Northern Border Strategic Planning Meeting
April 22-23, 2009
Monona Terrace Conference Center
Madison, Wisconsin

FINAL REPORT
(INCLUDES GLBHI POST-MEETING SESSION)

Facilitated and prepared by

Tom Stuebner, MSPH
Kay Wallis, MPH

INTRODUCTION

The Northern Border Strategic Planning Meeting was an opportunity for public health professionals who work along the international borders of Canada and the United States to gather and discuss efforts related to infectious disease surveillance. The conference was organized by the Great Lakes Border Health Initiative, with key participation from the Eastern Border Health Initiative, the Pacific Northwest Border Health Alliance, and North Dakota-Saskatchewan-Manitoba. Over 40 participants attended the conference, representing 30 jurisdictions and organizations from the United States and Canada. The stakeholders in attendance included public health managers, emergency preparedness coordinators, physicians, nurses, epidemiologists, legal counsel, food and drug advisors, laboratory specialists, and federal government representatives. The meeting was facilitated by Tom Stuebner and Kay Wallis, independent consultants from San Francisco.

CONFERENCE OBJECTIVES

The purpose of this conference was to:

- Promote understanding across borders of partnerships funded by the Early Warning Infectious Disease Surveillance (EWIDS) grant (PNW, GLBHI and EBHI) and other public health alliances in the United States/Canada.
- Provide the opportunity for states/provinces to network and share best practices related to infectious disease surveillance and communication methods.
- Enhance international infectious disease prevention and response to incidents on the Canada-US border by strengthening relationships with public health individuals across the United States' northern border.
- Identify key points to include in a 3- to 5-year strategic plan to provide long-term direction and establish mutual priorities related to infectious disease surveillance for the various groups while respecting the constraints of the DHHS/CDC's grant guidance for Early Warning Infectious Disease Surveillance.
- Establish a method for continued collaboration across the United States' northern border after the conference, if need to do so is identified.
- Enhance infectious disease surveillance at the international borders.

PRESENTATIONS (4/22/09, 8:00 am – 12:00 pm)

An Introduction to EWIDS: DHHS and the Early Warning Infectious Disease Surveillance Grant
Raul E. Sotomayor, International Health Program Analyst, U.S. Dept. of Health and Human Services (DHHS), Assistant Secretary for Preparedness and Response

GLBHI: Best Practices, Successes, and Challenges
Michelle Bruneau, EWIDS International Liaison, Michigan Dept. of Community Health
Phil Graham, Interim Director, Emergency Management Unit, Ontario Ministry of Health and Long-Term Care

EBHI: Best Practices, Successes, and Challenges
Richard Buck, Border Health Manager, New York State Dept. of Health
Susan Schoenfeld, Deputy State Epidemiologist, Vermont Dept. of Health

PNW: Best Practices, Successes, and Challenges
Wayne Dauphinee (via audioconference), Consultant, Health Initiatives Integration, British Columbia Ministry of Health Services

Non-EWIDS: Best Practices, Successes, and Challenges
Garnet Matchett, Director of Operations, Emergency Management Branch, Saskatchewan Ministry of Health

WEB LINK to presentations:
http://www.michigan.gov/borderhealth

Best Practices/Tools/Documents: based upon presentations and discussion, the following items/issues were identified:

- GLBHI Infectious Disease Emergency Communication Guideline
- GLBHI Public Health Data Sharing Agreement
- Reportable disease directory
- GLBHI contact/jurisdictions directory
- Monthly sub-committee meetings
- Annual conference
- Website
- Epi-X/CIOSC enrollment

- Epi-X Forum
- Public Health Emergency Management MOU
- Communication directory
- Term of Reference (TOR)
- Disease Response Standard Operations Plan
- Strong relationships
- Annual cross-border workshops
- Working groups (lab, epi, health services, legal, emergency management, etc.)
- Electronic connectivity
- Cross-border epi exercises
- 2010 Olympic and Paraolympic preparedness planning
- Cross-border EMS Movement Plan
- Incident management structure

