the public to our National Biodefense Science Board Public Meeting. I will note that we will be announcing a new name for the National Biodefense Science Board in the coming days. This new name will be the National Preparedness and Response Science Board. This new name better reflects the board's work, expertise and contributions to the U.S. Department of Health and Human Services. I am Captain Charlotte Spires, the Executive Director, of the National Preparedness and Response Science Board. I also serve as the designated federal official for this federal advisory committee.

The purpose of this public meeting is for the Board to discuss and vote on recommendations from the Future of the NBSB Working Group, to acknowledge our newly appointed voting members: Drs. Caine, Ecker, Hynes, Spain, Slemp and Weinstock, to acknowledge and thank our retiring members, and to also vote on the acceptance of a new task for the Board. Before we move into the introductions, I would like to read the federal advisory committee act overview and conflict of interest.

The National Preparedness and Response Science Board also known as the National Bio-Defense Science Board is an Advisory Board that is governed by the Federal Advisory Committee Act or FACA. The FACA is a statute that controls the circumstances by which agencies or officers of the federal government can establish committees or groups to obtain advice or recommendations where one or more member of the group are not federal employees.

The majority of the work of the National Preparedness and Response Science Board include information gathering, drafting of reports and development of recommendations, and is being performed not only by the Board but by the working group or the sub-committee who in turn report directly to the Board.

Regarding the conflict of interest rules, the “Standards of Ethical Conduct for Employees of the Executive Branch” document has been received by all Board members, who as Special Government Employees are subject to conflict of interest laws and regulations therein. Board members provide information about their personal, professional and financial interests. This information is used to assess real, potential, or apparent conflicts of interest that would compromise a member's ability to be objective in giving advice during Board meetings.

Board members must be attentive during meetings to the possibility that an issue may arise that could affect or appear to affect their interest in a specific way. Should this happen, it will be asked that the affected member recuse himself or herself from the discussion by refraining from making comments and leaving the meeting.

Please note that this meeting is conducted via teleconference and webinar. Please visit our web site at www.phe.gov for instructions on how to call and log in to access this meeting. And I do not believe we are doing a webinar for this particular meeting. The public has been notified to send in any comment using the NBSB forms available on our web site. Public comment will only be received via forms and please refer to the agenda and the web site for details of today's meeting.

Written comments can be sent in after the meeting by submitting an inquiry using our NBSB forms available on our website at www.phe.gov/NBSBComments. To date, we have no public comments submitted to us via email. As a reminder, the meeting summary and/or transcript will be made available on our website.

Before we begin today's meeting, I would like to take roll. First, I will call out the name of the NBSB or otherwise known as NPRSB voting members, and I will proceed with the roll call of those voting members now.

CAPT Charlotte Spires: John Parker.

John Parker: Present.

CAPT Charlotte Spires: Georges Benjamin.

Georges Benjamin: Present.

CAPT Charlotte Spires: Thank you.

CAPT Charlotte Spires: John Bradley.

John Bradley: Here.

CAPT Charlotte Spires: Nelson Chao.

CAPT Charlotte Spires: Jane Delgado.

Jane Delgado: Present.

CAPT Charlotte Spires: David Ecker.

Dave Ecker: Present.

CAPT Charlotte Spires: Daniel Fagbuyi.

CAPT Charlotte Spires: Emilio Emini.

Emilio Emini: Present.

CAPT Charlotte Spires: Kevin Jarrell.

Kevin Jarrell: Present.

CAPT Charlotte Spires: Manohar Furtado.

Manohar Furtado: Here.

CAPT Charlotte Spires: Steven Krug.

Steven Krug: Present.

CAPT Charlotte Spires: Betty Pfefferbaum.

Betty Pfefferbaum: Here.

CAPT Charlotte Spires: Sarah Park.

Sarah Park: Here.

CAPT Charlotte Spires: Okay I will call the names of our ex-official members. When I call your name please respond. If you are a designated alternate, please provide your name.

CAPT Charlotte Spires: Andrew Hebbeler.

CAPT Charlotte Spires: Anne Dufresne.

CAPT Charlotte Spires: Richard Williams.

Marc Shepanek: This is Marc Shepanek.

CAPT Charlotte Spires: Thank you.

Marc Shepanek: Thank you.

CAPT Charlotte Spires: Amber Story.

CAPT Charlotte Spires: Dianne Poster.

CAPT Charlotte Spires: Colonel Erin Edgar.

CAPT Charlotte Spires: Patricia Worthington.

Bonnie Richter: Bonnie Richter for Pat Worthington.

CAPT Charlotte Spires: Thank you.

CAPT Charlotte Spires: Ali Khan.

Sam Groseclose: Sam Groseclose for Ali Khan.

Charlotte Spires: Hugh Auchincloss.

CAPT Charlotte Spires: George Korch.

Lisa Kaplowitz: I'll cover for George. Lisa Kaplowitz for George Korch.

CAPT Charlotte Spires: Carol Linden.

CAPT Charlotte Spires: Bruce Gellin.

CAPT Charlotte Spires: Luciana Borio.

Brooks Courtney: Brooks Courtney for Luciana Borio.

CAPT Charlotte Spires: I'm sorry could you repeat?

Brooks Courtney: Brooks Courtney for Luciana Borio.

CAPT Charlotte Spires: Okay thank you.

CAPT Charlotte Spires: Sally Phillips.

CAPT Charlotte Spires: Lori Caramanian.

CAPT Charlotte Spires: Rosemary Hart.

CAPT Charlotte Spires: Kerri-Ann Jones.

CAPT Charlotte Spires: Victoria Davey.

Richard Martinello: Richard Martinello for Victoria Davey.

CAPT Charlotte Spires: Thank you.

CAPT Charlotte Spires: Peter Jutro.

CAPT Charlotte Spires: Patricia Milligan. Are there any voting or ex-official members that I that have not been called?

Georges Benjamin: Hi Charlotte, it's Dr. Benjamin, I'm on the line.

CAPT Charlotte Spires: Oh thank you Dr. Benjamin. Thank you and now I would like to turn this meeting over to Dr. John Parker our NPRSB chair also known as the NBSB chair.

John Parker: Thank you Charlotte and good morning everybody. I want to make sure that everyone knows that Dr. Kaplowitz is present. I will introduce her later in the program. For you on the telephone, we're sitting in the large room of the basement of the O'Neill building. We're arranged in a U shaped table with a podium and the flags of the Department of Health and Human Services (HHS) at the open end of the podium. The closest facilities for restrooms are out the main door and to the left, in case of a fire the most expedient exit is right out the doors, straight to the next corridor, right up the one flight of stairs and the door will take you to the outside of the building. I would invite the ex-officials to come to the table as long as we have chairs, so please be comfortable.

I want to welcome any members of the public that have dialed in this morning to this particular meeting. The first thing I want to mention is we have the National Preparedness and Response Science Board group here in addition to our new members. Now, our new members take an active role on the first of May, so today they won't be voting on most of the things we have a vote on but they will be included in the discussion. Things that come before the board today for vote; the retiring members will vote on that and as a member of the Board, David you will vote with the Board. So that we understand the voting procedures.

The first thing on our agenda is that the Board set up a workgroup to look at future work for the Board. And the reason that we're looking at this letter addressed to Dr. Lurie today is that I slipped up with some procedural things. I treated this letter as a piece of informal correspondence, and the FACA rules and general council have said I don't have a right to call it informal correspondence. So every piece of correspondence must be voted on by the Board before it's transmitted to the recipient.

In this letter, the workgroup looked at some short-term priority areas and some long-term priority areas. Due to some government legislation, sequester and everything else, there's been impact on the letter already but we are still going to transmit the letter because it does address the Board's intent. On the short-term priority, the Board wanted to be involved and was involved with the National Health Security Strategy (NHSS) and Implementation Plan for 2014. This was the updated program of the original NHSS plan of 2009.

The second thing is the Board was very interested in being involved in the development and the future implementation of the National Hospital Preparedness Program and that will move to Number 1 when this letter is transmitted but not actually in the letter. The long-term priorities that were discussed were that the Board early on in its existence, we took a very careful and analytical look at the Biomedical Advance Research and Development Authority (BARDA) and medical countermeasures.

The Board would like an opportunity to perhaps take a second look. A very principle reason is that over the short period of time from when we looked at BARDA and the medical countermeasures, there has been log rhythmic improvement, purpose, focus and results. We wanted to take a look at that so we can get some lessons learned of how they did so remarkably well during that short period of time. We, the Board also wanted to look at the preparedness and response continuum not only at the federal level but we wanted to take it from the federal into the state territory and local cooperative areas. The Board was recognizing in a very strong

way that no matter how good the plan is, if it can't have a cascade execution with a pretty high performance level, we are not meeting our preparedness and response goals.

We also would like to take a look at how the Federal government, states and territories are ready for an unknown threat. We are pretty good about creating scenarios and preparing for known things but in this world we have to have a framework for the unknown threat. Our last area under the long-term security was the importance of cyber security and healthcare and the integrity of our information systems that would impact on preparedness and response.

I'm sorry I took a few minutes to talk about that. That letter has been published for you to read but I just wanted to make sure that those who see it have a verbal idea of what the letter said.

Now Captain Spires tells me there are no email comments, is that correct at this point?

CAPT Charlotte Spires: That's correct.

John Parker: Alright, so I would like to put the approval of this letter before the Board and I would ask Captain Spires to poll the board for that response.

CAPT Charlotte Spires: Okay, as I call your name would you please say approve or not approved of acceptance of this letter that Dr. Parker just reviewed.

CAPT Charlotte Spires: John Parker.

John Parker: I approve.

CAPT Charlotte Spires: Okay Georges Benjamin.

Georges Benjamin: Approve.

CAPT Charlotte Spires: John Bradley.

John Bradley: Approve.

CAPT Charlotte Spires: Okay.

CAPT Charlotte Spires: Nelson Chao.

CAPT Charlotte Spires: Jane Delgado.

Jane Delgado: Approve.

CAPT Charlotte Spires: David Ecker.

David Ecker: Approve.

CAPT Charlotte Spires: Daniel Fagbuyi.

