INTERVIEW WITH

Dr. RICH BESSER

H1N1 ORAL HISTORY PROJECT

Interviewed By Sheena Morrison

April 27th, 2010

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Interview with Dr. Rich Besser
Interviewed at Dr. Rich Besser's Office.
New York, NY, U.S.A.
Interviewed on April 27th, 2010
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Dr. Rich Besser: RB
Sheena Morrison: SM

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SM: The following interview was conducted with Dr. Rich Besser. It was conducted on behalf of the National Library of Medicine for the Making History: H1 Oral History Project. It took place on April 27th, 2010 at Dr. Besser's office in New York City. The interviewer is Sheena Morrison.

Okay. Again, I sit here before you as the Senior Medical Editor for ABC, but tell me about your previous role.

RB: Yeah. Between 2005 and the end of 2009, I was director of the Coordinating Office for Terrorism, Preparedness and Emergency Response at CDC. That's the part of the CDC that's responsible for national preparedness, for all kinds of public health emergencies: everything from natural disasters, new, emerging outbreaks of infectious diseases to terrorist events. I started the job on August 29th of 2005, and about two hours after I started the job,

Hurricane Katrina hit the Gulf Coast with, as we all know, dramatic impact.

I think what that event did, was it really increased the focus of the administration on preparedness in general. There were a lot of things that took place in that response by the Federal Government across the board that were really quite devastating. The pictures of people waiting to be rescued, when no rescuers were coming. That wasn't part of CDC's mission, but it focused attention in a big way on, how prepared are we for emergencies? In particular the administration was interested in two a pandemic of bird flu, and an anthrax attack. And so during that four year period that I was in that job, there were tremendous resources that came from Congress to prepare for those events, and given this focus, I'll talk about the flu not the anthrax.

But one big principle in preparedness is the concept of 'all hazards'. As you prepare for a pandemic, or as you prepare for an anthrax attack, or a hurricane, you're building systems that hopefully will help you respond to any type of emergency. Since you don't want to be preparing for the last emergency, you wanna be preparing for the next emergency. And you don't have any idea what that one will really be.

The efforts around pandemic flu preparedness were really outstanding and unprecedented. Secretary Levitt pushed hard in this regard, traveled the country hosting summits in every state. I think there may have been two states that declined to have him come and host a summit, but the idea was to try and stimulate activity around flu preparedness. Pull together the various sectors: government sector, private sector, public sector, pull together school groups, all of the groups you could think about that would have a role in responding to a pandemic, and use that as a stimulus for increased activity.

Congress has given a lot of money for public health preparedness, and CDC and COTPER was responsible for administering those funds. Let me just review a little bit about what COTPER's responsible for then we can see if we wanna go into that in more detail. COTPER oversaw the money that went to states for preparedness, which was about one billion dollars a year. It oversaw the strategic national stockpile which is a collection of all kinds of medicines, vaccines, medical equipment, antivirals that can be used in the event of an emergency. And for flu, that meant overseeing a lot of antiviral medications, a lot of masks, a lot of things for infection control. That budget was about $700 million a year. And then in addition, COTPER ran

the Emergency Operations Center at CDC, and was responsible for coordinating all of CDC's activities in the event of a large scale emergency. So over the course of those years, funds went out to states. There was a lot of exercising that took place.

Julie Gerberding was Director of CDC at the time, and had a very strong interest in emergency preparedness and pandemic flu preparedness. And took us through, really, I think, the largest exercise program the agency had ever undertaken. This started at the level of having conferences to talk about what we do in the event of a pandemic, training the agency up around what things they would continue to do, what things they would have to stop doing in the event of a pandemic, in the event that the workforce was impacted.

And we took the pandemic exercise over the course of about two years from day minus one, so from the day before the pandemic hit, to about day ten. And each time we would do an exercise, we would do it over about a two day period in real time. So we would start from first case detected and take it through. And so over those two year periods, we would do a two day exercise, then we would do a series of hot washes, where we'd talk about what we'd learned, what we needed to change, what worked well, what didn't work

well, what things didn't work well in terms of coordinating with government. For these exercises, we had hundreds of people participating in each one, and over those years, thousands of people participated. We had representatives from non-profit organizations who came to our Operations Emergency Center and participated. The Red Cross was there. We had other government agencies, Homeland Security, other parts of Health and Human Services, state and local public health departments were there, representatives of the business community were there.