Challenges

- Transfer of lab specimens across international borders
- Funding inequities
- Scope of EWIDS grants
- Travel restrictions
- Tribes/First Nations – minimal involvement
- Limited collaboration opportunities
- Northern border consistency
- Quality improvement of tools/systems
- Health emergency management not coordinated with Public Health service
- Geographic distances
- Getting partners together for formal discussions
- Budget restrictions
- Low level of federal funding
- Lack of project coordination at U.S. federal level
- Lack of communication and integration with emergency managers, state, and federal
- Sustainability funding

Framework (source: *A Framework for Assessing Regional Public Health Preparedness*, P. O'Carroll, J. Thompson, L. D'Ambrosio, M. Jones, Feb. 07, University of Washington)

- Communication
- Legal
- Governance

- Staff
- Supplies
- Data/info
- Specimens/samples
- Patients/evacuees
- Epi
- Public health lab

STRATEGIC PLANNING SESSION #1 (4/22/09, 1:00-3:00 PM)

Introduction of facilitators, Tom Stuebner and Kay Wallis, and review of roles/responsibilities
-- respect, time management, communication, participation

Introduction activity

Each participant was asked to share his/her name, three priorities for the border health initiative, and two professional skills that he/she brings to the effort

Appendix 1: List of participants, organizations, and skills

Priorities (listed in order that they were shared by participants)

1. Establish/enhance/maintain relationships
2. Sharing knowledge about best practices and programs (including with the public)
3. Develop common strategies
4. More equitable distribution of capacity
5. Coordination among all border health initiatives
6. Federal partnerships (including FDA, food issues)
7. Mutual aid/share personnel
8. Surge/lab concerns (transport specimens)
9. Routinize cross-border cooperation – at all levels (including exercises and overall preparation planning
10. Federal (U.S. and Canada) funding; federal issues, risk allocation formula
11. Integration into entire preparation system
12. Treatment money, hospitals
13. Jurisdictional control and responsibility
14. Regional hospitals/physicians
15. Understand/expand scope of EWIDS grants, other aspects
16. More local involvement (including tribes)
17. More regional involvement
18. More involvement with emergency management (including law enforcement)

19. Acknowledge differences between northern and southern borders
20. Learn more about communications sub-committee
21. Share with other Canadian communication managers
22. [skipped by recorder]
23. Share with Canadian, Ontario federal community
24. More vertical/horizontal coordination of surveillance
25. More comprehensive federal (Canadian) approach
26. Formalize Public Health Liaisons (quarterly meetings?)
27. Additional MOUs at operational level
28. Formalize Northern Border Authority
29. Comprehensive description of projects/deadlines
30. Description of non-traditional points of entry
31. Inter-operationality (HAN) – terms, etc.
32. Overcome information –sharing roadblocks
33. Use recent events to secure more funding
34. Increase awareness of Border Health initiative with other national public health organizations
35. Hold bi-annual meetings of entire northern region (quarterly communications)
36. Obtain top management buy-in
37. Increase involvement with Customs
38. Improve communications within our own jurisdiction
39. Exercises to practice plans (large-scale)
40. Let public know what we're doing
41. Keep momentum going – realistic activities
42. Define bi-national support mechanisms needed
43. Define focus of regional alliance
44. Data-sharing agreement
45. Resource-sharing agreement
46. Information about roles/responsibilities outside our alliance
47. Involve more public health clinics and environmental health issues
48. Make use of HHS/PHAC regional structure
49. Maximize shrinking funding
50. Working with tribes as sovereign nations
51. Enhancing legal network
52. Establish a Mid-west agreement
53. HSS/PHAC reps to continue involvement
54. U.S. Congress authorize mutual aid cross-border
55. Technology to jointly investigate outbreaks, treaty

Top 12 Priorities (based on number of times participants cited the item)