CAPT Charlotte Spires: Emilio Emini.

Emilio Emini: Approve.

CAPT Charlotte Spires: Kevin Jarrell.

Kevin Jarrell: Approve.

CAPT Charlotte Spires: Manohar Furtado.

Manohar Furtado: Approve.

CAPT Charlotte Spires: Steven Krug.

Steven Krug: Approve.

CAPT Charlotte Spires: Betty Pfefferbaum.

Betty Pfefferbaum: Approved.

CAPT Charlotte Spires: Sarah Park.

Sarah Park: Approved.

CAPT Charlotte Spires: Thank you. We have a quorum and we have unanimous approval.

John Parker: Thank you Captain Spires. With the approval of this letter, I will ask that Captain Spires and her staff to transmit it properly to Dr. Lurie for her review.

CAPT Charlotte Spires: Will do.

John Parker: Thank you.

CAPT Charlotte Spires: You're welcome.

John Parker: For those on the phone, the room is set up so that later some presentations to the members that are retiring and certificates of appreciation will be given to our new members. Our new members are David Ecker, Virginia Caine, Noreen Hynes, Catherine Slemp, Tammy Spain and David Weinstock. They won't have an opportunity to talk to you today but keep tuned in because you will hear their voices in the near future.

This morning we have Dr. Kaplowitz with us. Dr. Lisa Kaplowitz is the Deputy Assistant Secretary for Preparedness and Response in the Office of the Assistant Secretary for Preparedness and Response (ASPR) for the Department of Health and Human Services. It's a position that she's held since March of 2010 and in this position she's responsible for directing and coordinating policy and strategic planning for all the components of the Office of the ASPR. Prior to coming to the Department of Health and Human Services, Dr. Kaplowitz was the Director of the Health Department for the City of Alexandria which is in Northern Virginia from July 2008 until February of 2010. As the Health Director in Alexandria, she was responsible for all public health activities and was also very involved in emergency preparedness in the national capital region because of its proximity. She served as Chair of the Health and Medical Regional Planning group of the metropolitan Washington Council of Governments. And it's my pleasure at this time to ask Dr. Kaplowitz for a few words.

Lisa Kaplowitz: Until Dr. Lurie arrives, yes. What John didn't mention was that before that I was head of preparedness for the Virginia Department of Health a program I set up from 2002 to 2008; and then before that, my prior life 20 years of doing HIV/AIDS clinical care, education and policy development in the Commonwealth of Virginia. So this is my fourth, fifth life professionally and who knows where that's going to lead. You know, I just wanted to give a few words. I think everybody here has a pretty good idea of what ASPR is about. I certainly don't need to tell Noreen who pre-dated all of us working here. But we're still relatively a new organization.

The Assistant Secretary for Preparedness and Response (ASPR) position was created in 2006 with the Pandemic and All Hazards Preparedness Act, and that was just reauthorized in 2013. So there's a great deal in the responsibility of this office. The National Biodefense Science Board predated my coming on board in 2010 and as I'm sure you've heard we looked at changing the name. It's still going to be known as the National Biodefense Science Board but also the National Preparedness and Response Science Board, and the reason we asked for this

is that Dr. Lurie felt it was most appropriate because this Board has gone way beyond addressing issues of biodefense.

There's certainly a legislative mandate in terms of the membership on the Board and some of the issues we address, but going beyond biodefense has included addressing behavioral health issues, community resilience which was the most recent report to come from the Board, and pediatric issues. Certainly there's been a lot of work on medical countermeasures including review of the Public Health Emergency Medical Countermeasure Enterprise (PHEMCE) that people have worked hard on and will continue to as we look at revising the strategic plan. So in view of the fact that the Board itself has gone way beyond biodefense, it seems appropriate to look at addressing the broader range of issues that ASPR itself addresses. As you know one key part of ASPR is BARDA, the Biomedical Advance Research and Developing Authority and I guess Noreen you were head of that.

Noreen Hynes: Before it was known...

Lisa Kaplowitz: Before it was known as BARDA. I don't even remember all the names of the office before it was ASPR too, but that is a big component of ASPR. We're also responsible for the medical preparedness and response for disasters including the National Disaster Medical System (NDMS). My office was actually created the day I came on board March 1, 2010 to really consolidate a policy component to the office.

We have very broad responsibilities that include international health security, behavioral health and vulnerable populations, medical countermeasures, health system preparedness as well as bio-safety, bio-security and then the strategy documents that we're responsible for including in the National Health Security Strategy that we will be revising and delivering to Congress by the end of this year. So we'll be asking for some advice on that as well.

So it's become quite broad in terms of scope. We work with all components of the national, the Federal government and a broad range of stakeholder partners outside the Federal government. This has been quite challenging for me. I was telling Noreen that I've worked in Academia and state and local government. Working in the Federal government is quite unique and has its unique challenges, but my goal has always been to make sure that we're partnering with everybody we need to partner with. Our job is to really assist anyway possible for the people who are doing the response at local and state levels and all the private and non-governmental entities who are engaged in all of emergency response. We are responsible for

recovery as well. People don't really realize that but that's part of the office as well. As soon as Dr. Lurie arrives, I'll be prepared to introduce her.

John Parker: Yes, I was going to interrupt because I don't want you to wear your voice out. I need you to do that introduction.

Lisa Kaplowitz: I've got it.

John Parker: As we receive a new task today, I think it's very important to realize how new the establishment of the ASPR is and in that short time of its injunction or its birth under the PAHPRA, they've done miraculous things and we'll take that into account later in the meeting.

Ladies and gentlemen, Dr. Lurie has arrived and I will ask Dr. Kaplowitz to introduce her. What's going to happen, just to give you a visual, is that Dr. Lurie who is the Assistant Secretary of Preparedness and Response (ASPR) will make some presentations to our retirees and she will make some presentations to our new members and that will take a little bit of time because there will be photographs taken of those presentations. As your names are called, if you would proceed in a counter-clockwise manner then come back to the back of the room and take your seats, okay.

Lisa Kaplowitz: It's my distinct pleasure to introduce Dr. Nicole Lurie, the Assistant Secretary for Preparedness and Response, a position she's held since the summer of 2009 when H1N1 hit. She's an internationally recognized leader in public health and health services research, who's worked with agencies at every level of government on emergency preparedness and response. Her knowledge and expertise is critical to the entire department. She is the main advisor to the Secretary, for all issues related to public health and medical emergency preparedness and response.

Dr. Lurie was previously the senior scientist and the Paul O' Neill Alcoa Professor of Health Policy at the RAND Corporation. There she directed RAND public health and preparedness work as well as the RAND Center for Population Health and Health Disparities. She also served as the Principle Deputy Assistant Secretary of Health in HHS in the Clinton administration, in state government, as medical advisor to the Commissioner at the Minnesota Department of Health; and in Academia as professor in the University of Minnesota Schools of Public Health and Medicine. She has a long history of health services research in the health services research field; primarily in the areas of access to and quality of care, managed care, mental health, prevention, public health infrastructure and preparedness in health disparities.

Dr. Lurie has been to college and medical school at the University of Pennsylvania and completed her residency and MSPH at UCLA, where she was also a Robert Wood Johnson clinical scholar. She is the recipient of numerous awards and is a member of the Institute of Medicine, and finally she continues to practice medicine in the healthcare safety net in Washington DC.

Lisa Kaplowitz: Dr. Lurie.

Dr. Nicole Lurie: Well, thank you so much and I want to first thank everybody for being here, both our retiring board members who have just given us so much and new people coming on. You're in for hard work but I think you're in for a real treat, and very much welcome your being here. I have a quick question for you Captain Spires. I had some remarks I wanted to make to the Board. Do you want me to do those first and then do presentations or the other way around? Remarks first, okay good.

I was a little thrown off by comment there Mr. Chairman, about what was about to happen, so that's all. Let me just say that this Board has played a really important role both for me as the Assistant Secretary and in something to bring about quite, I don't know if the word is transformation or maturation of ASPR as a whole.

As Lisa said, I got here in 2009 just as H1N1 was ramping up and as I think some of you have heard me say before, the advice of this Board during H1N1 was absolutely pivotal in our response and our decision making about making vaccine and a vaccination campaign and others. Since then, the group has taken on all sorts of activities and reports that have just been really, really important. I think for some historical perspective, particularly for new members coming on, I thought I'd just take a moment and talk about what you've done and what the results have been.

Not only did you provide a lot of really important advice on H1N1 but then I think really pivoted to take on some very important underlying issues in a very extensive medical countermeasure review. Then later on, review of the strategy and implementation plan for the enterprise overall. Those reports, your advice and the processes that were involved changed.

John Parker: Ladies and gentlemen if you're on the phone would you please mute, thank you.

John Parker: If you're not - it's listening only on the telephone so would you please mute? Thank you.

Dr. Nicole Lurie: So anyway, fundamentally changed I think what we've done, how the enterprise is put together and frankly the incredible success of the enterprise over the last five years. It's in places and it's had successes that I don't think many of us anticipated back in 2009. You know that's evidence by many things. You know over 150 products of different kinds in a pipeline, numerous products now across the finish line in the stockpile, more recently starting to be pursued by different kinds of companies in a lot of ways.

We've struggled for a really long time to work with larger companies as well as some of the smaller innovative startups, and now we've got very interesting and very robust relationships and public, private partnerships with a number of companies and I think more to come. So there's a huge chunk of work that this Board has done there that I think is very, very important.

Probably one of the hardest things that we've asked you to do so far was take on this issue about how we should test and should we test medical countermeasures in children, and thinking about what were the issues involved in our preparedness via these children in regard to anthrax vaccine. The Board wrestled with a number of very, very difficult issues, made a set of recommendations, but then were taken up by the national bio-ethics advisory committee which also made a set of recommendations, that you know I think really caused us to stop and think and figure out how to balance our preparedness needs and our nation's resilience with a set of very well-articulated bio-ethics principles. And even as we have moved forward to continue to look at our nation's preparedness in this regard and particularly preparedness in children, we've continued to look at and struggle with that issue.

