



JOINT POLICY WORK GROUP

Meeting Summary

Miami, Florida

Wednesday, May 11, 2022

Chairs:

Dr. Alexia Harrist (ASTHO), Director Pete Landon (GHSAC), and Director Andrew Phelps (NEMA)

Agenda

- The Next Generation of PHEP
- Anthrax/Biohazard EMAC Mission Ready Packages
- Thinking Ahead on the COVID Response Supply Chain
- Working to Tell the Story
- Climate Change and Health Equity Strategy
- Maritime Mass Migration Program
- Impacts to Combining HIRA and THIRA

Opening with a welcome and introductions around the room, the work group began the meeting.

The Next Generation of PHEP, Director Christine Kosmos and Deputy Director Kate Noelte

The CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement program is taking the lessons learned from the pandemic and leveraging their strategy to preserve the foundation through support in capacities and capabilities; integrate knowledge and experiences learned to revolutionize for the future; and provide agility in response. Priorities set will focus on data collection and reporting, improve partnership coordination, expand support to locals to increase their response readiness, apply scientific expertise into public health preparedness practice, expand CDC field staff and expertise, focus on health equity and those at-risk populations to ensure inclusion in preparedness planning and response, and enhance and improve jurisdictional response support. The PHEP program has made key accomplishments that supported local capacity and capability; extending criteria for funding to help more local jurisdictions be eligible for the Public Health Crisis Response Cooperative agreement; helped to address state and local workforce gaps; and awarded \$2B in workforce development funding to 65 health departments nationwide.

Director Kosmos and Deputy Director Noelte teed up two topics for discussion: 1. What specific strategies is your jurisdiction or agency implementing to address the spread of misinformation or disinformation? 2. What is the future role of emergency management and public health in emerging infectious disease response? How has this changed and what work needs to be done to better prepare for the future?

In an open forum, we learned through individual observation:

Partnership is a Must

- Partnering with NGOs and the public seeing an enhance level of engagement with local jurisdictions helped to amplify the 'big voices' of the communities to ease the spread of misinformation and/or disinformation.
- Encouragement to work with CISA as they are also tackling how to best combat misinformation or disinformation.
- Partnerships are key. A look at small counties and how they form partnerships and the success from working together may be a great area to find best practices in partnership.
- Biggest thing that was not utilized in the past was the fusion center and moving for an all-hazards approach. Now the center has an analyst that looks for variety of things proving to be helpful in coordination.
- Some finite resources to work on, such as storage. No way one agency can handle this.
- Prepositioning contracts also became a key initiative needed, especially for states that did not have contracts in place prior to the pandemic.

Where Partnerships are Key; Collaboration Helps to Solidify the Team:

- Understanding the cultural difference between emergency management and public health can lead to a more honest approach. Public health must always get it right in an emergency response, whereas emergency management does not necessarily have to. When you work off two different platforms, the result is in double the work. What worked more smoothly was when each agency handled what they were best at under their provided authorities – that understanding and workable nature was key.
- Speaking the same language is important to collaboration.
- COVID was not the only disaster the states were facing. It became a layer to multiple events that occurred at the same time.
- COVID required public health to rely on emergency management for other non-emergency problems like homelessness and drug overdose.
- One question as we move forward is how can we work with the supply chain needs and supplement normal status levels with the federal government, without the federal levels taking over?
- What we practice together should be what carries over to a real response. It's the sole purpose of the exercise and yet we did not respond as how we practiced.

Build Trust

- One of the messaging challenges was the difficulty in explaining something that you could not see. And therefore, agencies are relying on the trust that was built before the incident.
- Trust comes from the top. And when seeing competing priorities during a pivotal time of response in the country did not help to build trust. Federal leads began going directly to the locals for data collecting with no inclusion of the states.
- We lost the trust of the people. There was this balance of speed of getting information out and the acceptability of that information continuously occurring that also made it a challenge. Trying to incorporate non-controversial messaging into the works – people started just arguing on anything that was being dispersed.
- Helps to break down what is needed and what needs to be done versus what the event is. Roles are then quickly established, and the trust is that everyone does what their expertise lies.