1. Sharing knowledge about best practices and programs (including with the public)
2. Coordination among all border health initiatives
3. Federal partnerships (including FDA, food issues)
4. Routinize cross-border cooperation – at all levels (including exercises and overall preparation planning
5. Federal (U.S. and Canada) funding; federal issues, risk allocation formula
6. Understand/expand scope of EWIDS grants, other aspects
7. More local involvement (including tribes)
8. More involvement with emergency management (including law enforcement)
9. Establish/enhance/maintain relationships
10. Surge/lab concerns (transport specimens)
11. Treatment money, hospitals
12. Jurisdictional control and responsibility

STRATEGIC PLANNING SESSION #2 (4/22/09, 3:30-5:15 PM)

Participants were randomly divided into four small groups. Each group was given one priority and asked to assign to it any action needed by states/provinces/federal-national agencies, using the following seven questions: ***Who/Whom, What, Why, How, How Much, When,*** and ***Where*** . Each group selected a recorder and a reporter. Group responses were recorded on poster paper, and then each small group reported to the large group.

Priority #1: Sharing knowledge about best practices and programs (including with the public)

<u>HOW</u>

- State: through existing mechanisms (Epi-X)
- Do a survey; how is it being shared now, who is exchanging info
- Identify gaps
- Workshops/conferences: yes and no! (terminology is a sensitive issue)
- Web-based virtual systems
- Site "go to" – keep up-to-date and make sure programs, problems, projects, participants listed
- EWIDS website not maintained
- IEMG has a website
- Local HDs communicate with other HDs to research best practices, then ask the state, then other states. Use all available resources informally.

- On website, make it a launching pad to other websites and working groups.
- What is the measure for "best practices" – perhaps need one repository
- "Best practice" is subjective, so use if useful only
- When asked, Feds will refer states to other states
- Canadian "councils" are federally funded and share info
- Post tools (MOAs, MOUs, templates)
- Conference call – quarterly and "coast-to-coast"
- Priorities: area within 50 miles of border

WHO

- State, province, federal, local, tribal, First Nations

WHY

- To stop reinventing the wheel
- Good public health to preserve health of mobile populations
- Public:
- Only listen during an event
- Standardized message
- Don't care about process; only care about final product
- Care if it directly impacts them
- Communicate risk, reasonable expectations
- Communicate what government can fix
- Expectation of public – think government can fix more than is possible, so must communicate public's role in self-protection
- Prepared statements – on all issues
- Need prepared audience ("When you hear this, then this is what it means")
- Public is resilient

WHERE

- We want to communicate to the public – websites, library, doctors
- Tell them where to go for more information

Priority #2: Coordination among all border health initiatives

WHO/WHOM

- Governmental units
- Federal support role
- Primary responsibility – groups/alliances
- GLBHI, EBHI, PNWBHA
- Steering Committee

WHAT

- Annual meeting
- Establishment of a knowledge web network
- Begin with surveillance (EWIDS) and coordinate response and containment
- Planning, identifying resources
- Education and training, which enables coordination

WHY

- Share best practices

HOW

- Regional meeting
- Interfacing with Federal offices
- Exchange ideas
- Streamlining by Feds

HOW MUCH

- Annual meeting – Alliances, Canada/US

WHEN

- Spring 2010

WHERE

- Canada

Priority #3: Federal partnerships (including FDA, food issues)

WHO

- Federal <–> Federal/First Nation Tribes
- State <–> Federal/First Nation Tribes
- Province <–> Federal/First Nation Tribes
- U.S. Federal: CBP; AHPIS, FDA, CDC; Quarantine; HHS Regional Health; ASPR
- Canadian: CFIA; CBSA; Health Canada; Public Health Agency; Regional/National

WHAT

- How do federal agencies involve themselves with cross-border issues, including federal agencies across the border.
- Roles and responsibilities
- Assets, existing resources, technical assistance
- Preparedness phase:
    - ID need and who can meet need
    - Clarify and understand roles, recognizing situational issues
- Use coop/business [illegible]
- Use Import Safety Action Plan
- Regional groups make feds aware what they are doing
- List serve
- SPP meeting
- Use every opportunity to educate federal partners value of GLHBI and other regional groups

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Priority #4: Routinize cross-border cooperation – at all levels (including exercises and overall preparation planning