So even now as we're looking at new flu vaccines or pandemic flu vaccines, you know we have that same set of questions that I think in fact we'll be grappling internally with this week about when is it in the course of our pandemic preparedness that we ought to consider these issues and how should these issues be considered going forward ensuring that we maximize safety, you know minimize risk, maximize public health benefit, etcetera. There's been a lot of work done by this Board in the past on the integration of behavioral health into preparedness and response and recovering resilience. I'm pleased to say that we've now completed our 2.0 version of a behavioral health concept of operation. We didn't have one at all back in 2009, so we have a behavioral health and social services that's been developed in collaboration with the agency for children of families. Those have taken us very far forward because they have

fundamentally changed not only how we think about preparedness but what we do in response. Over the last year, you will have noted we had a whole series of events where our only involvement has been a behavioral health involvement, whether it was in Sandy Hook, the marathon bombing or coaching a number of state and local governments through needing to implement behavioral health aspects of response. We have done a lot in collaboration with Substance Abuse and Mental Health Services Administration (SAMHSA) and with Administration with Children and Families (ACF) and those have been, I think, really groundbreaking.

Most recently, you know our conversations with folks in Washington State who we worked with and they recognized the importance of behavioral health interventions and services including for their first responders and their informal first responders. You know loggers and others who came to really help in the search and rescue and recovery mission, but also were able to say gosh you know we didn't really have this part so organized before. It was not how we even thought about response, and we're able to point them not only to our work but to other best practices in other states to really continue to disseminate that. Because I think we recognize that behavioral health is part of everything that we do.

We also asked the Board what we should be doing in science. How should we be prepared to respond scientifically when we have a public health emergency? We observe for example during H1N1 that while we wanted to get information from clinicians that we felt could be useful in developing practice guidelines and helping people stay alive that it took the local IRB at some universities six months to turn around IRB approvals to submit the unidentified data and decided we don't want to be in that situation again. I had to stand up in front of audiences in the Gulf after the deep water horizon and tell them yes we had 39 or 40 large oil spills but we didn't know if oil dispersements were bad for you. So we came to the board and asked for their advice.

The results of that have been now standing up a very robust science preparedness and response initiative within the Office of Policy and Planning, and in collaboration with components of NIH and CDC and others. There is now a public health emergency IRB ready for use at NIH and we are now taking some of the next steps in that to ensure that we can get major research universities both aware of and pre-designating the board, the research review board as an IRB so that their lawyers won't have to review whether it's okay to do it in the next public health emergency. That work is underway.

One of the big innovations from Hurricane Sandy is that we're able to get funding from the emergency supplemental to stimulate research on recovery and resilience pretty much while the recovery and resilience was building. So there was a whole series of grants that were awarded to grantees in affected areas. As another first, we brought all the grantees together at the beginning rather than at the end of their research to look for opportunities for collaboration and we're really just starting to see the fruit of that work begin to blossom.

We're also in the process of building a first ever to be identified research dataset based on data from Hurricane Sandy but will link data from CMS, FEMA, HUD, and from census so that we can stimulate the research community to ask and answer questions. Assuming that this is successful, we anticipate that it will serve as a template for something that we can do with each and every emergency so that we can ask and answer questions both in the moment and advance the science of preparedness, response and resilience.

We've been collaborating a lot with National Institute of Environmental Health Sciences (NIEHS) at National Institute of Health (NIH) in that regard, and just two weeks ago they did a first ever table top exercise looking at science response to environmental emergencies and how do you deploy potential researchers and science responders and watch the space. There's a lot more work to do but we'll be collaborating with the Institute of Medicine in a conference on this in June.

Then finally both BARDA and CDC have awarded clinical studies, network contracts which are outside of government networks that can sort of be warn based, that have protocols written in advance and that can be stood up in public health emergencies to supplement work that might be done in NIH and others. So we're making progress. There's more to go but very excited about that. Finally, just a couple of weeks ago, the Board issued I think a terrific set of recommendations about community resilience, health resilience and identifying and further articulating that space so that we could get some help moving forward there. So you had a huge impact on what it is that we've done.

Where are we headed with all this stuff in the future over continuing obviously the work on the behavioral health and social services and working to disseminate that and improve them? In the medical countermeasures space, not only do we have fundamentally different kinds of relationships with companies in the way we do business that leads to a much more reliable and efficient process. We've been really working to articulate somewhat dual use means in this space so that we're much more deliberate now about saying as we are building

countermeasures for various bio-threats we would also like them to have a peace time use, a use for emerging infectious disease threats or other kinds of threats if we're ever attacked.

And so I think many of you know that we have a whole series of contracts now developing, not only for the traditional bio-threats that we face but to deal with the very real and present nature. We'll continue work in this space.

The science part will continue on the work of the IRB and pre-approved protocols and the other kinds of things that you advise us to do, and then on resilience we are breaking ground in a number of different areas. On people's resilience for example, over the past year we've had a tremendous collaboration with TMS to identify a particularly vulnerable population, those are people who are electricity dependent with durable medical equipment. We've now done two drills where we've used CMS claims in a HIPPA compliant way to identify people. We've gone some place, pretended there was a hurricane or a flood.

Since CMS, a list of zip codes of hypothetically effected areas they sent back now and can do this in one to two hours and opened up a protected web site that has identified information of the folks that are involved. We've gone out in these two drills now, one in New Orleans and knocked on doors and confirmed that the accuracy of this is well over 90%.

During storms, the closes winter for the first time, we were able to provide state and local health departments identified data on how many of these kinds of people lived in their communities because many health departments didn't know. This will be over the next year, developing and identifying more public facing maps with aggregate numbers of people who are electricity dependent in zip codes. So again people can plan, so they can know they've got people with certain vulnerabilities living in their communities. We hope now to expand this work to other categories of people who might be more prone to get into trouble during disasters, and potentially even take this into the prescription drug and prescription refill world so that people don't necessarily need to run out of medicine during public health emergencies.

The healthcare system resilience, we've made a lot of progress in the last year through the national hospital preparedness program building healthcare coalitions and shifting from a hospital center to a community centric approach to preparing the healthcare system and ensuring that it can sustain operation and sustain care of individuals through many emergencies. Electronic health records are central to that.

Just last night a hospital in rural Mississippi was destroyed. Once again, it used all it's learned through drills, exercises and equipment and others from the hospital preparedness program. Successfully evacuated their hospital and a nursing home and are able to provide seamless care to people elsewhere. We've also focused a lot on organizational resilience starting with thinking about the federal government and our state and local partners as we look at how do we move money much more quickly during public health emergencies from congress to OMB to HHS to states and locals. We've had a whole budget in administrative preparedness initiatives going on for the last year and a half or two years, and will actually be testing that in a table top exercise in a couple of weeks.

Special populations or vulnerable populations have been an additional focus that I think you're all familiar with. We will be standing up at children's FACA very, very soon and are continuing to focus a lot of attention on countermeasures for kids and other aspects of disaster response for children, particularly with regard to the NDMS and patient movement and others. So we've done a lot, thanks to all of you for your pushing and your advice and I think we are a much more mature and a very outcome focused organization, somewhat different I think then we were five years ago with a number of our growing pains.

With that has come a recognition I think that the task for you is all different. That we have different kinds of people on this Board then we have before. And our experience over the last year as we've gone out to recruit this new generation of members for the Board in that with our old name, the National Biodefense Science Board reflected some but not all of what it is that we do. In some cases that made it a little hard for us to recruit and identify as broad a talent as we think we might need to have in the future because we really need people with other kinds of expertise and they may or may not have seen themselves as they sit with a Board with its own name. So as of now and as of today, we are delighted to tell you that the name of this Board is being changed.

It is changed to the National Preparedness and Response or the NPR Science Board. We can see what national public radio thinks about that but maybe they'll cover the story. Welcome you all to that and we hope that the name change really reflects the broader scope and the broader mission of what it is that we're asking you all to do and asking you all to work on. So with that I think comes a new task to you and I know in the past year or so we've been asking you to do some very focused things that have helped us move some of our strategies and implementation plans forward.

As we met, I don't know maybe six months ago now, internally as ASPR leadership to review our progress on our five-year strategic plan, we came to recognize that we had made so much progress in areas, that we thought it was whole different horizon out there than the one we thought was possible when we wrote our first five-year strategic plan. And our strategic plan has to change; it had to change as a result. I think that you all can help us understand more clearly what that horizon looks like and you know probably even a little further out than the one that we are seeing now. So the new task really reflects, I think my desire to have you really take a look at this organization where it is now, and identify more strategically for us what you see as the strategic opportunities as we look at the strategies that can best support achieving our mission with regard to preparedness, response, recovery, and resilience.

As you will see in the charge letter, as you take this strategic look and suggest to us long-term strategies that will enable us to achieve our mission, there are sort of four components that I hope that you would do in addition. One is take the opportunity to highlight some of the accomplishments to date. The impacts they've had, but the impacts that you think they ought to have for us going forward on preparedness and resilience. Really look at the environmental, scientific, healthcare fiscal policy and other relevant that sort of whole bottle, and identify the near-and far-term conditions that you think will impact this mission space and how we can be successful in it.

Hopefully develop and analyze our current mission requirements, strategic objectives and future resource and capability gap, and again help us strategically position ourselves and our partners for the future. Finally embody that in a final report with our prioritized list of suggestions based on this analysis.

So it's a big task that's going to take a long time but I think that we're at a point where we really are ready strategically to say sort of what does that horizon look like? We've gotten to I think a great interim point but I really want to be poised and have this organization poised for success and meeting its mission over the next decade. I think you can really help us get there. So thank you for that.

So let me pause and see if you have any questions and then we can thank the new members and I thank the old members and greet the new ones.

Virginia Caine: So in light of the tornados that we've seen in Arkansas and Mississippi and other places, one of the things, when everything is doing well, people don't feel there's a

need for resources for public health preparedness. Does this help us in any kind of way re-emphasize how it's so critical to have these resources to do for preparedness before a major disaster happens? How do we convey that?

Dr. Nicole Lurie: That's a great question. And you know as you take a look at where we've been and where we need to go, I have no doubt that we and our partners need to convey that better. Ideas that come from you will be very welcomed. Every one of these events, both large and small are opportunities to educate our constituencies about the need for funding. Whatever it is we're doing, it's clearly not enough.

