

INTERVIEW WITH

DR. NICOLE LURIE

H1N1 ORAL HISTORY PROJECT

Interviewed By Sheena Morrison

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Interview with Dr. Nicole Lurie
Interviewed at Dr. Lurie's Office
Washington D.C., U.S.A.
Interviewed on March 9th, 2010
H1N1 Oral History Project
Interviewed by Sheena Morrison

Dr. Nicole Lurie: NL

Sheena Morrison: SM

Nicole Lurie: ...is pressing just because people's memory are short. And I think, right now, there's sort of an opportunity, from a policy perspective, to think about what do we really need to do to be prepared? Where do we need to go? What is the system that we have now; where does it need to be? How do we build this new system and not lose this momentum, and to get energy behind it? And so, some of that is a lot of energy and excitement around new vaccine technologies and manufacturing and all of that stuff.

There needs to be similar energy and momentum towards fixing, redesigning, reconfiguring a public health system on the ground.

And there needs to be similar energy on surveillance. And I think we're also in an opportunity where people feel safer,

not completely safe by any means, but safer. Taking a hard look at, "What are the systems that they have in place, and are they really the ones we want? Do they really work as well? And do we really have all the capabilities that we thought? And if not, do we need them?" "Yes." "No." If we don't need them, then let's not delude people that we have them. And then, figure out what do we need to do to get to a new level in how we practice public health.

And that there is the opportunity right now to do it so that it strengthens what we do day to day. We all understand, and I think this whole experience has confirmed for us, what you do day to day has everything to do with how well you can respond. And so, I think there's a huge...the urgency now is about the opportunity, and you don't want the policy window to close.

Sure, there's all kinds of other issues around the fringes. How do we extricate ourselves the rest of the way from these contracts? How do we dispose of vaccine that's not gonna get used? And how do we ramp up and think about the connection between this and annual flu season, which the federal government usually has little to do with? So there's all of those.

Sheena Morrison: One of the things that came up constantly was the logistics of it. People were caught unawares because this wasn't the pandemic that they planned for, and that was a repeated theme.

NL: But even, I mean, as I think about this now, even if it was the pandemic that we planned for, there would have been huge logistical challenges. A, because maybe the pandemic we planned for, the logistics weren't really that clearly thought through either. But as I step back now, one of the things that I take from this, I don't think there was a single person in this country, probably not the world, certainly not in HHS, but I don't think in the country that understood, end to end, what are all the steps.

Even around vaccines, I don't think there's a single person that understood, end to end, what were all the steps. And, I think we have much more visibility on these things now, going from the beginning of vaccine manufacturing, all the way through all the crap that we went through with the bulk and the finish-fills and the lot release, to Mckesson to communities to people. I don't think anybody had the full

breath of understanding--for that, for antivirals, or anything else. And so, thinking about we don't want to be there again in the next public health emergency, what do we have to do to not have that? So, that's part of it.

And then the other part that, for me, is really important is there's a lot that we've all learned about this, and the learning can't rest with the individuals. We have to make it a system attribute, somehow. And how we do that is another important question.

SM: Okay. I have five minutes, can we continue or would you--

NL: We can continue for five minutes, sure, if you want, if you think the next--

SM: Well the next question will probably involve more convoluted stuff, so--

NL: Well, then why don't you ask, or take me through what you want me to be thinking about?

SM: Okay. I'd like to go back to some of the things that we talked about earlier, like the distribution system. And the fact that it seemed to be unable to handle the volume of product that was being delivered at particular phases once it started coming in, and there was a backlog for it to get out. So, I'd like to talk a little bit about that.

NL: Sure.

SM: And the other was the surveillance systems.

NL: That sounds good.

SM: And the vaccine safety systems.

NL: Good.

SM: And the fact that they weren't particularly robust enough in your opinion to handle stuff. And then, the other things were just more about introducing me to, or an introductory email to some of the people who were initially the counselors for HHS prior to your coming on--

NL: Okay. Sure.

SM: Like, um--

NL: Dora.

SM: Yes, Dora Hughes, John--

NL: Monahan?

SM: Monahan and--

NL: You've met John Monahan, I believe, no?

SM: Yeah, I met him. He was going out. And also--

NL: Craig Vanderwagen? Sure.

SM: Yes, and Richard Besser, Dan Solomon? Do you know Dan Solomon?

NL: Chausson? I don't know.

SM: Perhaps the transcriptionist has it-

NL: Dan Salmon?

SM: Salmon, Yeah.

NL: Yeah, sure.

SM: So, just introductory. And the others were there are gaps for me, and I just wanted you to clarify them.

NL: Yeah. That's fine. I'm happy. So let's just set up another hour.

SM: Alright, then.

NL: Great, that sounds good. Good.

End of Interview

Broad Themes

- Policy
 - What to do to be prepared to respond
 - Response System
 - End to end - what are the steps
- Vaccine - end to end manufacturing

- Public Health System
- Surveillance systems
- Vaccine safety systems
- Distribution system
- System attribute from lessons learned

Names

- Dan Salmon
- Dora Hughes
- John Moynihan
- Craig Vanderwagen
- Rich Besser,