Communication Must have Unity of Message

- Figuring out who should be providing the credible information to the public. Such information needs to be correct the first time, but when knowing that the information may change daily should be heavily reminded.
- Both emergency management and public health did not do a good service in explaining the nature of the event, and that there will be constant change in the guidance, policies, and challenges.
- Communications must be timely and accurate. Know your demographics – if you have a community that is not tech savvy or do not own computers, having a social media strategy is not going to reach the community. Nor is it helpful when we ask for people to sign up via a website.
- When the CDC began distributing the science brief behind the guidance, those reports became a tremendous help at the state level to understand and explain the ‘why’ of the guidance. Understanding the caveats when messaging helps.

As more information comes from the federal partners on misinformation or disinformation, we will be sure to circulate with the work group. [Added resource shared: CDC Presentation]

Anthrax/Biohazard EMAC Mission Ready Packages, Director Trina Sheets, Director Win Rawls, and Dr. Paul Petersen

The Emergency Management Assistance Compact (EMAC) team looks to create mission ready packages (MRPs) specifically on anthrax and/or biohazard events through a cooperative project with NEMA and ASTHO and funded by the CDC. EMAC is the assistance compact among states where states may send aid to other states to assist in their most dire need. The design of MRPs is to create a package that can be easily accessible in the Mutual Aid Support System (MASS) for states to quickly choose what the resources they need at the critical time they need them. This is to ease the efficiency as urgency is the focus during a response.

MRPs provide public health jurisdictions the opportunity to plan and prepare for all hazards public health emergencies and disasters. A wealth of MRPs are already accessible to the states that include a litany of resources: ambulance teams, behavioral health teams, epidemiology teams, medical countermeasures dispensing teams, technical support, triage, and the list goes on and yet has room to expand. This project includes the states of Illinois, Minnesota, Mississippi, Montana, Oregon, and Tennessee. These teams have graciously chiseled time out of an already busy season to bring their state partners to the table to design the MRPs. The project is on time to complete by the fall.

Dr. Petersen kindly shared the Tennessee team’s perspective so far on the project. The team looks to find ways to make the MRPs more all-hazards, with a focus on biological and chemical terrorism, infectious disease outbreaks, natural disasters, and mass gatherings. Tennessee also obtains a wealth of deployable resources of equipment as well as people. Currently for this project, Tennessee is working towards MRPs for mental health triage team, nursing resource team, medical countermeasures resource team, EMS resource team, and air transportable clinic teams. In considering the resources to build the MRP, Tennessee looks to transition from a strike team approach to a resources team. Resources teams would entail a five-person base team to include four subject matter experts, a subject matter expert lead, and one person dedicated to incident command support. This allows two 12-hour shifts without loss of performance that may occur because of logistics or other command needs. Communicating fully on the expectations of the person and the requirements needed for support to the team is also part of the design; includes the proper use and provision of the procurement card.

Through discussion, the consideration of virtual teams was addressed. Telemedicine became a key resource during the pandemic. Where currently the teams are designed with a more physical presence, virtual could be the next phase states can manage. [Added resource shared: EMAC MRP presentation]

Thinking Ahead on the COVID Response Supply Chain, Tim Manning

Mr. Manning graciously took time to report on the work being done by the White House Response Team. Congress is not yet moving on the decision for supplemental funding, causing some activities to be paused but the successes remain. The creative solutions to provide a more resilient public health supply chain are still a priority for the administration. They have been successful in vaccine and anti-virals production and distribution, PPE, critical essential medicine for ICUs, and testing tools as they ramped up the testing capability. Moving towards real time maps for stockpile accessibility and vendor managed inventories (VMI) are the next moves. Also, making strides to advance change to Medicare reimbursement policy for the procurement of domestic products helps to sustain domestic industrial capacities. Maintaining the health of industrial programs and the focus of domestic manufacturing will be key to be ready for the next infectious disease outbreak.

The testing diagnostics continues to be a huge success. Currently there are 21,000 testing locations accessible to all communities. Online test requests equated to 342 million tests sent to households, with 85-90% those requests are filled in 36 hours. Expanding the testing capabilities has proven to be a great success.

In an open discussion between the group including Mr. Manning, we learned:

Not to be lulled into a sense that we are close to being done with this response. With the current cities and states spiking again, this continues to be an ongoing response.

How do we create the resilient supply chain for the future? How do we think through and maintain our stockpile, and make sure that is making its way down to local and state hospital systems?