And we invited the press in. And I remember the first time that Julie did that, everyone was a little wary, it's like, what if they catch us with our pants down, won't that be embarrassing. And her feeling, and I think it was the right one is, better they catch us with our pants down now before pandemic comes, than when the event happens. And secondly, if you're gonna respond to a disaster, you're gonna really look to the public to do a lot of things, and the more they can be aware of what's going to be asked of them, the more they can be aware of what the reality of pandemic could be, the better the response will be to the events. So the press was integrated from the early part of the exercise program.

And I think the exercises paid off in a big way. It helped us understand what we were gonna do. There's a saying in the military that your plans are perfect until the first day of battle, because nothing goes according to plan. And that's the case with the pandemic, and that was the case here. But it still let us know those areas that we had to focus on and those areas we had to take care of. And so it was critically important.

I guess, you want me to...where do you wanna go from here?

SM: In January 2009, you were appointed by President Obama as the acting director for the CDC only a few months after the first case.

RB: A few months before the first case.

SM: Right. Right. Was there any overlap in the responsibility of the two positions?

RB: Well, you know, I think the reason I was asked to be acting director was an awareness that there's a period of extreme vulnerability during political transition. It's a period that throughout world history, countries have been plagued with terrorism. If you look at Madrid, London, the Madrid bombings, the London subway bombings, all took place around the time of transition. 9/11 took place within the first year of an administration. And there's this period

of time when political appointees are either just in place, or aren't yet in place. And if they're in place, they really don't know what the government needs to do in the event of a crisis. And so, I was put in place in CDC as the acting director in the office of the Assistant Secretary for Preparedness and Response. They kept the Assistant Secretary, Vanderwagen. And so, we knew how to work together; we knew the function for Health and Human Services. Over in Homeland Security, the Acting Assistant Secretary for Health Affairs had been there as well. So they had people in place who knew what to do. And that, I think, was a really smart decision, and played out well, because when the event happened, it was a group of people who had been through real events, whether it was Katrina or Gustav or Ike or a whole wide range of hurricanes. But also had been through years of very detailed pandemic planning.

The White House under the leadership of Rajiv Ankaya developed a national strategy and plan for pandemic flu response. That then cascaded to individual plans for each department, and the plan for CDC. CDC had been working on a plan for more than a decade, but allowed that plan to integrate with the rest of the federal plan.

Another, I think, critically important step is Dr. Gerberding brought in a group of outside contractors from

NPRI. These were all led by a general, but most of the work was done by a bunch of former colonels who really understood how to make plans that were operations, how to make plans that you could use in an event. And our pandemic flu plan was that. It made us look at every little detail and action and get it to the point, not just of, the government will look at what measures need to be taken in a community to halt transmission, it was, who was gonna do that? How would that take place? What could those look like? What are the various steps? And so there were plans down to the local level of what needed to be done. Every state had to have plans. They were sent in and evaluated by the Federal Government in terms of their completeness and whether they were operational. All of those steps were in place.

So we were all ready for a pandemic of bird flu. And according to plan it was to start in Southeast Asia. The hope was in a remote island, and the Government could swoop in with large amounts of vaccine, or at least antivirals, and contain it there or slow its transmission. We would then have three weeks to get up our border strategy, and try and slow its admission or keep it outside our borders, get everything in place and up and running. As you know, that wasn't the case, and the virus didn't read the plan,

and not only wasn't bird flu, but wasn't identified outside our borders. It was identified within our borders.

SM: Well can I ask you a question about the naming of the virus? It was called initially swine flu, and later changed to 2009 H1N1. And my understanding is that it was comprised of several different viruses. Would you be able to comment on why it was first identified as a swine flu, as opposed to something else?

RB: Well, it wasn't a bunch of different viruses, but the initial isolation, again, came out of the flu preparedness. There was work being done in a clinic in San Diego looking at early diagnostics. How can you rapidly tell the difference between a seasonal flu strain and a pandemic flu strain? And as part of that, they were able to identify the strain which was a swine associated strain. It wasn't the first swine associated strain. In fact, the CDC influenza laboratories had developed diagnostic tools for the swine associated strain. So that was identified that way, and because of its previous associations and its genetic makeup, it was called swine associated flu or swine flu. Made sense from a laboratory perspective, and made sense in terms of how organisms have been named. Did not make sense in terms of how it was transmitted, or how people would interpret that name, and so it was, I don't

remember the date, but I remember when we got word from Washington that the name had to change. And it had to change immediately. Our website and all our materials had to change from swine flu to H1N1 or 2009 H1N1 Flu.