If you look at what's happened over the past two days and what's likely to happen today, the investments that we've made in the nation in preparedness and response, the investments in public health, the investments in the national hospital preparedness program or others are what's enabling the state and local governments to handle these things on their own. We have started now for the first time to hear from a couple of the states just recently who said you know before here's what we thought we could handle. We just have to put you on notice; we can't handle that anymore, so we're going to be asking you for more help. We'd like you to hold the bag, not us. And that's not a place for anybody to be in terms of the resilience of our country. But if you look at our funding history it's kind of, I always say, it's kind of like a rat running on a treadmill and every now and then getting shocked.

You know, post Katrina, post 9-11 and anthrax, post whatever, there've been these big increases. There needs to be a way to change the dynamic to help people understand we're at a new normal and if we're at a new normal that requires continued funding, continued investment, etcetera. We're now starting to see all kinds of stuff that we bought ten years ago. They'd rather throw it out and then next time we don't have it, get somebody to buy it all over again. That doesn't make any sense either. So we've got a difficult dynamic at play.

Steven Krug: That was a great question actually to build on that.

CAPT Charlotte Spires: Excuse me, could you state your name please?

Steven Krug: I'm sorry this is Steven Krug. As part of that new normal and with the reality that even with the most strive sort of recollection of recent events and advocacy for funding, that the funding might not necessarily get us where we need to be. Perhaps another strategy and I'm not reflecting about when I grew up which was a long time ago during the Cuban missile crisis, and the concept of personal readiness. We can't ask the population to

prepare for everything, we can't ask them to put in their own IV catheters and things like that, but I think there are things that we can build upon both at an individual and at a community level so that the citizens are better prepared and are better able to sort of take that blow and survive with perhaps a system that doesn't respond quite as much or quite as quickly because the resources just aren't there right now.

Dr. Nicole Lurie: I very much take your point about personal preparedness and community preparedness and resilience and I think some of the recommendations in the resilience report really get to that. I think it's a pretty big push from FEMA, CDC, from us, and others, there's a lot more work to do in that space and I think different social media tools and others open up a set of possibilities that we didn't have when you and I grew up. We may still need to get under our desks with our hands over our heads but there's now a YouTube video about how to do that.

John Bradley: This is John Bradley. Your office has done a tremendous amount and I think to address Dr. Caine's issue. The public needs to know more what it is that you've accomplished so that they can appreciate the amount of work and effort to get us where we are and how much further we need to go. We tend to hear in the press about things that don't work. But as we've shared with you before, we really would love to hear things that have worked so that people can have confidence that the process that you've put in place is very successful. And then the next steps will also be successful. So part of it is sharing with the public what it is that's been accomplished. Dr. Ecker and I, co-chaired a group that worked on how prepared do you need to be for a bioterror event, and the same sort of thing, we can't be 100% prepared for everything but we're pretty darn close. To share with the public how close we are to protect them because that's what we're trying to do is to protect them, I think is key. So thank you very much.

Dr. Nicole Lurie: Thank you. And I appreciate those comments.

David Weinstock: This is David Weinstock. I wanted to shift to the next task which I think like you said, is a ball of wax, trying to basically come up with a prioritized list of suggestions for the future of ASPR. It seems to me like something that would best be accomplished by a massive army of auditors and a very deep review of projects. I think what it seems you're asking and I just want to clarify, it's more of a 30,000 foot view. But the concern about that is that those kinds of reviews commonly end up with platitudes like you need to integrate better or you need to be more efficient. You need to use IT and things like that. So I'm

curious of your thoughts around how we try to balance such a very broad task. And John, of course, you can add as well.

John Parker: I'm going to interfere here.

David Weinstock: Okay.

John Parker: And not going to ask Dr. Lurie to answer that...

David Weinstock: Okay.

John Parker: That's our problem.

David Weinstock: Okay.

John Parker: And if you take it to the ethereal level with prophecy and all that sort of stuff, that's your problem. You did it on this next tab. So be warned that if you don't like that, don't do it. And I say that to the entire membership. But Dr. Lurie has presented the task. And we really don't want to know how Dr. Lurie feels about it.

David Weinstock: Well I do. But I'll let it pass

John Parker: One of the great things about the Board is its professional autonomy so that we don't have to be guided. We don't have to be sent down a particular laundry chute or anything like that. So I'd like to preserve that integrity David. And all of those things will come out in our deliberation I'm sure in the future.

Dr. Nicole Lurie: No, I appreciate that John. I would say I would not have asked the Board to do it if I didn't have the confidence that they could produce a series of recommendations for someone who's really action and outcome oriented, to act on. That's really what I'm looking for.

John Parker: Well Dr. Lurie you've been wonderful. Beautiful remarks. I think you've been very welcoming by allowing questions. And with that I'm going to turn the program back to you for the ceremonial portion of our agenda.

Dr. Nicole Lurie: Great. And I have a series of certificates of appreciation to present. I will call your name, I'll ask everybody to come up and we'll take a photo with the entire group. Is that right?

CAPT Charlotte Spires: Take an individual photo.

Dr. Nicole Lurie: Individual first and then one with the entire group. Okay. Good. So first, Dr. Benjamin. I'm going to do a twofer here; the twofer is also a welcome letter for a second term. The same goes for Dr. Ecker.

Dr. Nicole Lurie: Okay, great.

CAPT Charlotte Spires: Assemble for the group picture please.

Dr. Nicole Lurie: Group picture. All right.

Charlotte Spires: So this will be our new members and our returning members.

John Parker: Dr. Lurie, thank you so much. I need to get to a microphone. Thank you so much for your remarks this morning and your continued leadership in this difficult world where something happens every day. Thank you very much.

CAPT Charlotte Spires: Thank you Dr. Lurie.

John Parker: I think what I'm going to do because of the time and before we go into remarks and overview of the new task, I'm going to give everybody a ten minute break. Please be here in your seats. I don't want to have to go round up everyone. Be in your seats at 10:15. Those on the telephone, we will be back on the air at 10:15. So everybody try to be on time because we have a very broad net because of our technology. We don't want folks sitting on an open line with nothing going on. So with that, take a break.

John Parker: During the next period of time, one of the retiring Board members is on his way. When he gets here I will interrupt our proceedings and present his certificate to him for retiring from the Board. And we'll ask that Justin take a picture at that time, in front of the flags.

Now you've had an opportunity, both on the web site so that our folks on the telephone have had an opportunity to see the task letter in writing. Also, you've heard a very accurate description of what the task is from the Assistant Secretary of Preparedness and Response, just a few minutes ago. I'm going to ask Captain Spires if there is any public comment by email to date, that she knows about.

CAPT Charlotte Spires: No. We are not aware of any public comment to date by email.

John Parker: All right. Thank you Captain Spires. Now the voting procedure on this is it's not the first of May so the other members, to include those that are leaving the Board, are the active voting Board. But I'm going to open the discussion of the new task to the entire group to include the new members of the Board. Generally in this time of discussion of the new task, we want to accomplish a couple of things. Number one, we have to have a vote on the acceptance of the task by the Board, and that will be by roll call vote as to whether you accept the task. After that vote, depending on how it comes out, I will proceed with some administrative details about the acceptance of the task.

But most of the discussion around the process and the setup of how we're going to approach the task from a structural and process component, will be done this afternoon, in that meeting. So, I will ask is everyone that's going to vote on this particular task, comfortable that they've read the task and understand the broad concept of the task? If so, is there anyone that has not? Not hearing any, I would ask Captain Spires to call the roll for an acceptance vote.

CAPT Charlotte Spires: Okay. If you accept the task please respond by saying accept. If you don't then please say do not accept for the task - for the new task.

CAPT Charlotte Spires: John Parker?

John Parker: I accept.

CAPT Charlotte Spires: Georges Benjamin?

Georges Benjamin: I accept.

CAPT Charlotte Spires: John Bradley?

John Bradley: I accept.

CAPT Charlotte Spires: Nelson Chao? Jane Delgado?

Jane Delgado: Accept.

CAPT Charlotte Spires: David Ecker?

David Ecker: Accept.

CAPT Charlotte Spires: Dan Fagbuyi? Emilio Emini?

Emilio Emini: Accept.

CAPT Charlotte Spires: Kevin Jarrell?

Kevin Jarrell: Accept.

CAPT Charlotte Spires: Manohar Furtado?

Manohar Furtado: I accept.

CAPT Charlotte Spires: Steven Krug?

Steven Krug: Accept.

CAPT Charlotte Spires: Betty Pfefferbaum?

John Parker: Oh, Dan.

CAPT Charlotte Spires: Dan Fagbuyi, do you accept?

Dan Fagbuyi: Yes.

John Parker: He said yes.

CAPT Charlotte Spires: He said yes? Okay.

John Parker: That was a yes.

CAPT Charlotte Spires: And Sarah Park.

Sarah Park: I accept.

CAPT Charlotte Spires: Okay. We have a quorum and we have a unanimous acceptance of the task.

John Parker: I thank the Board for their acceptance of this task and we will start the task off with proper excitement and proper focus. Now that we've accepted the task among both the new members of the Board and the sitting Board and the retirees, I open this for what I would call general discussion as to how you feel about the task. Not so much the particulars of the task. This gives you an opportunity to go on record about how you personally might want to approach the task. Now there are no 30 minute speeches here.

So one of the things that we do in the Board is, if you're ready to speak, is to put your name card in a perpendicular position and with my abilities of age, poor sight and poor hearing, I will

kind of keep track of when the signs go up, and call upon you for remarks. Steven Krug seems to be ready to go.

Steven Krug: Thanks to lots of caffeine. This is Steven Krug speaking. Well I think we in the spirit of deserving what we've asked for, I mean in the letter that we just approved earlier in this meeting, this was the first short term priority area that we suggested to the Assistant Secretary, that we thought we might like to help out with. We also discussed this when we were all back here in September, on that ASPR day which I actually thought was a good day spent. We should do it again. Very compatible with some of the many things that we heard that day.