- Critical to make the investments now and put in place the contracts that look to maintain a more sustainable process.
- An idea of a national strategy is interesting. But more and more conversations around public health and emergency management agencies look to build more capacity. Looking at a whole of government approach may be good strategy.
- Stockpile management be moved to healthcare so that they continue to order for the need and that would go into the stockpile.
- What will regular business look like, and what triggers need to be identified to know when to ramp up supply before it becomes critical in need.
- Vendor Managed Inventories are a more centralized structure for supplies to help with the economies of scale within the market. The President has asked for an evaluation of this process to see if it is satisfactory for expansion. If so, then the White House will need Congressional support and the support of the States.
- Procurement challenges in reducing forced labor for supply, specifically for health care is something the White House is also spending time on. Especially when concerning procurement at the federal, state, and local levels. Mr. Manning shared two resources concerning forced labor/labor trafficking and the task force that was established:
 - <https://www.cbp.gov/trade/forced-labor/UFLPA>

- <https://www.whitehouse.gov/briefing-room/statements-releases/2022/01/25/fact-sheet-presidents-interagency-task-force-to-monitor-and-combat-trafficking-in-persons/>

Inventory Rotation and Excess

- Discussions for an appetite for a regional marketplace support system for building and rotating supply inventory at the same time ensuring sufficient supplies in the SNS to help with gaps are in place, but currently cannot get past the challenges. Federal support would be needed for this approach.
- FEMA could assist in this inventory effort, if they firm their guidance that allows to keep a stockpile. Just need some clarity within the guidance, for example, does the stock need to be 30 or a 60-day supply.
- FEMA also has a moderately complicated process for surplus.
- States may need to think of the sustainment issue if they begin to ‘donate’ their supplies. How do companies stay in business? For example, when government pushed free masks, it essentially shut down the industrial process.

[Added resources shared: The National Strategy for a Resilient Public Health Supply Chain and the National Action Plan to Combat Human Trafficking.]

Group Discussion: Working Together to Tell the Story

Action Item: The work group looks to create a collection/repository of success stories to publish to the states through the association networks.

Through a collection of examples around the table, the work group gained a good start on stories to use that include success with partnerships, success to missions, creative solutions that occurred when you had limited supplies, and success within their workforce. The idea of the collection will also help to show the positive aspects of the response and ease the feelings of burn out. May also help to bring people back to the workforce and understand the importance of the work that everyone does. As an additional consideration, the work group could consider highlighting families of those individuals working the response and their support and resilience.

Strategy: Climate Change and Health Equity, Dr. John Balbus

The HHS Office of Climate Change and Health Equity (OCCHE) is dedicated to close the connections between the impacts of climate change and the consequences of health disparities. The public health impacts of climate change include the increase in extreme weather, rising sea levels, increase in carbon dioxide levels, rising temperatures, and social and economic inequalities. Also, the impacts that involve the epidemic of behavioral health especially within mental health of young people. Mental health is a major factor that is an outcome from both climate change and health equity. The OCCHE was developed from the [Executive Order 14008](#). The priorities the office is working towards are climate and health resilience for most vulnerable populations; climate actions to reduce health disparities; and the health sector resilience and decarbonization. The office looks to connect with avenues of funding opportunities that are already existence in the federal suite (examples provided were the FEMA BRIC program, HUD Community Revitalization, Community Health Centers/Workers, USDN Coordinate Service/Resources) to help implement priorities.

One of the biggest mistakes has been to politicize this issue, rather than accepting the science based public practices. We should begin planning by looking at what lies before us in the next 30 – 90 days before tackling a more long-term strategy. Engaging communities that do not normally tie into government may be one of the biggest challenges. As structures and frameworks evolve, fragmenting

efforts does not make sense and yet every community is going to be different, so a one size fits all model may not be impactful or effective. Instead, it may need to be a test of different type of models to connect new resources to identify common interests.

The office is very small in size and will lean heavily on partnerships to accomplish goals. Thus, are open to all feedback and urge the states to sign up for the listserv at:

<https://www.hhs.gov/ash/ocche/contact-us/index.html#listserv>

Maritime Mass Migration Program, Iván Zapata

Mr. Zapata briefed on varying DHS projects. And advocated to provide Public Health Analysts in Fusion Centers.