When you talk to people who are in PR or advertising, one of the most important things you have is your brand. And the one thing they say you never wanna do is change your brand in the middle of a campaign, because you will confuse people terribly. And I think there was a period, and still is a period of confusion around, was this two different viruses, or what was going on? Why did the name change? But I understand the rationale for wanting to change the name of the virus. People weren't getting it from pigs. There was no problem with pigs. The U.S. pork industry took millions of dollars of hits because of that name. We were hearing of the slaughter of pigs in Egypt around that time. And you could imagine it would lead people to make false assumptions and take actions to protect their health that were not rational.

SM: Not to mention the association with 1976.

RB: Yes, the association with 1976 and swine flu, which for many was a response that was damaging to the public health community.

SM: Okay, so at what point did you actually become involved with 2009? We're gonna call it 2009 H1N1.

RB: Got it.

SM: At what point did you become involved, and do you remember what you were doing?

RB: I remember. You know, when I became acting director there were a lot of things that Julie had been doing that I delegated to others. And she had put in place a Wednesday meeting on pandemic preparedness. And she attended that pretty religiously. I delegated the Acting Deputy Director, Anne Schuchat, and said, I would come sometimes, but she's infectious disease expert, and could cover that very well. My background is infectious disease epidemiology as well, but there were so many other areas I needed to focus on. That's her area, and I would go occasionally. And I remember on Friday, she said, "You know, you should be aware that there are a couple of cases of swine associated flu from San Diego, the flu group's looking into that." And I said, "Well, you know, next week I'll come to the weekly meeting and learn more about that." And she said, "Great, people would really appreciate that, would appreciate knowing that you're taking some interest in this." And then I think it was by Monday or Tuesday, there'd been identified the additional cases in Texas.

And so Wednesday morning was the director's pandemic flu meeting, and that involves leadership from across the agency. And in that meeting, Lynn Finelli, who's head of epidemiology, or is in the epidemiology group in influenza, made the presentation about these swine associated cases and what was going on, talked about the increased surveillance that they put in place. And in that meeting, we made a decision to activate the Emergency Operations Center to help coordinate the communication, coordinate the information coming in from states. We also talked in that meeting about Mexico, and that there was this outbreak of respiratory illness of unknown etiology. It sounded like it was pretty severe - a lot of people in the hospitals - but at the point, no firm link between the two events. And I'm not sure, I think it was that Wednesday that I had my first call with David Butler Jones who's head of epidemiology or public health in Canada and we talked about this. And agreed that we would be sharing information openly and freely between our two agencies. So that was when I first became involved.

The Thursday, Anne was keeping me apprised of what was going on, and I heard that we would be, that Canada would be having results sometime that day, or that night. And that we had received as well some samples from Mexico that

were being worked up to see if the cause of illness was the same. I sent an email up to Dora Hughes who was one of the counselors in Health and Human Services, one of the senior advisors to the Secretary. She was the person I'd worked most closely with, and report directly to, in the department. And I said to her that we need to have a call this afternoon about what's going on in the U.S. and in Mexico, that there are concerns about this, and we needed to talk about it that night, and that I think the White House might need to be informed about this. And I got an email back from, I think it was John Moynihan, who's another one of the counselors, and he said, "Rich, we're really busy, we're working on health reform, can we do it tomorrow instead?" I emailed back and said "No, we need to talk about this tonight. I'm concerned." And he said, "Okay."

I don't know if it was 5:00 or 6:00 o'clock, we had a call with the Department. And on our side, I think: Anne Schuchat and Phil Maven, (Phil is the Director of Emergency Operations for CDC), I think Nancy Cox was on that call and Steve Redd, and up at the Department, there was Laura Patrou who was the newly appointed Chief of Staff,(there was no Secretary yet; Secretary Sebelius hadn't been confirmed yet), Dora Hughes and John Monahan and probably a

couple of other people that I don't remember. And I explained what was going on. There were the cases in San Diego, and cases in Texas, and we didn't see a relation between them. It wasn't one small cluster. There was this event in Mexico, and we expected confirmation and we thought that it would be the same strain. I said I was very concerned that this could be the start of the next pandemic, that it had all the qualities of a pandemic: it was a new strain, it seemed to be transmitting from person to person, sounded like it was causing significant disease, and that people didn't have protection to it, and that we didn't know that they had protection to it. And Laura Patrou said "On a scale from one to ten, how concerned are you?" and I said, "Eight." And there was this silence on the line. And she said "Eight?" and I said, "Yeah. I think this could be the next pandemic, and I think the White House needs to know." She said, "Okay."