To integrate cross-border cooperation into our respective cultures (SOP), through planning, exercising, where possible

HOW

- Integrating cross-border communication into SOPs
- Joint training and (functional) exercising
- Case studies sharing
- Educating (raising awareness) of decision [illegible]
- Including non-traditional and other partners

- Inclusion in (clarify) procedures (permission)

WHY

- In face of credible threats
- When issues have potential to cross borders
- To be more efficient by sharing info and possibly resources
- So when cross-border work is "really" needed, relationships and processes are in place

HOW MUCH

- As much as you can (include in your standard communication processes)
- Subject to privacy restrictions
- Keep it realistic – manageable chunks, identify gaps

WHEN

- Now – continuous, not just when grant applications are due

WHERE

- Within manageable fora
- Consider levels (local, state/province/federal)

Priority #5: Federal (U.S. and Canada) funding; federal issues, risk allocation formula

WHO

- US: ASPR/HHS
- CA: Fed – independent by agency; PHAC; Pandemic Funding; Provincial

WHAT

- Population
- U.S. political
- # of land/water border crossings
- CA: population, economics
- Does not take into account land mass and other variables (i.e., tribal borders)
- U.S.: Multi-year funding is not available
- CA: Comes from budget amount and priorities

WHY

- Sustained/building of program
- Continuity

HOW

- Marketing; create sheet of talking points to market/promote
- Education
- Promote all hazards, response, and recovery
- Additional funding stream to expand activities

HOW MUCH

- A lot
- But need to justify
- Scalable; need to develop scalable budget to justify expansion and continuation

WHEN

- Now
- U.S.: New HHS and FDA commissioner
- CA: Long-term advocacy

WHERE

- All levels of government
- Tie things in (how PH works in other areas, Homeland Security, DOD, FDA)
- Another program in ASPR (Hospital Preparedness Program)
- Other Federal resources outside of Emergency Preparedness

Priority #6: Clarify and expand scope of cross-border project
(note: the small group altered the wording on this priority)

WHO

- EBHI, GLBHI, PNWR, Fed (US-CA), Tribal, First Nations, Local

WHAT

- Clarify deliverables/goals of EWIDS project
- Clarify what other funding or projects could be used to complement cross-border project

- Identify additional partners
- State clearly what gaps are and quantify success
- Leverage via existing organizations, CPHA
- Utilize existing organizations (e.g., APHA)as "umbrella" sponsor/advocate, health emergency management

HOW

- Encourage including cross-border issues in all preparedness grant deliverables/plans
- Increase profile of cross-border issues to executives in each jurisdiction
- Federal government needs state and local input into development of grants

WHY

- To improve effectiveness of network (surveillance)
- Integrate surveillance into overall public health
- Mitigation is cheaper than recovery

HOW TO USE FUNDS MORE EFFECTIVELY

- Get rid of old deliverables that we have proven we can do and use funds to address gaps that still exist

WHEN

- Over course of next year
- Ongoing, when opportunity presents itself

WHERE

- Cross borders

Priority #7: More local involvement (including tribes)

WHY

- It's where it all starts
- The first response is on the ground (local)
- Tribes, because they have responsibilities, own governmental structure

WHO

- Local, EMS, hospitals, HSEM, local public health, emergency managers, local epis

HOW

- Facilitating/encouraging local-to-local relationships
- Mapping relationships
- Providing tools, access
- Sharing best practices
- Demonstrating benefits
- Provide support for planning
- Website
- Training and exercises – include locals and tribes/First Nations
- Communication goes both ways
- Encourage upward and downward
- Horizontal communication outside of silos is critical
- Educate all levels re: current systems via functional exercise

HOW MUCH

- Jurisdiction dependent on population size, capacity, etc.
- Dependent on local agencies
- How much involvement is manageable
- Mini-GLBHI
- Local subgroup

WHEN

- Begin at planning stage and not response stage

Priority 8: More involvement with emergency management (including law enforcement)

WHO

- State/provincial
- IEMG – regional
- Federal
- Law enforcement want disease protection
- EM: "Go get guys"
- CBP/CBSA: Need advance plan