Operation Vigilant Sentry is the Homeland Security Task Force – Southeast’s comprehensive national operational plan for a rapid, effective, and unified response of federal, state, and local capabilities. This plan is specifically for a response of a mass migration in the Caribbean. SOUTHCOM hosted a three-day exercise to assist in updating the plan as well as educating roles and responsibilities that may occur in a real-life event. The Department of Homeland Security is the lead federal agency responsible for mass migration operations. SOUTHCOM trains every year to be able to support Homeland Security Task Force-Southeast’s mass migration operations plan. Annex Q was the focus for updating, specifically in afloat migrant medical care, ashore migrant medical care, workforce occupational health and safety, notification response activation, chaplain/critical incident stress management, and infectious disease and pandemic events. The exercise is timely as in FY2022, the United States has seen a 400% increase in mass migration which equates to 14,182 migrants. Cost Guard published an article about the exercise and purpose: <https://coastguardnews.com/homeland-security-task-force-southeast-hosts-migration-exercise/2021/11/11/>

Operations Allies Welcome program has accepted 87.5 thousand people in the US (44% are minors). This program involves a complex background check to ensure homeland security is not compromised and each person does require a medical exam and vaccinations. The program is currently scheduled to end on September 30, 2022. A lot of lessons were learned, especially within contracting with security needs. The southwest boarder cannot hire contractors until they are cleared through the process which led to issues with medical workers as well causing a lack in consistency among the program as different people would do different things and make different decisions.

Uniting for Ukraine Program was implemented on April 21. The DHS Chief Medical Officer team is providing interagency coordination and technical assistance related to certain public health items such as refugee resettlement. Ukrainians applying for entry must provide written verification of measles, polio, and COVID vaccination prior to travel; as well as agree to a medical screening for tuberculosis within two weeks of arrival in the U.S. Through partnership with the CDC, the program provides informational briefings to the state health coordinators. More information: www.dhs.gov/ukraine

Southwest Border Title 42 Planning. DHS continues to prepare for a potential surge in migration along the southwest border this summer when the CDC Title 42 Order (a public health authority) is expected to be terminated on May 23. Once this is lifted, all non-citizens will be processed under Title 8, which provides that individuals who cross the border without legal authorization are processed for removal and, if unable to establish a legal basis to remain in the United States, promptly removed. Through preparations, DHS established the Southwest Border Coordination Center (SBCC) with the mission to support decision-making in response to increased irregular migration at the southwest border. The

objectives of the center are to eliminate preventable death, effectively screen for health threats, and make sure we deliver the right care, at the right time, and in the right setting. DHS provides COVID age-appropriate vaccinations to migrants and those individuals are provided CDC vaccination cards along with data capture that transmits daily to the state health authority. [Added resource: Mass Migration Presentation Slides.]

Group Discussion: Impacts to Combining HIRA and THIRA with guests Victoria Salina (FEMA), Sharon Frederick (FEMA, NPAD), Kathy Smith (FEMA, FIMA)

The Hazards Identification and Risk Assessment (HIRA) and Threats, Hazard Identification and Risk Assessment (THIRA) work in tandem, but the cycles seem to conflict. HIRA is generally used for state, territory, local, and tribe hazard mitigation plans that addresses risks from natural hazards. THIRA and the State Preparedness Review are twofold and focus on all hazards and threats. Combining and using information for both assessments would be helpful from a resource perspective. Also, would help to make the assessment useful and more valuable to the locals since some of the THIRA requirements do not fall under local responsibility. As everything we do is increasing in complexity, having a process be less burdensome and streamlined will be helpful. One of the biggest items that came out of the RAND report was for FEMA to consider consolidation efforts when applicable.

As FEMA continues to consider this consolidation, they look to hold additional hearings on HIRA and THIRA in the future. One item to think about is do we have the capabilities to consolidate and what does the program look like once it is done.

Wrap/Action Items

- Success stories compilations/repository
- Continue the conversations and information exchange on supply chain, health equity, HIRA/THIRA consolidation, and EMAC MRPs

The work group adjourned. A huge gratitude to Dr. Harrist, Director Landon, and Director Phelps.