And that kinda kicked things off in a big way for the U.S. Government. And I remember getting off the call, Phil Maven called me, and he said, "Hey, I would've said six." And I said "Six or eight, I wanted to get the message across that this is real, and that we were taking it very seriously at CDC, and that we are activating our operations

center at full level. So that we were staffed and ready to go."

SM: So what were some of the first concerns once you decided that, yeah, this could be an actual pandemic?

RB: The first concerns were trying to figure out, was this a pandemic? Was there disease going on? Was there disease going on that we were unaware of, because there wasn't surveillance and people were not thinking about this? Was the situation in Mexico related? Were we just seeing the start of something that was gonna blossom into something very severe very quickly? How widespread was it? I mean there were all kinds of questions going on, and so there were operational things, like, okay, let's identify the people that staff the Emergency Operations Center, let's get that up and running. Let's identify teams to assist with Mexico. Who's working on the international side? Does WHO know what we're doing? How do we coordinate these various pieces?

Steve Redd was head of pandemic flu response for CDC, and he had been focusing on this for a couple years, and he was the one in charge of implementing our plan and our response. So, it was basically, let's hit it, we know what to do, we've done this before. It was very much like when we were in our drill. And so, that's what set off that

Thursday night. All the pieces started moving, and it was incredibly rewarding. There was nothing in my public health career that was as rewarding as that response. At all levels, federal, state, local. People stepped up in incredible ways. And public health for once had a face. Public health is something that tends to be invisible until there's a problem, and then people say, "Why didn't they vaccinate, or why didn't they control this, or how could this have happened? Why was the water contaminated?" Here was an event where public health moved out fast, and was visible to people in a way that was really important, I think, for the country and the country's health. It was really important for the public health community. This was a period in which public health was losing lots of money; states were cutting back, and the idea that people could sink their teeth into something that they felt was important, and was why they went into public health, to save lives, to minimize the impact of something bad on people's health - moral was really, really high.

SM: I spoke with Craig Vanderwagen and he sort of mirrored the same.

RB: It was incredible. People worked so hard during those first months; you could just tell that people were so into it. They didn't wanna go home. They knew that what

they were doing made a difference, and they just wanted to stick with it and be part of it.

SM: So can you tell me what agencies, international and domestic that you were most engaged with in the beginning, and who were the contact people?

RB: Yeah. Globally, personally, Canada, Mexico and WHO. And so, with World Health Organization, it was the director general, Margaret Chan. Canada primarily was David Butler Jones. And in Mexico, it was with the head of epidemiology, Marisio…I don't know his last name.

SM: Were you at the meeting with Margaret Chan when she came in, I believe she came to CDC as well as HHS, just at the point when she was announcing that this was a pandemic?

RB: At the very beginning?

SM: Uh huh.

RB: Was I there in person or was I there by VTC, by video link? I was in the meeting, I think, by video. You know, I tried not to leave Atlanta during those early days, and so there were a lot of things that normally a CDC Director would do in person like testifying before Congress that they were very flexible and allowed me to do by video. It wasn't until I needed to go to the White House that I left town and went to Washington. So, yeah, I was involved

with her. And it was very interesting. There was all this, well, is it a pandemic or not? And in my media briefings, I really tried to hammer home that from a U.S. perspective, it was already a pandemic, and it didn't matter what it was called. We were taking the actions that were required based on what was going on in our country, and the decision to call it a pandemic or not was not very relevant for us. It was for other parts of the world, and there was a lot of focus on that, but we didn't want that to be the driving factor in people's actions. People needed to take actions whether or not WHO decided to call it a pandemic or somewhere short of a pandemic.

SM: Was everyone familiar with the international health regulations that were essentially the foundation for her announcement that it was a pandemic?

RB: At CDC and in government, yeah, because of all the pandemic planning. One of the, I think, most important decisions I made was on that Friday. It was a decision about our approach to the public and the media. I made a decision on that Friday we would not turn down a single press interview, that public communication was absolutely critical to our success. And we would scale up our communication based on what we thought the level or risk and threat was. So, I think, on that Friday, it was either

a Thursday or Friday, we had, I think Dan Jernigan, who's Deputy Director of Influenza, give a press briefing. By either late on that day or the next day, it had gone up to Anne Schuchat who is Deputy Director, and then by the following day, I was doing the briefings to show the level of concern at the agency.