To Dr. Weinstock's excellent comment, not a question, it was a comment. This is a notably broad task and I think it would be challenging. I, just by chance, brought a copy of the National Health Security Strategy with me and was just flipping through it. I think there's great information there and I think that may serve as a bit of a template upon which we can do our work. On the other hand, I don't think Dr. Weinstock's comments; I mean I think we should acknowledge the things that do seem to be working better. I think that makes sense, and I think we should be as targeted and specific as we can because I think that's where we can help the ASPR the most.

John Parker: Emilio?

Emilio Emini: Thank you John. This is Emilio Emini. So every organization that is as Dr. Lurie said before, has made, you know, successful progress since its inception, and does get to a point where a strategic assessment is also an important thing to do. I view this task, given how broadly worded the task was from Dr. Lurie, as much more of a strategic question for us to have a look at in terms of what is it that ASPR or what is it that we view that ASPR should view itself, you know, five years from now?

Not in too much of an internal way but I think we do need to be specific. I think that unlike some of the tests that we've taken on over the last couple of years, at least since I've been on the Board, this one I like in particular because it doesn't have that level of at least upfront specificity. So one of the things that obviously as we take this on, and obviously for discussion once a working group is formed, is to define what it is from a strategic perspective that we're looking to present to the ASPR. In particular, we have to just like all strategic assessments or reassessments, however you want to put it, the goals should be valuable. In other words, we have to be careful not to use what has been successfully done in the past, as the sole guide to

what we might ask the ASPR to take a look at in the future. Because that's where I think the real benefit of this is going to be.

Look at what the world is going to look like five years from now and say if that's the way the world is going to potentially look like five years from now, what do we need to do to prepare now for that, not what we need to do to prepare for today because we've all pretty much tried to deal with that already. John?

John Parker: Thank you Emilio. I encourage everybody to comment if they want, and I'll just go back. You know, I jumped kind of heavily on a new member, you know, just a few minutes ago because of a question that was a very reasonable and well thought out question that he posed to the ASPR about what did she think? Well, those questions are very important. But they can color our perception just a little bit. To maintain our autonomy, and David, I apologize to you on open forum. In this particular task, we have a tremendous opportunity to be critical, extremely analytical and very honest, and we will look at the legislation that created the position and we will look very carefully that the legislation says coordinate.

We will look very carefully at the organization from the standpoint of what the Assistant Secretary has direct authority to do and the types of authority that she needs to be a symphony conductor to get things coordinated. Because there's a coordination piece and there's an operative piece, the strategy has to speak to both of those elements. So there might be a possibility that we might have to look at dual strategy as we go forward with this. As we look back, we've had a beautiful recapitulation of where ASPR has been and what they've done. We want to make sure that their success can continue in the future on this particular thing. So when we sit down and discuss this, this afternoon, we'll have somewhat of a time of looking at some broad sentence. David, you're still recognized.

David Weinstock: This is David Weinstock. First, I would say that it's preposterous that you should feel the need to apologize. I want to be on a Board where people say what they think. One thing that's become abundantly clear in the very short time I've been here, is that you've provided exceptional leadership for the Board, and I won't take it as any indication that during the break the microphone was moved away from my seat.

I think to get to Dr. Emini's point, this does provide a real opportunity to be forward thinking and to try to come up with concepts that aren't just what has worked but to really think outside the box because we can take a, if not 30,000 foot at least vertically pleasant look at this overall

organization. The question I guess comes up around the more forward thinking you are, the more one can become Pollyannaish or unrealistic and so on and so I'm just trying to get a feel around the Board around how willing we are to propose looking at things that might be really very challenging and outside the box and outside the organization's current thinking. Rather than trying to just sort of hue to what we think is in line with something that's likely to be adopted.

John Parker: Thank you David. If I remember, John Bradley please, next and then it'll be Virginia, back to Steven Krug and then Tammy. Oh, I'm sorry Georges.

John Parker: Okay, Georges Benjamin's next.

Georges Benjamin: I do think that if you could focus like a laser in this report, on sustainability for the effort. I think that would be very, very important. Nicky's work and the whole look at the Board and the whole office since its inception, has really done remarkable things. I was in the room when the job was conceived. It's come a really, really long way in terms of the national effort. But I think as Dr. Caine points out, sustainability is really the one Achilles Heel for all of the national effort. So to the extent we can think about, in a strategic way, what the office needs, what does the system need to support that effort strategically in the long term so we'd have these peaks and valleys in funding support effort I think would really help.

John Parker: Thank you Dr. Benjamin. Now back to John.

John Bradley: Thanks very much. This is John Bradley. I would like to share some observations after having been on the Board for a few years and having had the opportunity to work with David Ecker on one of the documents. There's a letter that comes from ASPR and many of the tasks have been fairly focused. We create a response and indeed, as we create the response and have multiple phone calls and invited people to educate us, we end up creating a document at a point in time which is the best that we feel that we can do. But time keeps moving on. More information comes.

We turn in the report and then John, you say okay, we're done, move on, and we keep saying yes, but we can help more. We're invested in making sure that the recommendation can be accomplished. Most of us in the room are happiest when the loop is closed. You see a problem, you create a solution. You implement it and it works, and then you move on. As opposed to seeing a problem, you see what the solution is and you say this is the solution, and then you're told you're done. It feels a little odd and I just want to share that, especially with the

new members because it's a disconnect with how we usually operate. I just sort of am asking if there's some way that we can be involved even after the report goes through, to help the ASPR strategy.

John Parker: Well I'm going to interject because my comments need to follow John. In the future, when we do a report, we usually write a cover letter on the report and we just transmit the report. In the future, we've been asked now, not only to submit that transmittal letter but embodied in that transmittal letter, expand on our recommendation and give some view to the future of how that recommendation could be, should be or otherwise executed and implemented. So we have been given an open door to actually jump from our recommendation almost into an operational category of saying how do we envision...

John Bradley: Oh, that's great.

John Parker: I'm sorry for interrupting...

John Bradley: No.

John Parker: But I think that makes the grant's middle letter much more bulky. And I'll go to Virginia next. I think Virginia's next.

Virginia Caine: So some of the dilemmas...

John Parker: Don't forget to say your name for the transcriptionist.

Virginia Caine: Right. Virginia Caine. So some of the dilemmas I have is that I don't know how many of you caught the newspapers, like two or three days ago, from USA Today. It says that the government was going to spend almost a billion dollars to destroy ammunition that they have, they didn't know how to properly store or to contract it or they couldn't do the reporting right. And so for the average public is saying wow, all that ammunition you're going to destroy? It's worth a billion dollars? You're spending a billion dollars to destroy and we need it?

So I think when we're doing this strategic planning process, I think it's critical that we kind of look at those items where we can say what are we doing in terms of return on our investment, so people can kind of understand that? In this process, how can we focus on emphasizing our efficiency so that we're not perceived as an entity that's wasting dollars? Or do I have to have this particular infrastructure in place? What's the infrastructure I have to have in place to be

prepared? I think we need to be, instead of our traditional way how we do our strategic plans, I think we need to articulate it with some examples about - with this infrastructure I know we can be safe, safe, safe. I just think we need to think about doing things a little bit differently in terms of better promoting the message about how critical, how important this is to our politicians but to our general public in order to safeguard our resources.

John Parker: Thank you Virginia. Steven Krug.

Virginia Caine: One last point. Sorry.

John Parker: Oh. Oh. Oh.

Virginia Caine: One last point. I apologize about this. Is there some assessment that's already being done and I don't know about it, about what we call interagency coordination?

John Parker: To answer you directly, yes.

Virginia Caine: Okay.

John Parker: There is. And you will see a whole open book about that process.

Virginia Caine: Because that's critical too.

John Parker: Steven?

Steven Krug: Hi, thank you. This is Steven Krug again. For the members coming on, this Board has certainly done work that I think has been very critical of the performance of government as a whole, in terms of readiness. So I don't think speaking one's mind has been an issue. You know, to the comments made earlier, in our discussion, I think there is an opportunity to point out those things that appear to be working well because there may be a strategy within those efforts that might be applied towards either current or future needs. It would be great if we could demonstrate efficacy or return on investment. Part of the problem is, is that there's very little data and that arguably ought to be a part of the process. The strategy is to continue to figure out ways to demonstrate value.

Demonstrate how something promotes resiliency or, you know, preserves resources. I think we can challenge the government to be more efficient and to frankly spend their money in places where they don't need to spend it. But that's one of those platitudes that I fear. You know,

attached to this National Health Security Strategy will eventually be an implementation plan, and whether we do that as part of this report or whether we invite ourselves or ask permission to assist with the development of the implementation plan, I think any way that we can develop measures of success or performance, I think is useful. Useful for those who are trying to get the work done.

Also, useful in advocating for future investments and resources towards something this important. I'm sure Georges is concerned about sustainability. Many of these vital programs have had their funding cut severely to the point where their future is challenged. We've heard about the Strategic National Stockpile. We've heard about the hospital preparedness program. I know that's not the name anymore. But the point is, those programs can't really do what they used to do based upon the funding that they currently have. We've got to figure out ways to broaden awareness and better work that private/public sector interface so that we get broader awareness of this important work, and come to this meeting and advocate, but perhaps through better education, through partnerships, get that word out so that the public communicates to elected officials that maybe they want those investments to continue.

John Parker: Thank you Steven. Noreen? Was Tammy ahead okay, Tammy?

Tammy Spain: I was thinking about the whole issue of sustainability in lots of other projects that we've been working on in the past. As I was listening to some of the issues with the stockpiles and some of the comments that Dr. Lurie had about what had failed or not failed I guess, where the difficulties were. It does harken a lot back to sustainability. Also, about Dr. Krug's comment on metrics of performance and being forward looking in that. Because I do think that one, when you know what we want to look for in the future, we can develop that data now. And that's what we need to do.

John Parker: Thank you. I think its Noreen, Manohar and then David. So Noreen, please.

Noreen Hynes: In a way, I'm echoing what several people have said at the beginning. But Dr. Bradley has said yes, we have a tendency from our different perspective, where we sit to first like to identify a problem, come up with a solution, implement it and then assess whether it works. So this Board has been asked to add to the transmittal letter although not to the report, that we talk about implementation. I would suggest that perhaps we want to also add to that little bit that says if you implement, how will you assess your success?