Speaker Bios

John Balbus, MD, MPH, Interim Director, Office of Climate Change and Health Equity (OCCHHE), HHS

Dr. Balbus is the Interim Director of the new Office of Climate Change and Health Equity within OASH. A physician and public health professional with over 25 years of experience working on the health implications of climate change, Dr. Balbus has served as HHS Principal to the U.S. Global Change Research Program and co-chair of the working group on Climate Change and Human Health for the U.S. Global Change Research Program since he joined the federal government in 2009. Before coming over to the new Office, Dr. Balbus served as Senior Advisor for Public Health to the Director of the National Institute of Environmental Health Sciences.

Prior to joining NIEHS, Dr. Balbus was the Chief Health Scientist at the Environmental Defense Fund and an Associate Professor of Environmental and Occupational Health at the George Washington School of Public Health and Health Services. He received his MPH degree from the Johns Hopkins School of Hygiene and Public Health, his MD degree from the University of Pennsylvania, and his undergraduate degree in Biochemistry from Harvard University.

Christine Kosmos, Director, Division of State and Local Readiness, Center for Preparedness and Response, CDC

Christine Kosmos has served in this role since 2009 and has directed several important initiatives designed to improve state and local readiness to respond to emergencies. Ms. Kosmos has more than 20 years of experience in emergency preparedness, planning, and response in a variety of settings.

Before joining CDC, she spent 20 years with the City of Chicago Department of Public Health where she held several leadership positions, including serving as the Deputy Commissioner. In that role, she managed both public health and healthcare system preparedness and response. She also served as the director of the Chicago Trauma System, a network of designated trauma centers, and Deputy Commissioner for Clinical Operations, a network of 23 public health clinics in Chicago. Ms. Kosmos is a registered nurse. She began her career as a staff nurse and later served as the senior manager of one of the busiest trauma centers in Chicago.

Tim Manning, COVID-19 Supply Coordinator, White House COVID Response Team

For more than two decades, Tim Manning has worked on both the frontlines and in the senior most levels of homeland security, crisis and emergency management, and resilience at the local, state, federal, and international levels. Mr. Manning is a former Deputy Administrator of the Federal Emergency Management Agency, governor's homeland security advisor, firefighter-EMT (serving both urban and rural departments and the wildland interface), rescues mountaineer, and geologist. He is currently the COVID-19 Supply Coordinator with the White House COVID Response Team. Mr. Manning served through the entirety of the Barak Obama administration as the Deputy Administrator of the Federal Emergency Management Agency for Protection and National Preparedness, having been confirmed by the U.S. Senate in the spring of 2009.

Kate Noelte, Deputy Director, Division of State and Local Readiness, Center for Preparedness and Response, CDC

Kate Noelte previously served as a senior advisor within DSLR. She worked on several projects, including strategic program planning, guidance development for the Public Health Emergency Program and the Crisis Response cooperative agreements, partner engagement strategies, and expansion of the Operational Readiness Review (ORR) process.

Ms. Noelte joined CDC in DSLR as a health scientist on the Measurement and Evaluation Team in the Evaluation and Analysis Branch, where she helped develop and implement DSLR's first ORR tool and evaluation process. Ms. Noelte has also worked in CDC's Office of the Director (OD), where she worked with CDC's Chief of Staff on public health emergency response-related initiatives and in CPR's OD.

Before joining CDC, Ms. Noelte worked in the Department of Homeland Security's Office of Health Affairs and at state and local health departments.

Paul Petersen, PharmD, Preparedness Director, TN Public Health

Dr. Petersen is the Director of the Tennessee Department of Health's Emergency Preparedness Program and the Interim Director for the Vaccine-Preventable Diseases and Immunization Program. Dr. Petersen serves as lead in Tennessee's response to all public health and medical emergencies. Tennessee has experienced a wide range of threats and public health emergencies requiring decisive action by program staff, health care coalitions, and other response partners.

Originally from California, he earned his Doctor of Pharmacy degree at the University of the Pacific Thomas J. Long School of Pharmacy and Health Sciences in 2001. Dr. Petersen completed his PGY1 Pharmacy Practice Residency at Saint Thomas Hospital in Nashville where he also served as the Clinical Operating Room Pharmacist prior to his move to state government in 2005. He serves on various national preparedness policy committees including work with the National Academies, National Emergency Management Association, and the Association of State and Territorial Health Officials. He currently serves the National Chair for the Directors of Public Health Preparedness. He is also an active member of several professional public health and pharmacy associations. And in his free time is pursuing a Master's in Public Health from East Tennessee State University in Public Health Administration.