- Educate law/EM on epi
- Need legislative mandate (OH)
- Coordinate forensic law and epi via training local EMT at border

WHY

- Understand powers and purposes
- Project responders
- Consistency with other agencies

HOW

- MOU – e.g., CBP and police
- Templates and playbook and exercise with all involved parties
- SOPs
- Link to PSC for all Canadian federal agencies' support

HOW MUCH

- Threat-dependent
- EM at table, usually

WHEN

- Regular meetings (e.g., IEMG, EBHI)
- Role for federal regional staff
- Contacts with federal site-specific (e.g., borders)

STRATEGIC PLANNING SESSION #3 (4/23/09, 8:00-11:00 AM)

Priority 9: Establish/enhance/maintain relationships

WHO

- All

WHAT

- Connection between locals (provincial local – state local)
- Connections to other public health organizations, MMRS (metropolitan medical response system)
- Improve connections with tribes
- Increase connections with Feds (better marketing)

WHY

- To increase efficiency of surveillance
- To get better visibility for cross-border issues
- Leverage additional funding

HOW

- Website
- Consistent message (talking points)
- Face to face meetings
- Engaging other partners (new partners)

WHEN

- Always, at most opportune times, after (and during) events

WHERE

- All jurisdictions at local, state-provincial, federal levels, tribal

Upcoming document:
SPP document on lab joint investigation, mutual assistance, information sharing, needs to be made available to [missing word]…

Priority #10: Surge/lab concerns (transport specimens)

WHAT

- Sample and reagent
- Cumbersome process, not done routinely
- Depends on classification of sample based on infectiousness
- Hard to get past a point despite several reports. Exporting from U.S. and importing into Canada is not well developed.
- Want a flow sheet with copies of forms to be filled or CBP →in the case of an emergency, waive these regulations
- Routine: transfer of sample from U.S. → Canada
- Emergency issues: when one lab is overwhelmed (surge)
- Look at Canadian partner requirements

- New agency in Ontario for public health labs; Ontario Agency for Health Promotion and Protection (OAHPP)
- In Ontario some type of testing (NMC?)
- Material Transfer Agreements (MTA)

HOW

- Find what/where things are working, and try to emulate
- If Level 4 material can be transferred, must be able to transfer other material
- Education of port directors; common templates; F2F with CPB/CBSA, so everyone knows what is coming through, it's safe, and protocol has been followed.
- Exercises: important to flesh out protocols

WHEN

- This year – exercise
- ASAP

HOW MUCH

- Fairly cheap with respect to protocols
- Face time expensive

Link with SPP activities
New protocol with Mexico/southern border available soon

Priority #11: Treatment money, hospitals

WHO

- U.S. issue
- Transition
- What is GLBHI advocacy role
- Where does this fit in EWIDS
- Focus some EWIDS this way in the future? Along with public health.
- Already existing mechanisms
- DGMQ (partner)
- Get hospital ID linked more to our public health arena, which is linked to our EWIDS funding

- Hospital ID folks
- Regional hospitals

WHAT

- Advocacy role
- Share plans: capitalize/integrate what are ongoing current programs (national TB, pandemic flu)

HOW

- Support current effort
- MOU hospital
- National Hospital Preparedness Program

WHY

- Need for coordination
- Capability questions
- What can they handle

Priority #12: Jurisdictional control and responsibility

WHO

- Local →State→feds (U.S.) – all hazards/ICS/IMS
- Local →Provincial→fed (when required)

WHAT

- Depends on capacity, ability to handle situation
- Need to consider rights of sovereign nations
- Who pays for what?

WHY

- Important to establish jurisdictional control so that jurisdictions know their roles
- Relationship building so you know who to call
- Resource allocation – ensure resources are funneled to appropriate people

HOW

- Need better understanding of IMS/ICS structures
- NIMS compliant
- Exercises
- Need to be partnered with CBP/CBSA or DGMQ/PHAC quarantine service
- MOUs/joint protocols

HOW MUCH

- Dependent on who is affected? (U.S. citizen in Canada, likewise…)
- Dependent on scale of situation

WHEN

- Dependent on understanding established prior to event, incorporated into SOPs, MOUs,
- Emergency Management buy-in

WHERE

- Exercise that highlights jurisdictional control will identify areas of need

STRATEGIC PLANNING SUMMARY (4/23/09, 10:00-11:00 AM)

Review of objectives: group expressed consensus that meeting objectives were met.