John Parker: There's no restriction of adding that in the report.

Noreen Hynes: So I would make a recommendation that a measurable metric be used because then you know how to tweak things along. And that's essentially I think what a lot of people are.

John Parker: Manohar?

Manohar Furtado: So John I want to echo a couple of things. When they put out a situation letter and report there are two things they focused on. One was intra-agency collaboration. There's a lot of stuff that several other federal agencies do that impact on what do you call ASPR's mission space. The second term we use in the report is something called portfolio project management strategies. Now this is an established process in the industry, and I'm not saying and refuse to calculate a return on investment which may be a little bit difficult in terms of how you calculate return on investment, a life saved is a different mission.

But necessarily does involve looking at early ideas, collecting them, feeding them into a pipeline, making recommendations and then following it through to see what the success rate is and did you meet all the metrics that you set up early on the task? Then maybe five years down the road, I mean this Board is completely different. If somebody else has to take on that responsibility of setting up a process, its process management, I mean you get the ideas from the Board. In parallel, they should be tracked or long enough and I think some of it has been done. But in terms of getting information on return on investment this is the only way we'll be able to do it.

John Parker: Thank you Manohar. David?

Dave Ecker: This is David Ecker. In essence, we've been asked to conduct a strategic planning exercise. When you do these in my business or outside the government, they always involve anticipating the future and having hypotheses about what will happen in the future. You have to have hypotheses and you have to be prepared to say that you believe them so that when you construct your plans to meet what you think is going to happen in the future. This could be considerations of what we think funding will be like down the road and what have you. So I think it's going to be interesting. When we then superimposed sort of the bounding box of what the ASPR's office has legislative and sort of authority purview to do; we would match those to us.

This really gives us a chance to correct any disconnect that we sort of see in the way things work. A couple of things have been mentioned now several times, about accountability and coming back to and, you know, what really actually happened as a result of this, and we can correct that. There's an interesting little line that I circled in the past quarter, which says, suggest adjustments and strategic alignment and changes to legislative authority and/or policy position. So we actually get to weigh in on changing the rules a little bit which I think is interesting.

John Parker: It always is. Catherine? Thank you David.

Catherine Slemp: Cathy Slemp. I think my train of thought is going down the same path that we heard from Dr. Bradley and then I think Dr. Hynes built on in terms of closing that loop as a Board. So if you're excited to think about the beginning to say what might affect implementation, how will you measure it? I guess I'm finding myself wondering is there opportunity other than simply our knowledge of the system, for the Board to hear back on some of the projects that have been done, so that we can learn, you know, what kinds of recommendations, what kind of strategies work? Which ones don't? And have our own cycle of improving our ability to make recommendations that are effective, that we can see an impact from, so I'm just kind of thinking where is that cycle that takes that next step beyond to hear back?

John Parker: This is John Parker. Oh, I'm sorry. Before I speak, Dr. Kaplowitz is saying something.

Lisa Kaplowitz: I wanted to comment to what Steven was saying. First of all, the first draft of the NHSS is actually on our web site. So please, we want comments back; it will be different from the first with five objectives, not ten, etc. We're also obligated to present to Congress along with a new NHSS, an evaluation of progress and the implementation plan. So all of that is going to be packaged together to go to Congress by the end of 2014. Now, the NHSS is not the strategic plan for ASPR. But there's a lot incorporated into the NHSS that is linked to what ASPR does. We have our own strategic plan. I want people to at least give us whatever input you'd like for the NHSS because the first time around we weren't able to get as much stakeholder input as we would have liked and so added as a request along the way.

There will be some parallels and certainly, you know, we're going to try to incorporate feedback in terms of the NHSS. But they're not the same but there are going to be some real parallels there.

John Parker: Thank you Dr. Kaplowitz. I want to make two comments in the way of discussion. The first is that we've been exposed to a lot of reports on the federal government, different kinds of reports. Probably the most common is the GAO reports. One of the things that I want to mention is that as we get a task we are not an investigative group. Okay? Our task is to look at the whole thing. We don't have to have a critical response. It can be a laudatory response or it can be another type of response.

So I just want to make sure that there's a total open door to our work that you create what you want to create as the Board. The second thing and Catherine stimulated it by saying well, when do we get a vision or an open window to see what's been done and whether or not our work has helped and things like that? We have what's called ASPR Day. ASPR Day is maturing from the standpoint of back when we first had ASPR Day it was simply kind of a make sure you know our organization. And the next iteration was here's our organization and by the way, here's what we've done. So I envision that the next time we sit and we have ASPR day, Dr. Kaplowitz leads that.

The next iteration could be much more intense from the standpoint of not only is this our organization and not only this is what we've done, but these particular points have direct relevance to what your recommendations were. They have been implemented or they don't exactly look like your recommendation but we're doing it, okay? So I just want to say that we do have opportunities to get feedback. By the way, the Board can ask for feedback any time.

The wonderful thing about the makeup of the Board and the support that we have not only from Captain Spires' group but all of the ASPR agencies, deputy directors and everything, is such that if few just whisper that we want to hear from them I think they'd come. Right Dr. Kaplowitz?

Lisa Kaplowitz: Absolutely.

John Parker: So that's one of the wonderful things about it. We do have that opportunity. Now I'm going to go to Sarah Park and then to Steve. Okay.

Sarah Park: I jumped you Steven.

Steven Krug: No, please.

Sarah Park: This is Sarah Park. So just tagging along and echoing the comments that have been made before and just making this query because Manohar mentioned this situational awareness report that we made. I have actually, as Chair of that workgroup, I've been

wondering what progress has been made. We made quite a few recommendations and, you know, I'm looking at this task that we've been given and I'm kind of thinking that in order to provide further recommendations, it would really be helpful for the Board. I'm not thinking of ASPR Day we get to get the full report of how, what things have been accomplished based on our recommendations. I'm thinking more periodic sort of briefings of what has been accomplished based on the reports that we've issued. We've just approved the community resilience recommendations. So that's huge in my opinion, in terms of building towards this new task. So knowing what accomplishments have occurred based on our previous recommendations, I think will be very helpful in not repeating ourselves and also building on, you know, those things in terms of making future recommendations.

John Parker: Thank you Sarah. Steve, I'm going to give your voice a rest for a minute and I'm going to I will turn it over to Dr. Kaplowitz.

Lisa Kaplowitz: Okay. We have a situational awareness framework strategy that is in final, I was going to say final clearance. It's not really final clearance. We're getting input from all around the federal government. It's actually now at the White House as the way of bringing in more input. So let me look into what we're able to do in terms of sharing what's out there. It is a framework. It's certainly not an implementation plan yet. This has been a big deal. Just getting agreement on the definitions and, you know, if it had been easy it would have been done years ago. Because it was actually requested under PAHPA and re-requested under PAHPRA. So let me look into what we're able to share at this point. And, you know, we really pushed to get the draft in NHSS out there for public comment.

One thing I've had to learn, you know, moving into the federal government, is the challenges of the clearance process and how many levels you have to go through before you can release anything, even for any sort of comment. So let me - let me look into that more and see what stage we're at with that. What the Board put together for us was very, very helpful. It didn't answer everything obviously and, but we're definitely moving ahead with that. And we're going to need more input, no doubt about it.

John Parker: Thank you. Steve?

Steven Krug: Thanks. It's Steve Krug again. Sarah's suggestion is actually I think a great ongoing feedback loop for this Board, and actually any advisory group. I think it's good to know how those recommendations helped and to see progress made. For this particular task, I think

it would be incredibly important to understand how we did with the first National Health Security Strategy and its partner implementation plan. You know, again, we kind of got a view of that in pieces when we were here for ASPR day. Again, which I thought that was a great day. And I'm not sure I fully understood all of the performance measures embedded. So I can't comment on that. But it would be very important in this new strategy, to think forward. If there are current gaps that are not just perceived but real because we actually have an assessment based upon the current plan and the current strategy that we're - we wanted to get five miles, we only got a mile done, that would be important to know as we travel this next version together.

John Parker: Thank you Steve. Going back to Dr. Kaplowitz.

Lisa Kaplowitz: The biggest challenge with the NHSS is how to make it national and the biggest critique we got was that it came out too federal and the same with the implementation plan. We're struggling with that with the evaluation of progress. It's still very much federal and not enough national which is why we've pushed so much to get outside input. But it would help us a great deal to get some advice on that because in my mind, that's going to remain the biggest challenge.

We went around to other departments to look at their big document strategies, and what we learned is that their strategies are for their departments which for the Department of Defense (DoD) is pretty big. The Department of State (DoS) is pretty big, but we're looking national. We're looking way beyond the entire federal government. So everybody's response to us is wow, how in the world are you going to do that? So it's going to be an ongoing challenge. We're not going to get there with the second one. But let me look into again, how we can get feedback along the way as we're still in the process of developing this NHSS. I can tell you, the evaluation of progress will look very federal because that's how the implementation plan came out. So let me look into that one as well. The more input we can get before the next NHSS comes out, the better it'll be for us.

John Parker: One of the things that the Board did do is, and we put it into the last report about community resilience, we did highlight the National Health Security Strategy. Within the report, we annotated the fact that the Health and Human Services, in their ability to distribute that report, to make people cognizant of what is happening here and all the good work that is being done, is constrained from the standpoint of the way that information leaves this building or HHS. It is through public affairs and marketing. We actually asked public affairs and marketing to speak to us and out of that presentation, we had an interesting look at how they're resourced.

Not from the standpoint of the Secretary reduced resources to them or anything. They were damaged by the sequester on an already inadequate level of money. So we started pushing that in the community resilience part that we cannot expect a National Health Security Strategy, unless people understand it and that we get the American public involved.

It makes no sense to have great people in one building all excited about it and it doesn't seem to get outside. So part of our strategy should, I think we want to talk about it and how we do that. Good work by good people if it doesn't get to the people that need to know about it and make it happen, is no good at all. Sorry for the speech but it's true. The National Health Security Strategy is not a regulation. It's not a policy. It's a framework that is built to excite people to be a part of that. They're not paid to do it. They have to be excited about the fact that this is a beautiful document that brings us together to preserve a health security for the United States of America. As we looked at resilience, everything we do about community resilience there's a health component. So this community resilience and the National Health Security Strategy and everything else, has to kind of be coming together all together.