Winfred C. Rawls, Director, Preparedness and Evaluation, ASTHO

Mr. Rawls is the Director of Preparedness and Evaluation at the Association of State and Territorial Health Officials (ASTHO), Arlington, Virginia. Mr. Rawls is responsible for identifying opportunities to strengthen public health emergency preparedness, critical infrastructure, supply chain management, and other associated disciplines for the practice community.

Prior to formerly joining ASTHO, Mr. Rawls served as Past Chair of the ASTHO Directors of Public Health Preparedness (DPHP) and on the Executive Committee as the ASTHO Regional Representative for DHHS Regions 3 & 5 for three terms. While at Illinois state government, Mr. Rawls served as Deputy Director for the Illinois Department of Public Health, Office of Preparedness and Response and two concurrent stints as Interim Chief Information Officer.

Prior to state government, Mr. Rawls served 20 years of distinguished military service in the United States Army. His military career culminated in preparedness roles at the Pentagon and the White House during September 11th. After military service, Mr. Rawls joined private industry as an Information Technology Executive where he served as Assistant Chief Information Officer and Vice President of Information Technology in the semi-conductor and pharmaceutical industries.

Mr. Rawls formal education includes a Master of Business Administration, a Master of Science, and a Bachelor of Business Administration/Accounting. He also has specialized training in leadership, management, operations, information technology, telecommunications, logistics, public health and

health care emergency preparedness, and is a graduate of the National Preparedness Leadership Institute at Harvard.

Trina Sheets, Executive Director, NEMA

Trina Sheets is the Executive Director for the National Emergency Management Association (NEMA), an affiliate organization of the Council of State Governments (CSG). NEMA represents the State Directors of Emergency Management in all 50 States, the District of Columbia and the U.S. territories.

Ms. Sheets joined NEMA in 1993 and was named Executive Director in 1995. Her primary responsibilities with NEMA include representing the views of the state emergency management community to the Federal government, Congress and other decision-makers. She works to ensure the needs of the states are considered as national policies and programs are developed. Policy research, analysis and the development of national positions and white papers by NEMA also fall within her portfolio. In her role as Executive Director Ms. Sheets serves as the conduit between the Federal government and the state emergency management agencies. She facilitates relationship building and information sharing between NEMA and other emergency management and homeland security stakeholders in order to develop a unified voice among practitioners that serves to advance the nation's ability to prepare for, mitigate, respond to and recover from disasters and emergencies.

During her time with NEMA, Ms. Sheets has been responsible for overseeing national projects including establishment of the National Homeland Security Consortium, initial development of the Emergency Management Accreditation Program, facilitating interstate mutual aid through the Emergency Management Assistance Compact, providing states with resources, information and technical assistance to better prepare for homeland security and training newly appointed state emergency management directors

In 2009 Ms. Sheets was presented with the NEMA President's Award which goes to an outstanding contributor who represents the principles and practices for which the Association stands. She is a graduate of the Executive Leadership Program of the Naval Postgraduate School Center for Homeland Defense & Security. She is a member of the American Society of Association Executives.

**Todd Talbert, MA, Associate Director, Program Planning and Development
Division of State and Local Readiness Center for Preparedness and Response, CDC**

Todd Talbert, M.A., oversees the Program Planning and Development Unit within the CDC Division of State and Local Readiness (DSLRL). DSLRL administers the Public Health Emergency Preparedness Cooperative Agreement, which provides public health emergency preparedness and response funding directly to 50 states, 4 metropolitan and 8 territorial/freely associated state public health systems.

As a preparedness professional with over 30 years within the fields of emergency medical services, behavioral health, healthcare system and public health emergency preparedness and response, Mr. Talbert oversees a diversified portfolio. Priority initiatives include threat specific planning, updating the Public Health Preparedness and Response Capabilities, National Standards for State, Local Tribal and Territorial Public Health, enhancing state and local public health biological and chemical laboratory capability; strategic management of funded NGO partnerships; budget development, and special projects that advance public health system readiness.

