

NEMA-ASTHO-GHSAC Joint Policy Work Group
July 27, 2016
New York City

Meeting Summary

The Joint Policy Work Group met at the Crowne Plaza Hotel in New York City. NEMA Lead Mike Dossett (KY) and ASTHO Lead John Dreyzehner (TN) welcomed attendees and noted that this is the first meeting which included state homeland security advisors representing GHSAC.

Red Sky Update

Jim Tyson, Emergency Management Specialist, CDC/OPHPR/DEO; Edward Rouse, Deputy Division Director, CDC/OPHPR/DEO; Bruce Clements, Director, Texas Dept. of State Health Services, Health Emergency Preparedness and Response Section (slides available)

CDC provided an update regarding the Red Sky development and delivery of capabilities to improve information sharing and decision support. CDC is conducting a pilot with the Texas Department of Health.

Features and Enhancements:

- Modified Knowledge Management Interface (KMI)
- New 'Share With' menu option in KMI (share data points externally with other partners)
- Red Sky Search & User Admin
- Texas Zika Map Layer
- New Map Layers:
 - Incorporated Places & Tools
 - Medical / Emergency / Law Enforcement
 - Demographics
 - Hazards
 - Weather
 - Critical Infrastructure

CDC is putting in the Cloud and can integrate into state systems.

Public Health Response Funding – Christine Kosmos, Division Director, CDC/OPHPR/DSLRL

Kosmos provided a handout to the group which is Impact Statements and Key Messages for the Public Health Emergency Preparedness (PHEP) program. The document will serve as the foundation for other materials and a communications strategy to convey the importance of the program and the need for continued, adequate funding. HHS would like to see Congress establish an emergency response fund similar to FEMA's Disaster Relief Fund that would be available as needed instead of having to rely on supplemental appropriations which causes delays and hampers response efforts. HHS/CDC asked the Joint Policy Work Group to consider support for such funding in Congress.

Chemical Laboratory Support - Todd Talbert, Senior Advisor, Office of Program Coordination, CDC/OPHPR/DSLRL; Rudolph (Rudy) Johnson, Branch Chief, CDC/ONDIEH/NCEH (slides available)

CDC provided an overview of the current status of the LRN-C. The PHEP Program sustains a state/territorial chemical laboratory based response network. In 2017, LRN-C Toxic Metal Equipment will no longer have service support from the manufacturer. The result is 30% of local and state programs affected in the following areas:

- Chemical Emergency Response
- Exposures in children and at-risk populations (i.e. Blood Lead, Mercury, Arsenic, etc.)
- Food and environmental testing programs
- Exposures to First Responders in call of duty

The initiative to replace toxic metal and nerve agent testing equipment must be completed by 2020, and additional partnerships are vital to sustain capability. CDC requested that NGA, NEMA, ASTHO and NACCHO members and constituents promote the LRN-C equipment refresh initiative. The purpose would be to stimulate joint decision-making between Governors, Homeland Security Advisors, Emergency Managers and Senior Health Officials to determine jurisdictional LRN-C sustainment priorities

Panel Discussion on Preparedness and Response to Zika Virus

Dr. Marissa Levine, Commissioner, Virginia Department of Health; Mike Sprayberry, Director, North Carolina Emergency Management Agency; Julie Casani, Preparedness Director, North Carolina Department of Health and Human Services; Michael Dossett, Director, Kentucky Emergency Management (slides available)

Virginia shared they have established a task force similar to one they had for the Ebola Virus response. Currently there are 43 confirmed Zika cases and 950 people tested. It is a significant effort by local health departments. Would like to create additional capability if funding is available. North Carolina reported that their pregnancy registry is a huge workload and mosquito surveillance can be complex with regard to identifying populations at risk. They had to recreate programs from the past. The State has appropriated funds to hire entomologist and support local mosquito control. A Zika tabletop exercise was held in the state emergency management agency EOC and regular communication and coordination is taking place. Preparedness and response to Zika has been challenging to the workforce on the heels of the Ebola Virus.