Next steps for continued collaboration:

- Calls involving U.S. and Canadian Regional Health Advisors
- SPP integration into EWIDS
- 2010 conference
- Website
- Quarterly calls with EWIDS grantees in 3 regions
- Quarterly call in each region with Canadian partners

Participants were asked to complete a two-page evaluation. Appendix 2: Evaluation summary

Adjournment of large group

STRATEGIC PLANNING: GLBHI 2009-2014 (4/23/09, 11:15 AM – 3:00 PM)

After the large group adjourned, attendees from the GLBHI's steering committee and subcommittees (approximately 20 participants) met to discuss 2009-2014 strategic planning for the GLBHI.

The group decided to return to the master list of 55 priorities generated on 4/22/09, and then identified the specific priorities most relevant to GLBHI. Participants were also encouraged to contribute additional ideas to the list. Three priority ideas were added to the master list:

- Marketing: Talking points paper, case studies, brochure, website
- Targeted, cascaded HAN
- Advocate for formal US/CA border alliance

Specific priorities were assigned to GLBHI's five standing sub- committees and three ad hoc sub-committees as follows:

Steering Committee

- More equitable distribution of capacity
- Coordination among all border health initiatives
- Federal funding, federal issues
- Scope of EWIDS grant
- More local/regional/tribal involvement
- Formalize public health liaisons (quarterly meetings?)
- Advocate for formal US/CA border alliance
- Comprehensive description of projects and deadlines
- Add Steering Committee agenda item: "recent events"
- Hold biannual meeting of entire northern region
- Obtain top management buy-in
- Define binational support mechanisms needed
- Information about roles/responsibilities outside our alliance
- Working with tribes as sovereign nations
- HHS/PHAC reps to continue involvement
- Increase involvement with Customs

Legal Committee

- Mutual aid/shared personnel
- Lab/transport specimens
- Enhancing network of legal contacts
- U.S. Congress authorize mutual aid cross-border

- Matrix/mapping of laws: food-borne, infectious disease, animal-to-human
- Minnesota resource for tribal law (contact Amy)

Public Health Communication Committee

- Surveillance/reporting matrix – update it
- Sharing knowledge about best practices/programs
- Develop communication strategies
- Jurisdictions – who's in control
- Regional hospitals/physicians
- Understand/expand scope of EWIDS
- More local involvement (tribal)
- More regional involvement
- Emergency Management – more involved, including law enforcement
- Learn more about communication sub-committee
- Share with Canadian communication managers
- Share with Canadian (Ontario) federal communications
- Interoperationalize terms (HAN)
- Use recent events to secure more funding
- Epi-X – IHR category
- Marketing plan: case studies, website, talking points/brochure, improve communications within jurisdictions
- Targeted cascaded HAN
- Let public know what we're doing
- Involve more public health clinics/EH issues
- Working with tribes as sovereign nations
- HHS/PHAC reps to continue involvement
- Technology to jointly investigate outbreaks
- More vertical/horizontal coordination of surveillance

Food Protection and Defense Committee

- Federal partnerships (FDA)
- Jurisdictions – who's in control
- More vertical/horizontal coordination of surveillance
- Obtain top management buy-in
- Involvement with Customs
- Exercises to practice food-specific
- HHS/PHAC regional structure
- Matrix mapping of laws re: food

Lab Committee

- Coordination among all border health initiatives
- Surge/lab concerns
- Routinize cooperation – all levels
- Increase involvement with Customs
- Exercises to practice plans
- Keep momentum going
- Working with tribes as sovereign nations
- Additional MOUs/protocols at operational levels