You know part of the coordination of all of these thoughts and all of these processes have to be understood and believed by all of the people that can make it happen. So I see no more signs up. And I do see that it's 11:00. And I have not met Mr. Gabriel. Mr. Gabriel are you here?

CAPT Charlotte Spires: No.

John Parker: No? Okay. Well...

CAPT Charlotte Spires: He'll be here in a few minutes.

John Parker: Okay. While we're waiting, we are ahead of schedule.

Lisa Kaplowitz: John, let me make a few comments about your comments. I certainly appreciate what was in the report on community resilience because people aren't aware of the National Health Security Strategy. We also recognize that it takes time for these things to catch on, for people to become aware and for it to have meaning for them. I will say that I've been very pleased with the engagement throughout the federal government. We've had very good engagement from all departments on this. To me that's a big step in and of itself. Clearly we need engagement from, you know, state and local public health and governments but way outside that. So any advice along the way will be very welcome on that.

John Parker: I do see a sign. John?

John Bradley: Yeah. Just to take the idea of implementation one step further. The idea that the public needs to buy into it is something that's critical, important for their protection and they need to support it. In previous discussions that the Board has had, how important it is that the federal government works with the state government as the policy and implementation goes down to the local level. Dr. Park's comment in many of these areas has been particularly helpful as the state epidemiologist. Because there are recommendations that we all discussed that she puts in the context of oh, well that's very nice, but without funding we're not going to be able to do it, and the concept that not only are there realities on the state and local health level that we need to be aware of, but there's politics.

There are very vocal people who believe that the federal government shouldn't be spending money on these sorts of things, that it should be more at the state and local level. I respect that but if there is a disaster, it's those people who are going, who we also want to protect even though they've been not supportive of measures all the way down. So I know there are so many moving parts. At least I know you're so aware of all of them. I think getting all of the stakeholders onboard at least the majority of them will certainly help us all.

John Parker: Thank you John. Our last comment will be from Noreen.

Noreen Hynes: I was wondering, to what extent in collaborating to determine what do the citizens, that includes you have to reach out saying can you give us input on this through Facebook and other types of invitations on Twitter, etc.?

Lisa Kaplowitz: Well I will say that our communications folks really have been very proactive using social media. Now that doesn't mean we're reaching the specific population you're talking about. When this comes up, I put on my state and local hat and I start getting excited about actually getting engaged at state and local levels. You know, clearly this is important. It's recognized. I don't have any sort of easy answer and it has to go beyond social media. I've been part of lots of discussions about what's done in schools, for example. I'm thinking back to the recent Public Health Preparedness Summit where there was a lot of discussion of initiatives that can be taken in schools.

So many people are thinking about this. It's a matter of how we best work together to reach populations. I think one of the biggest challenges for me taking this position, is what is the role of the federal government? How can we best partner with the people who are closest to those at the community level. And this was a big question with community resilience as well, you

know, what should our role be and how can we best support those who are directly engaged at the local levels?

So, you know, it's partly a philosophy and I'll be glad to talk more about it. It's a challenge. There's no doubt about it. But it's not because we're not aware. Partnering with groups like ACF and other parts of the federal government, Department of Education, is something that we're working on as well.

John Parker: Well thank you very much for all of the discussants on that. I want to extend a warm welcome to Mr. Gabriel. This is the first time that Mr. Gabriel has had an opportunity to talk to the Board. This is great because we have old and new here Mr. Gabriel. It's rather exciting to hear from him. Mr. Gabriel is the Principal Deputy Assistant Secretary for Preparedness and Response, and so that means he serves as the Principal Advisor to the Assistant Secretary for Preparedness and Response of the Department of Health and Human Services.

In this role, he advises on matters pertaining and in support of the department's public health emergency preparedness and response and recovery activities, the programs and policies that make them work. Mr. Gabriel also provide strategic oversight to the organization while enhancing states and local preparedness policies and plans relating to public health and medical emergencies, emergency response operation, financial analysis and advanced development of and manufacturing of medical countermeasures for the medical threats. Prior to joining the Assistant Secretary of Personal Readiness Group, he served as Director of the Global Crisis Management and Business Continuity for the Walt Disney Company. During crisis incidents, his department managed response operations, communications methodology and disaster and business recovery.

Preceding this private sector position, Mr. Gabriel retired from the New York City government which included retiring as an Assistant Chief Division Commander, as a 26-year paramedic veteran of the New York City Fire Department's Emergency Medical Service and the Deputy Commissioner for Planning and Preparedness of the New York City Office of Emergency Management. So from the entire Board, I welcome you and we're looking forward to your remarks.

Ed Gabriel: Thank you Dr. Parker.

John Parker: Oh. Mr. Gabriel, we have several people on the telephone so if you...

Ed Gabriel: That's the first time I've ever heard anybody tell a guy from Brooklyn he's too quiet. Dr. Parker thanks. It's a pleasure to meet you all. I've actually, I'm not new. I used to use that as an excuse when I first got here. But it's 2-1/2 years now so that excuse had gone away. You know, it's funny, you know, they prepare remarks for you when you come to talk to these meetings, and thanks to the people like Charlotte and the rest of the team here. But I come from a world that each of you have touched in your professions.

You may not see that but it makes a huge difference. And my experiences have told me being here for the last 2-1/2 years and working with the team, that the work you're going to produce for us is going to make a difference. It's interesting listening to Dr. Bradley talk about that political consequence versus the, you know, what we'd like to see happen with the reality sometimes is. I lived in that world pretty much for most of my whole life until I went to the private sector which is a completely different world. Trust me. It's a completely different world. But the premise in the past and I related this to our friends over at BARDA who are underneath ASPR. And I talked to them about this the other day while they were doing some of the work that they do by coordinating countermeasure developments.

And I said to them understand the work you do. There's another end of it. And I explained to them that in 2001 I was the Deputy Director of the Office - the Mayor's Office of Emergency Management in New York City. We had no Strategic National Stockpile with any worth, relative to having Dr. Cyclone even available to handle 100,000 people versus 8-1/2 million people in New York.

We just had an anthrax case and I remember the Governor from both states and the Mayor saying to me okay, get a group of people together with Dr. Cohen who used to be the local Health Department person along with the state health department. Bring your group of experts together and figure out how we're going to manage this. I thought okay, what weaponry do we have to do that? We had Doxy and a lot of articles. It was lots of articles maybe written by some of you, maybe. In the end, the reality was we were any - we were nowhere near where we are now in terms of that preparedness. It's a very scary place to be. So how can you help us? You've heard Dr. Lurie talk about the things she would like. I agree with them all.

In the end, it is about the American people, the things you think are appropriate and making them practical. I'll add that to the last piece of this. You can't develop, as most of you who are physicians and PhDs know, and nurses and docs, that in the end there's somebody that's got to stick a needle in somebody's arm and give a pill to somebody at the other end of that. If it's

produced in a way where you need 15 doses to do it, that's not necessarily the way it's going to work, especially if you're trying to manage large numbers of people, in terms of an event. It has to be practical. So if you keep that in mind for me you'll do me a favor as a practical operations guy, who has lived on that side of the world, where I've looked for the feedback from brilliant experts like you, to help inform the practical sides of management on the other side of the world. Even from the streets of management to the EDs of management to the hospitals of management.

A good idea is relative to those kinds of work, come from a group of you sitting around and providing that kind of feedback. Now I've chaired a couple of IOM committees, well one IOM committee and participated in a large number of them, and I found them very interesting, to bring groups like you together to help inform and guide and make recommendations. I see you doing the same thing here. I think it's really, really essential if you think like that as you move forward. Yeah, there'll be politics. There'll always be politics. You know, and there's always the other side of that. You know, experience shows us that after Katrina that there was a complete different expectations in the role of the federal government, whether that was rightfully so or not.

As an emergency person, I can tell you it really was what's the role of all government, to help provide those resources to manage those people? Because people pay their taxes and have an expectation. People have a responsibility in all of us and whatever we decide, have a duty to act and be in place and be ready. Can we find new and different ways to do it. Sure. Will someone always critique? We're buying too much of this. We're buying a little bit less than that. We're not considering the pediatric population. We're over considering the pediatric population. Vaccines are no good, vaccines are great. You know, all of that's transmitted through the world that you all come from. But in the end no one ever agrees. Sometimes that's just the way the politics are. You know, I come from a place where, you know; you may laugh, at Disney. But it owned ABC News and I got taught a lot of lessons from my friends in the news bureau in the seven years I was at ABC.

We're in the open forum now but stories I will tell you - they have a mission and they feel very strongly, as strongly as all of us, about what their mission is. They do. You know, and in some ways I would equate them to thinking like first response people. They believe they should be at the towers the same time I'm at the towers. Well there's a risk. I try to explain to them, you know, you, honestly what are you doing? Well we're recording things that are important to the history of this country. And we're willing to risk our lives. When I tell that to people some of

them grin, just like you're like okay But the reality is that's how they think. So they have taught me a lot in that seven years in what their expectations are for all of the things we do and to give both sides of the story and we'll leave out all the politics around the rest of that.

The fact is they have a role and, you know, they will do it, they're going to do it and there's nothing you could say to change it, and that's what we all live by, right? So we all see, we get federal budgets that are now reduced in some cases. But for many, many years they were very well funding big places, some bigger places than other places. I mean some of you are all on that end. I looked at all of your bios and a little bit of your backgrounds. So some of you are all on the end of that but that's okay. Your job's to come to us with objectivity and what your feedback is and what your experience is, all being experts in your area. I'll just end off by saying I appreciate the time. You know, when everyone calls me Mr. Gabriel, it reminds me of a nun in grammar school that was about to slap me.

Georges Benjamin: What were you doing?