Mike Dossett from Kentucky focused his remarks on the complexities of FEMA disaster assistance funding for mosquito control. The existing guidance on mosquito abatement is not relevant to Zika. For example, Zika:

- will not 'follow the event'
- Does not correlate to "event-related
- standing water"
- Increased population is not a factor
- May not be an abnormal rise in landing rates
- Requires an increase in the public's exposure
- May not be an event driven issue

Dossett said the work group might consider sending a request to FEMA for formal guidance on disaster assistance funding and eligibility for Zika Virus.

Working Lunch Discussion on EMAC Mission Ready Packaging Project

Trina Sheets, NEMA; Mike Dossett, KY; Brian Satula, WI; Bob Mauskopf VA (slides available)

NEMA is funding a project with 5 states which is a partnership between emergency management and public health to develop up to 5 EMAC Mission Ready Packages for public health/medical assets and input into the Mutual Aid Support System (MASS). Three of the pilot states shared what MRPs they are developing and the benefit they are experiencing through the collaboration. For most, this project has led to further activity between the two agencies to enhance their mutual aid capabilities. NEMA is also funding the development of a state tabletop exercise that will be made available publicly. Also, a webinar will be held on August 24 at 2 pm for the 5 pilot states to further discuss their projects and lessons learned.

Lessons Learned from Water Emergencies

Jimmy Gianato, Director, West Virginia Division of Homeland Security & Emergency Management; Capt. Chris Kelenske, Deputy State Director, Michigan State Police/EMHSD (slides available)

West Virginia Elk River Water Contamination – Gianato discussed the state’s response to the 2014 chemical spill to the Elk River.

Lessons Learned:

- Public Trust
- Identifying and responding to rumors and misinformation
- Mobilization of JIC immediately with centralized communication team

Model Practice:

- Creation of a science cell to support decision-making. The cell is made up of Local, State, Federal and Private Sector Entities. Their tasks are to:
 - Interface with state leadership
 - Interface with CWS engineers
 - Sampling guidance and assistance
 - Testing guidance and assistance
 - Data management and tracking
 - Interface with Federal counterparts
 - Expert technical advice regarding the effects of disasters on public health, environment, agriculture, infrastructure and veterinary.

Flint, MI Water Emergency – Kelenske stated that he thinks this event will highlight lead issues nationwide. He shared some of his state’s lessons learned thus far.

- Everything done was suspect by the public. It has been a very politicized emergency.
- The state did not bring in water tankers due to public distrust.
- PODS provided filters and kits for 28,000 homes. Advice is to make sure that personnel know how to correctly set up PODS and where. The initial location was in fire stations which did not work well.
- A US Department of Labor grant was utilized to hire 180 local individuals which has been a help to an economically distressed community.
- Command and control was fragmented between all of the state and federal agencies involved. An emergency declaration was in place and therefore all of the response should have been

coordinated through the state EOC but that didn't happen. This is the first event where HHS was named the lead federal agency with FEMA in support.

- Model practices included use of GIS to map areas affected, development of an iPad app to register, track and report on resources provided.

Cybersecurity Breach Effects on Healthcare Systems

Emery Csulak, the Chief Information Security Officer (CISO)/Senior Official for Privacy at the Centers for Medicare & Medicaid Services; Lead HHS Cyber Task Force

Csulak talked about recent cyber breach incidents on healthcare systems and the work of the HHS Cyber Task Force. He said that inadequate IT security practices most commonly lead to breaches. There are significant risks across the health care chain and 55% of the risks are related to loss of privacy information. He commented that a significant portion of the healthcare workforce is accustomed to using technology rather than doing things manually. There are too many competing frameworks and strategies, and disciplines don't speak the same language which leads to vulnerabilities. The task force has great concern about a cyber-attack during disaster response.

Closing Session and Action Items from Meeting

- Provide feedback on use of PHEP One Pager to advocate for program support and funding. NEMA-ASTHO-GHSAC to consult their members and consider support for emergency fund for HHS.
- NEMA-ASTHO-GHSAC to share information on the chemical lab network equipment issue with all members. CDC and Association staff will have a follow up call to coordinate messages and materials.
- Consider sending letter to FEMA requesting guidance on disaster assistance funding for Zika response.
- Individuals to provide feedback to ASPR on healthcare capabilities document.
- Continue to promote and support the development of EMAC Mission Ready Packages for ESF 8 resources.
- Survey work group members on the priorities they want to see addressed moving forward.
- Invite GHSAC to name a Tri-Chair for the work group.