Direct Care Ad Hoc Committee

- Isolation and quarantine issues
- Regional hospitals and physicians
- Treatment money, hospitals
- Resource sharing agreement

Education and Training Ad Hoc Committee

- Sharing knowledge about best practices/programs
- Exercises to practice plans (large-scale)
- Marketing plan

Emergency Response Ad Hoc Committee

- Federal partnerships
- Integrate entire preparatory system
- More involvement from Emergency Management
- Make use of HHS/PHAC regional structure
- Resource sharing agreement
- Additional MOUs/protocols at operational levels
- Description of non-traditional points of entry
- Mutual aid, personnel
- Working with tribes as sovereign nations

GLBHI participants recommended that each GLBHI sub-committee consider the sub-committee's issues and develop short-, intermediate-, and long-term action plans according to the ranking of priorities. Where there are cross-over issues, sub-committees will coordinate, under general guidance from the Steering Sub-Committee.

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Skills: Federal lawyer w/skill sets that include effective communication & knowledge of variety of HHS programs; Creative problem-solver

Rick Buell
Regional Emergency Coordinator, Office of the Assistant Secretary for Preparedness and Response (Region X)
2201 6th Ave
Seattle, WA 98121
Email: rick.buell@hhs.gov
Phone: 206-615-3600
Fax: 206-615-2608
Skills: Public health & medical coordinator/planner; Former ET (education & training) instructor for EMS & public health

Raul Sotomayor
International Health Program Analyst, Office of the Assistant Secretary for Preparedness and Response
200 Independence Ave SW, Rm 638G
Washington, DC 20201
Email: Raul.Sotomayor@hhs.gov
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Skills: not reported

Andrew Stevermer
US Health Emergency Preparedness Liaison
Public Health Agency of Canada, AL 6201A, 100 Colonnade Blvd
Ottawa, ON K1A 0K9
Email: andrew.stevermer@hhs.gov
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Fax: 613-952-7942
Skills: Knowledge & connections with federal governments binationally; Broad base of experience in many areas of public health

Joann Givens
District Director
300 River Pl, Ste 5900
Detroit, MI 48207
Email: joann.givens@fda.hhs.gov
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Fax: 313-393-8105
Skills: Understanding of my organization; Knowing who to call

Indiana

Pamela Pontones
Director, Surveillance/Investigation
2 N Meridian St
Indianapolis, IN 46204
Email: ppontones@isdh.in.gov
Phone: 317-233-7861
Fax: 317-234-2812
Skills: Facilitating/teaching - public speaking; Epidemiology (communicable disease)

Michigan

Bruce King
General Manager of Environmental Health Services
Administration, 1151 Taylor St, Ste 324C
Detroit, MI 48202
Email: KingBM@detroitmi.gov
Phone: 313-876-4821
Fax: 313-876-0475
Skills: Experience with working across borders; Making decisions during an emergency and/or advising public officials with making decisions that will effect the community; Not a lawyer

Michelle Bruneau
EWIDS International Liaison, Great Lakes Border Health Initiative
201 Townsend St, 5th Fl
Lansing, MI 48913
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Phone: 517-335-6533
Fax: 517-335-8263
Skills: Communication; Organization

Denise Chrysler
Public Health Legal Director
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Phone: 517-373-2109
Fax: 517-335-8297
Skills: Legal; Drafting & editing

Debbie Garcia-Luna
Acting Assistant Director
201 Townsend St
Lansing, MI 48913
Email: lunad@michigan.gov
Phone: 517-241-3374
Fax: 517-335-8297
Skills: Lawyer/legal; Interviewing patients & families; support groups; Bilingual - Spanish, understanding of Latin culture & translate documents

Valerie Reed
Laboratory Coordinator - BT Preparedness Program
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Email: reedv@michigan.gov
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Fax: 517-335-9631
Skills: Laboratory; Training

Talat Danish
Medical Director
33030 Van Born
Wayne, MI 48184
Email: tdanish@co.wayne.mi.us
Phone: 734-727-7010
Fax: 734-727-7005
Skills: not reported