Ed Gabriel: Georges says me, what were you doing? And I'll tell you the answer to that - something I learned very quickly never to tell my mother about. Because if I told my mother a nun hit me, she would hit me again. She was a woman of god and you must have done something wrong. So take this. That's in fact true to which by the way, don't tell anybody in the open forum. I know that you're analytical people. I appreciate the work that you've done. I've spoken to Charlotte and the rest of the team about the work that the prior group has done.

I know that moving forward with the new additions and all the new people that it will only continue to move forward. I know we're losing some people that have, are going to be moving onto different things and that's always sad. But the reality is, bring your freshness, bring your experiences, bring your opinion and make it practical. If you do all of that, we'll accomplish a lot of terrific things together. So on behalf of Nicky, who I think was here earlier, chatting with you, I know a couple of familiar faces around the table where I've met before. I'm in the book. You can find me. I'll be willing to talk to you all about, you know, whatever you need to do.

I can't get you free tickets to anything anymore. Those days are over, but I will be willing if somebody wants to just talk and chat about where you think we're going. The door is always open. I tell that to all the people in ASPR and I'll tell that all to you.

It's an honor to actually sit in front of such an esteemed group. And I mean that. The reality is that I don't do that very often. I have a hard time with that. Maybe it's my upbringing. But I can tell you bluntly it's a terrific opportunity to have you work with us. I'm honored to be around you and I look forward to the work that you're going to produce together with us. So thanks a lot. Thanks for giving me the time Dr. Parker. I don't think I have any - I'll answer...

John Parker: I want to make you feel comfortable Ed.

Ed Gabriel: Oh, yeah right.

John Parker: I want to say thank you very much for offering to come back to this group, because with the task that we have and I'm sure you're aware of that, it would be very important to hear from you about structure and structure efficiency and operative efficiencies. I think this group would, you know, welcome not a formal presentation but a kind of down to earth type discussion. As we look forward in the strategies for the ASPR, if the structure and function is looked at very carefully, we don't know if we can make certain things work.

That gives us an opportunity and also gives you personally, an opportunity to speak freely with the Board about those things, and then the Board can use their bully pulpit to put forth after we think about what's been said and everything, what we think is a proper highway or road to the future. So as a principal deputy, I don't know if everybody in the room understands the responsibilities of a principal deputy. But all things come to you. You're the timekeeper, you're the tasker, and it's a tremendous job.

The benefit of being a principal deputy is that you know more probably than anyone else in the organization at any one point in time. You know the good, you know the bad and you know the ugly. And so it's a real pleasure to have you come meet us and talk with us. I'm sure that we're a little bit ahead of time and I ask would you entertain some brief questions? And I will save you in six minutes. So if there are any questions that you would like to ask Mr. Gabriel, the floor is open. And also the telephone is open.

I've been not too polite with our people on the phone, not giving them an opportunity with everybody putting their sign up. We have several Board members on the telephone and I guess you just have to speak up if you want to speak.

Ed Gabriel: You know, I'll just say something. You know, it's been an interesting ride for me career wise. As many of you have moved through different spots in the organizations

you've come from, it has been the same thing for me, a high ranking field guy in the city and then working in preparedness for both Mayor Bloomberg and Mayor Giuliani before I left. Then going to the private sector and being and literally moving to California.

I've learned a lot, so many more things and I've never been prouder of an organization than I have been, and I've come from some pretty prestigious organizations like the FDNY, the Mayor's office, the Walt Disney Corporation. I had done some IOM work on crisis standards of care and I've chaired a couple of committees. I had heard of the place but I didn't really know about it. It has taken a huge step forward in the last couple of years with its changes in philosophy. And we want to keep that moving and you saw that in Nicky's note, right?

It's one of those things where you look and you see what your mission space is and then you look to see how to grow that mission space and make it more practical and realistic to assist at the states for the state and local level people.

I never counted on the Feds to come in and help to be the first response people that take care of something that happened. Most locals will tell you it's local. But there is a mission to do some of that. The space and barter and the development of new treatment modalities, working with all of the US government to get people to talk to each other. As you know, that's a difficult thing to do. George Korch and his team, working out of our office here, have done a fantastic job at that. I would venture to say that if you looked internally at how one hospital's medical staff can't be used on another hospital's medical staff, during a disaster, it's still all about communicating and trusting each other and some liabilities and some politics.

In the end, you can help us break down barriers throughout this organization and across the country. Because people listen to ASPR now and they pay attention to what we will recommend through you. It is an interesting thing. It's an interesting dynamic, especially being in the Office of the Secretary here. In the last couple of years, what you don't know, which I'll tell you now, is internally in the organization, its position has been taken and put into a different level. We now coordinate the leadership exercises from the Secretary's participation and all of her direct reports. We run them. In fact, I usually facilitate them. Talking about how the agency would respond to a disaster and what they would do. That's the kind of teamwork in an organization which I don't see changing, that's a big deal for this organization and for us. So we have partners all over the - all over HHS, you know, CDC, FDA and our partners are all over at the DOD. And, you know, DHS and all the other agencies.

I probably missed some of them. If they're on the phone they'll be angry. But the fact is I meet everybody. So it takes a little bit of work to do that. It takes a certain approach to get people to talk to each other. You all know that. Right? So I think we've been very, very successful doing that the last couple of years.

Steven Krug: Steven Krug. I mean I agree with you, I think that, you know, particularly in the area of kids as an example, there's been tremendous collaboration within the numerous sectors of government. Working, I think, very diligently together. And also, partnering with folks outside of government, towards a common goal. So I really think, when I first started doing some of this stuff that there seemed to be lots of silos. So a lot of the silos have come down. So I think you guys have done a great job there.

I mean you bring an interesting perspective because you've been literally boots to the ground, front line EMS response. And here you are, you know, in the Office of the ASPR and, you know, I think we might still find that one of the biggest gaps is the gap between a well written National Health Security Strategy and translating that to actionable and measurable objectives at the state and local level.

Ed Gabriel: It'll take some time. I know our team in planning has been working on that. Let me say two things about that. There was a person about five years ago who I used to work with, so you know where they worked, right? We said strategy or strategic planning on a developing policy is always a living process. So it may not be perfect each time you do it. Your goal is to make it a little bit better each time you do it. So what I find in the work that we're doing here on that, we've done a good job. I don't know the latest rendition of it. I don't know if you've seen it. Is it out yet? I don't think it's out yet.

John Parker: It's out for comments sir.

Ed Gabriel: It's out for comments. So when you look at that, you look at it critically but remember it's never going to be perfect because as each and every day we learn something new that's different. In the world of pediatrics it's the same thing.

You know, and you're a pediatrician. The people I used to work with like George Fulton and those guys from New York, every meeting I went to on emergency care, they'd come up to me and go, you're not thinking about the kids. You're not thinking about the kids. I remember them torturing me. There were a whole bunch of other pediatricians you'll all know, right? So, you

know, they're always saying you're not thinking about the kids. Then we started to do some things that began to look at kids.

One of them I remember like it was yesterday. We wanted - we used to train people on how - the paramedics on how to intubate. By the way, if I'm going over time just give me the hook. But we used to train paramedics in New York City on how to intubate using mannequins. We used to train people how to intubate adults using people and still do that in fact. I guess. It's been a long time, you know, since I've been out on the field there. But our expectations were, my friends, the pediatricians, would come to me and go you've got to stop doing that.

You've got to stop doing that. You have to train them, at least define something anatomically. So we went to - this is years ago so I can say the story now. We went to the local ASPCA which was doing nail removals on cats who were anatomically, as you probably know, pretty close. They gave us an opportunity to train our paramedics on doing that. Those paramedics made such a huge difference. The cats all lived. We didn't kill any kitties in the process of this. I'm not sure if they do that anymore.

The cats all lived and it gave them the opportunity. Three weeks after that we had an infant that went into one of the local hospitals that had to be intubated, and the first paramedic there didn't have the training but the second paramedic there - that got to the scene did, and got it the first time. The infant survives. Then I started to get from the pediatrician people, my friends, my emergency docs, they'd come to me and go see, I told you. Now get everybody to do it. You know eventually you get there, right? So it's just like the strategic plan, the National Health Security Strategy.

You start off slowly, you begin the process, you get buy in and then you build it and make it better. I couldn't agree with you more. And this is so important that we don't think about kids as little adults. So, that took a couple of years off an old, seasoned, grizzled, paramedic veteran who used to run the training academy for a number of years in New York City to get that - get his read around that. But, you know, you've got to get there, you know?

Those are the kinds of things, you know, it's politics. You guys know that, right? So there's politics of vaccines and there's politics on using children and, you know, I saw all of that stuff. I was here like a week or two weeks when all that stuff was ramping up. It's up to you to give us the guidance that says should we or shouldn't we, you know? Hey, I spent a lot of your time. It was nice meeting you. I'll hang around for a little while if you want to chat.

John Parker: Well sir, I want to thank you for being here and we're using ferrets now instead of cats.

Ed Gabriel: Ferrets.

John Parker: For the intubation. One of the things that you said early on was that you've worked both in the public and the private sector and you said if I quote you right, there's a world of difference. As the Board looks at things, we have been very fortunate in being able to reach out to private sector and talk about how they do things.

I think the Board, I know I will push for it, I would like you to come back and do that comparison between a good corporation like Disney World or Disney and the public sector, to give us an idea of what that slice looks like that causes us to say there's a difference, a world of difference. Then we might talk about why there either has to be a world of difference or should there be a world of difference. And so I will close with a thank you and allow you to think about that because we might be looking for your presence again.

Ed Gabriel: Thanks. I'd be glad to come back. Thanks everybody. Nice meeting you all.

John Parker: Ladies and gentlemen in the Boardroom and also on the teleconference, I thank everybody that has made comments, added to the discussion, our principals that have spent their time here, Dr. Kaplowitz, Mr. Gabriel, Dr. Lurie. I thank all of those folks for coming. We have one last thing I want to mention that when Daniel Fagbuyi does arrive, I will present his retirement certificate to him. I want the telephone group to know that. I have no further remarks and I'm going to turn it back to Captain Spires for an official adjournment.

CAPT Charlotte Spires: Well thank you Dr. Parker. Thank you to the new and returning members of the Board, and retiring members of the Board. If there is nothing else for the good of the order this meeting is hereby adjourned. Thank you.