But we had all been trained in risk communication, and followed the principles religiously: that we would tell people what we knew, what we didn't know, what we were doing to find out answers, when we were gonna give information again, and what people could do to protect their health. And we would have a set briefing everyday so people knew when that was gonna be coming. We would open it up to questions, and we weren't gonna withhold anything. If we didn't know it, we were gonna say we didn't know. And I think that was very important.

There are a number of things that are clear: you can do all the right things, and if you don't have the trust of the public you're gonna fail; And you can do all the right things, and if you don't have the trust of the political leadership, the political level, you're gonna fail; And risk communication is the critical piece of that equation.

SM: And what were the messages that you wanted to get across to 1) the public, 2) the political leaders, and then 3) the stakeholders? Or where they the same?

RB: Well, a lot of them were the same. Most of them were the same, and there were a number: one was that this was a period of uncertainty; we didn't know how severe this would be; that we were gonna take action based on the possibility this could be very severe; as we learned more, we could scale back. With a new outbreak of an emerging infection, you often have one chance to get ahead of it, get it under control, and if you don't go out aggressively, you're gonna miss that chance. And so we were gonna do that. There was a shared responsibility, so that there were things that the government was responsible for; there were things that communities were responsible for, families, and individuals. It was a shared responsibility. We weren't gonna do it all. Every one had something that they needed to do. We wanted to always acknowledge that people were scared, that people were worried, and that people could take that fear and turn it into action. They could have an impact on their health. That whole empowerment piece was very important.

And then we would talk about - it would start everyday with those principles. Other principles that I'd lay out -

we're gonna do those things that we know would have the most impact on people's health. There are many things that can be done, but we wanna make sure that resources are used in the best way. That was very helpful as an underlying principle when questions would come up around, well, should you close the borders, should you screen incoming flights, those kinds of issues? Once you'd laid out the principles, there's tons of things you can do; but we're gonna do those things that we think are gonna have the most impact, and those aren't them. It let people understand that there were people in charge who knew what they were doing. That there wasn't a reactive approach. We knew what we were doing. And that was important for the political leadership. That was important for the public, for a lot of stakeholders.

I remember, I think, it was the first day we knew that we had to have calls with state and local public health. And we'd set up a system where there was a call with the state epidemiologists everyday. They went through their concerns. And I got a call, I remember, from Paul Jarris, who you should talk to. He's head of The Association of State and Territorial Health Officers. So his constituents are the people who run health and public health across the country. And he said, "Rich, we have no idea what's going

on. You're not communicating to us." I said, "Paul, we are." I said, "We have a call everyday with the State and Territorial Epidemiologists." He said, "Yeah, but they don't talk to their health officers."

And so, it was clear that what we thought we were doing in terms of getting information wasn't always getting to the people who needed it, wasn't getting to the political level. And so we say, "Okay, we'll have a daily call with the State and Territorial Health Officers in addition to the call with CSTE, and we'll invite you to join the two calls." And so early on we had those two calls and it made a world of difference, because it meant that everyone was on the same page, and the messages that we were saying to the public were being echoed by the leadership in health across the country. That was very important, so that, you know, when you look at where people turn for information, it's not usually the Federal Government. And so, making sure that we all had the same information to play off of, and they knew what our messages were. They would often modify them, but at least we were working from the same sheet of music.

SM: As the go-to, CDC was actually the go-to person for most of the information. What were some of the concerns of the state and local territorial public health?

RB: There were a lot of concerns. People wanted to know how severe this flu was, how to treat it, whether you needed to isolate people, whether you should close schools, whether you should shut down society.

There was a lot of work done in developing community mitigation strategies, or non-pharmaceutical interventions, things that you can do to decrease transmission and severity in a community. Marty Cetron led that effort for CDC. Rajiv Vankaya's group at the White House was very involved in that, and he developed a plan. And the plan recognized that the actions you take are proportional to the severity of the pandemic, and how easily it spreads person to person. And so it was really important that as quickly as we could, we understood, was this a 1918 style pandemic, or is this like a 1956 or a mild pandemic? Because that would let you know whether it's appropriate to shut down society, or whether the consequences of that are worse than the pandemic itself. I now forget what that question was.

SM: We were talking about the stakeholders.

RB: So states wanted to know where they should be on their response plan; what action should they be taking? Our first principle of you go out hard and strong, and then you back off was where we were. And so, our recommendation

in terms of closing schools and trying to have people self isolate at home were very aggressive early on, and I think appropriately so.

SM: Were there any surprises in-?