Minnesota

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Attorney
625 N Robert St
St. Paul, MN 55164-0975
Email: steve.shakman@state.mn.us
Phone: 651-201-5732
Fax: 651-201-4986
Skills: Legal; Working knowledge of multiple levels of government

Amy Westbrook
Epidemiologist
320 W 2nd St, Rm 703
Duluth, MN 55802
Email: amy.westbrook@state.mn.us
Phone: 218-723-4907
Fax: 218-723-2359
Skills: Knowledge in disease prevention & control; Contacts with state, local, tribal (in and outside of health)

New York

Gregory Balzano
Epidemiologist
584 Delaware
Buffalo, NY 14202
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Skills: Epidemiology; Problem solving (scenarios, table top exercises)

Richard Buck
Border Health Manager
547 River St
Troy, NY 12180
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Fax: 518-402-7723
Skills: Ability to follow-up & respond to requests; Communication skills; Project management skills

Mary Ann Buckley
Senior Attorney
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Albany, NY 12237
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Phone: 518-473-3303
Fax: 518-473-2019
Skills: Legal; Hospital RN & clinical ethics experience (i.e., clinical hospital, rather than just public health)

Shirley Madewell
Health Program Coordinator
547 River St, Ste 430
Troy, NY 12180
Email: sam08@health.state.ny.us
Phone: 518-402-6871
Fax: 518-402-7713
Skills: Ability to see broader/long-range outcomes for short-term solutions; Ability to provide logistical support for putting plans into actions

Ohio

Brian Fowler
Chief, Situational Awareness and Event Detection Unit
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Columbus, OH 43215
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Fax: 614-728-4638
Skills: Epidemiology/surveillance; Data sharing (electronic) & syndromic surveillance

Socrates Tuch
Assistant Counsel / Privacy Officer
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Columbus, OH 43215
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Phone: 614-466-4882
Fax: 614-728-7813
Skills: Cross subject/topic participation/experience; A sense of humor

Ontario

Phil Graham
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Fax: 416-212-4466
Skills: Policy development/implementation; Health emergency management/coordination

Liam Scott
Counsel, Legal Services Branch
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Toronto, ON M5S 2S3
Email: liam.scott@ontario.ca
Phone: 416-327-3749
Skills: Legal; Presentation/speaking/interpersonal skills

Pennsylvania

Andrew J. Glass
Director
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Phone: 814-451-6701
Fax: 814-451-6766
Skills: Bring local focus; Broaden into our other partnerships

Rich Knecht
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Fax: 814-451-7848
Skills: Nursing; Abstract thinking

Jalene Kolb
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Email: jkolb@state.pa.us
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Fax: 717-705-6042
Skills: Legal analysis/counsel; Communication skills

Ram Nambiar
HAN Coordinator
625 Forster St
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Phone: 717-787-3350
Fax: 717-772-6975
Skills: Experience from two previous state health departments (West Virginia, Delaware)

Saskatchewan

Garnet Matchett
Director, Operations, Health Emergency Management Branch
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Regina, SK S4S 6X6
Email: gmatchett@health.gov.sk.ca
Phone: 306-798-3092
Fax: 306-798-3093
Skills: Years of experience in emergency management, teaching (developed many EM training programs & lectured as guest at universities) & responding; Consensus/collaboration approach; Background as lab/x-ray tech/medic/fire fighter

James McIlmoyl
Director, Health Emergency Management Branch
3475 Albert St
Regina, SK S4S 6X6
Email: jmcilmoyl@health.gov.sk.ca
Phone: 306-798-3092
Fax: 306-798-3093
Skills: Bureaucrat - can wade through government bureaucracies; Strategic thinker - see things from a high level; Piper - pipe in dignitaries

Vermont

Susan Schoenfeld
Deputy State Epidemiologist
108 Cherry St, PO Box 70
Burlington, VT 5402
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Skills: Infectious disease epi experience; Relationships developed over time with partners (in & out of state)

Wisconsin

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Epidemiologist
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Skills: Communicable disease knowledge & experience; Wide knowledge of preparedness program as a whole

Facilitators

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