

INTERVIEW WITH

DR. NICOLE LURIE

H1N1 ORAL HISTORY PROJECT

Interviewed By Sheena Morrison

October 05, 2009

November 2010, National Library of Medicine Archives

Interview with Dr. Nicole Lurie
Interviewed at Dr. Lurie's Office
Washington D.C., U.S.A.
Interviewed on October 5, 2009
H1N1 Oral History Project
Interviewed by Sheena Morrison

Dr. Nicole Lurie: NL

Sheena Morrison: SM

Sheena Morrison: My name is Sheena Morrison and I am here to interview Dr. Nicole Lurie who is the Assistant Secretary for Preparedness and Response at HHS.

Today is October 5th, 2009. And we'll begin with your role, what your role has been. Can you explain to me your role in the federal government's planning and response efforts to the coming outbreak?

NL: Sure. Well, I guess it's probably fair to say that I've had different roles at different times. Formally, I was sworn in as the Assistant Secretary for Preparedness and Response just after the 4th of July weekend, but I started a couple of weeks before that as a consultant.

But it's also probably the case that since 2002, I had been working on a host of preparedness issues under contract from ASPR in my old life. And in that life, starting when pan flu stuff first started in 2005, one of the things I was asked to do is to lead a team to look at the first version of the HHS pandemic flu plan and identify whether there were gaps or what they were and what should be done about them. So in that role, and it was just when H5 activities were just starting, we put together a team. We did a pretty comprehensive review of the plan. And I remember, I came over and I briefed the plan to the person who led the predecessor to this office and this team, and they were completely freaked out by my briefing. At that time, it was a federal plan; it was not a national plan. It didn't yet reflect the fact that we lived in a global community. There were just a lot of gaps and things that I think we, as a government, needed to think about. So it was actually kinda interesting.

So on about a day or two later, I get this call saying, "Can you come and meet Secretary Levitt this afternoon or tomorrow morning?" There was no preparation. They had me deliver this bad news about the state of this plan (and we should get you these documents), because nobody here wanted

to do it. That was on a Friday, and on Saturday morning I got a call, and they said "Um, are there any copies of that briefing around? Did you send them to anybody?" I said, "No, why?"

SM: Really?

NL: I said, "Well, you know, my report was a report for the client, it hasn't been sent to anybody else. It's for you. I don't have copies of this briefing anywhere." And I felt like I had to walk a really difficult line about this. So what do I do now? I wanted to be able to continue being able to work with these guys. And I thought, "If we continue to constructively engage, we can help make this plan a lot better." So we chose to do that.

Then HHS had to do an implementation plan. And we went through a couple of iterations with the staff here, including Mary and Julie Schafer and Gerry Parker and a bunch of other folks, looking at the implementation plan, putting together a conceptual framework for thinking about it. And then, to have to put together a sort of follow-up plan to these things, and to look to say, "Well (we used to call it white space), if you look at this plan, if we were

just sitting down by ourselves and came up with a plan, what would it look like?" And then we would sort of compare it to the HHS plan. And you know, I would say that 80% of the stuff that they had in there, we had in it. There was some stuff they had in there that we hadn't thought about, and there was a bunch of stuff that we thought needed to be in a plan that wasn't in there yet.

So, as a result of all this, I ended up working on this for several years. And then the agencies would write in and say "Well here's what we're doing that's part of the plan," and then check the box. This stuff was pretty important. So the HHS team would send us out and say, "Could you do some more in depth interviewing to figure out is this what's really going on?"

So, I got to be pretty familiar with a lot of the strengths of the plan and the people, as well as the warts in the system. And I got to be familiar with the fact that there was kind of a premium to be paid on telling people what they needed to hear. And so, the fact that these systems that we're screwing around with now, these distribution systems, the surveillance systems, all that stuff, the fact that a bunch of them weren't quite ready for prime time was

something that was really hard for people to say out loud or get enough support to make better.

So I came into this job having played this role on the outside for a long time. When I came into this job, obviously, we had had this first wave. We were sort of gearing up for what was going to happen in the fall, and I took over for Craig Vanderwagen as the ASPR.

And my sense and role about what the staff division is, which ASPR partly is in HHS, is that it provides policy support for the Secretary. And so I feel like our role is to provide agency coordination and policy support on this issue for the Secretary, as well as to deal with the interagency and the rest of government on this issue. So that's kind of what the role is. And you've been watching me trying to do it--for better or worse.

SM: I have. (Laugh). Well, this is a little aside. You and Laura came on at the same time-

NL: No, Laura came on way before me.

SM: Ok. Alright.

NL: So, what happened was that Laura came on and they didn't have an appointee here. And there were a lot of frustrations.

So then they brought John Monahan (and he's that guy who was just here,) to provide some oversight on this issue. He was one of the counselors to the Secretary, and until I came, this was one of his projects.

Laura got involved in this from the beginning. She had this whole history with Anthrax, and she got very invested in this. So she was running these chief of staff meetings before I came on.

SM: Well, I watched you today after the meeting [undecipherable] and the dynamic between you two. It looked like you were accustomed to working out really tough issues.

NL: Laura and I have really gotten into a really good working relationship from working on a couple of issues, from talking to each other a lot, sometimes pretty late at night, and we get to--

SM: It's really obvious. There's a degree of intimacy there that's readily apparent.

So you mentioned the transitional leadership. What I'd like to know is, was there continuity in meeting program goals and objectives? Was the continuity in meeting program goals and objectives affected as federal agencies moved from transitional leadership in the spring to current leadership?

NL: I think the transition sort of happened in waves. And one of the good things about most of this is that there's been really good career leadership in place to maintain the continuity. Rich Besser, who was the Acting Director of CDC, who had run the Coordinating Center for Preparedness had been here for a long time, so we had there seasoned career leaders who really knew what to do.

So were the programmatic goals affected? No. I think what happened at the time was that programmatic goals, some of them shifted, and some of them haven't. And I think the more we get into this the more complex it is and the more the programmatic goals get more complex. (I see them

waiting outside). But yes, if you want to talk to people about programmatic goals, you might want to get people to focus on what programmatic goals you're talking about, et cetera.

But I think the overall goal of the vaccine program is to make a vaccine and get it out to people so that everybody who wants to get vaccinated can. So we can save as many lives as we can by vaccination. And in my mind that means by, in a voluntary campaign, helping people make a choice to get vaccinated. And I think that's a challenging goal.

SM: I know that you are busy. They're waiting for you, so I'd like to stop. I'd like to pick up from here.

NL: That's a fine place to pick up. I think that that's good.

END OF INTERVIEW

Broad Themes

- First HHS Pandemic Flu Plan review
- Implementation plan

- Readiness of surveillance, distribution systems.
- Role of ASPR
 - Policy support to Secretary
 - Interagency Coordination
- Transitional Leadership of ASPR
- Career leadership of response effort
- Meeting program goals
 - Continuity

Documents

- Review of First HHS Pandemic Flu Plan