RB: Yeah, there were surprises everyday. Everyday there were surprises. The outbreak in New York City that went whipping through a school, that was a surprise. The lack of, the finding in New York, that they weren't seeing a big increase in hospitalized pneumonia, even though they were seeing all these cases, that was a surprise, given what we were hearing coming out of Mexico. And then finding in Mexico that there was widespread mild disease, that was a surprise. That was a really good surprise, because it really gave us an indication that this was probably not as severe as initially feared.

SM: So would you agree with, did you agree then with the decision to call this a pandemic? Did you agree then, and would you agree now?

RB: This is clearly a pandemic. Absolutely. No doubt. If a question comes to us whether there needs to be a modification in pandemic scale, so that there's an indication of severity? In order to have a pandemic, it has to be new, it has to transmit easily; there has to be limited population immunity; and it has to occur in more

than one WHO region; Well, it did. So, you can almost say that the cold, the common cold this year is a pandemic, because it meets those criteria. And so, the comment that you should have a severity to it is important, but I don't think we wanna downplay the impact of this pandemic. It cost thousands of people their lives. It hospitalized hundreds of thousands of people, and thankfully, it wasn't more severe than that. Had the actions not been as aggressive as they were, I think many more people would have died, and the impact would have been far worse.

SM: What role did CDC play in implementing or the decision to launch a voluntary campaign?

RB: The vaccine campaign?

SM: Yes.

RB: CDC was involved from the beginning. The lead for that was out of the Department. It was shared by the National Vaccine Program Office headed by Bruce Gellin, and BARDA, which is the Biological Advanced Research Development Agency, which is in the Office of the Assistant Secretary for Preparedness and Response, headed by Robin Robinson. And so they shared a joint lead on that, but CDC was very involved in those decisions, in selecting virus strains to send to manufacturers for growing up into

candidate vaccines, very involved in all of that. We all read the book about the 1976 pandemic-

SM: *The Swine Flu Affair.*

RB: That's right, *The Swine Flu Affair*. We wanted to make sure that we learned the lessons from that, and one of them was that you don't box yourself into a corner. So you decide on day one that you're gonna make 200 million doses of vaccine and vaccinate the entire population. You make the decisions you need to at the time you need to make them. So the initial decision to identify a candidate strain, send it to manufacturers and get them growing up pilot lots for testing? Made right away, right away, no delay on that. That was a slam dunk. Subsequent decisions around, okay, how much vaccine do you procure? CDC was involved in those. Those decisions were very separate from the decision of who do you vaccinate? Who do you recommend for vaccination, because you don't need to make that decision until you knew that you had an effective vaccine, until you had a sense of how much vaccine you would have, till you had a better sense of severity. And I thought that the staging of those decisions was spot on. People say, "Wow, you know, couldn't decisions have been made sooner?" And I gotta tell you, the decisions about growing up candidate strains were made right away. And that was

the first launch. Had the pandemic been detected sooner, yeah, that process would have started sooner. Had we a technology that wasn't egg based, that wasn't so primitive, yeah, vaccine would have been available sooner. But based on what was available in April/May of 2009, it went extremely quickly. We're down to about 10 minutes.

SM: Okay. Well then, I will –

RB: I could meet with you again sometime, but that's all I have today.

SM: Okay, well why don't we stop here and then I'll-

RB: You want to do that?

SM: Yeah, and then-

RB: There's a lot.

SM: There's a lot.

RB: Yeah, I mean, I'd love at some point to talk about the interface between the technical and political, the first White House press conference, the first briefing of the President and the Cabinet, because there's a lot to learn from there, and the issues around school closure, which I think is a great case study in why it's so important to have political leaders involved in response.

SM: Okay. Great. Thank you.

RB: You're welcome.

Broad Themes

- COTPER - Coordinating Office for Terrorism, Preparedness and Emergency Response at CDC
- Hurricane Katrina
- Summits
- Budget allocations
- COTPER's responsibilities
- Pandemic exercises
- The press
- Political transition
- White House plan for Pandemic Flu Response
- Outside Contractors from NPRI
- Naming of swine flu/H1N1 2009
- Identification of swine flu strain
- Response to flu cases
- International and domestic agencies involved in response.
- Approach to public and media
- Principles of risk communication
- Stakeholders
- Outbreak in New York City
- Pandemic severity scale

- Voluntary vaccine campaign
- Lessons from *The Swine Flu Affair*

Follow Up

Names: Paul Jarris, Executive Director, The Association of State and Territorial Health Officers

Documents: None