Mr. Talbert joined the CDC in 2005 in the Division of the Strategic National Stockpile. From 2001 to 2004 Mr. Talbert worked for the Santa Barbara County, CA Department of Public Health where he served as the first program coordinator responsible for locally implementing the Public Health Emergency Preparedness and National Hospital Preparedness programs. He served as an EMS responder, manager and educator from 1989 to 2001. Mr. Talbert received his Paramedic education from Stanford University Hospital. He holds a Bachelor of Science in Emergency Medical Services and a Master of Arts in Organizational Management.

Iván Zapata, Global Health Security Advisor, DHS Chief Medical Officer Team, Countering Weapons of Mass Destruction, DHS

No bio provided.

Co-Chairs

ASTHO Co-Chair

Alexia (Ali) Harrist, MD, PhD., State Health Officer and State Epidemiologist at the Wyoming Department of Health, Public Health Division

Dr. Ali Harrist is the State Health Officer and State Epidemiologist at the Wyoming Department of Health, Public Health Division. Prior to joining the Wyoming Department of Health as the State Epidemiologist, Dr. Harrist was a Medical Officer in the Division of Tuberculosis Elimination at the Centers for Disease Control and Prevention in Atlanta, Georgia. Before that, she served as an Epidemic Intelligence Service (EIS) Officer at the Centers for Disease Control and Prevention, assigned to the Wyoming Department of Health. As an EIS Officer she responded to the Ebola outbreak in Sierra Leone and the Zika outbreak in Brazil.

Dr. Harrist is a 2013 graduate of the Boston Combined Residency Program in Pediatrics and is a board-certified pediatrician and a Fellow of the American Academy of Pediatrics. She earned her medical degree and PhD in Neuroscience from the University of Pennsylvania.

GHSAC Co-Chair

Walter “Pete” Landon, Director, Governor’s Office of Homeland Security and Deputy Chief of Staff

Walter F. “Pete” Landon was appointed as the Director of the Maryland Governor's Office of Homeland Security in June of 2015. Pete serves as Governor Hogan’s Homeland Security Advisor and has been a member of NGA’s GHSAC since his appointment. Pete currently serves as an Ex-Officio Member Governor’s Emergency Management Council, member of the Maryland [Criminal Justice Information Advisory Board](#), Maryland Cybersecurity Council, [Maryland Integrated Map Executive Committee](#), [Council on Open Data](#) and the [Statewide Interoperability Radio Control Board](#). Pete has been a member of the NEMA-ASTHO-GHSAC since 2016 and currently a tri-Chair of the Joint Policy Work Group. Additionally, Pete is a member of the National Governor’s Association Governor’s Homeland Security Advisor Council since 2015 and is member of the Executive Committee of that Council currently serving as Vice Chairperson.

Pete was also given the additional assignment as a Deputy Chief of Staff for Governor Larry Hogan in September of 2017. As a member of the governor’s senior leadership team, his added responsibilities include oversight of the Public Safety portfolio that includes the Maryland Department of Public Safety and Correctional Services, Maryland Emergency Management Agency, Maryland Military Department (National Guard), Maryland State Police, Opioid Operations Command Center, Maryland Center for School Safety and the Governor’s Office of Crime Control and Prevention. The Maryland Department of Veterans Affairs was added to the portfolio in November 2020.

Prior to being assigned as Governor Hogan's Homeland Security Advisor, Pete served almost 30 years in the Maryland State Police retiring as a Lieutenant Colonel, June 1, 2015. Pete was born in Pittsburgh, Pennsylvania, moved and attended Beaconsfield High School, Beaconsfield, Quebec, Canada. Returning to the US, Pete graduated from Chesapeake College with an A.A., (law enforcement), and Towson University, with a B.S. (criminal justice & liberal arts). Both schools are in Maryland. Pete is married with 3 children.

NEMA Co-Chair

Andrew Phelps, Director, Oregon Office of Emergency Management

Andrew Phelps has had the privilege of leading the Oregon Office of Emergency Management since 2015. In addition to managing the state's 9-1-1 program and preparedness, recovery and mitigation grant programs, OEM maintains comprehensive planning, training, exercise, and outreach programs to help Oregon mitigate against, prepare for, respond to, and recover from emergencies and disasters.

Andrew has held leadership positions with state, local and non-profit emergency management and response organizations in New York and New Mexico. Andrew holds degrees from the City University of New York and the Naval Postgraduate School in Monterey, California.