NATIONAL PREPAREDNESS LEADERSHIP INITIATIVE

Meta-Leadership Lessons from the 2009 H1N1 Pandemic

An NPLI Case History

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Meta-Leadership: H1N1

Dr. Richard Besser, Acting Director of the CDC, answering questions from the press.

Background

In March 2009[1], a new strain of influenza, H1N1, appeared in Mexico and spread to the United States. The first confirmed case was of a nine-year-old girl in Imperial County, California (March 30). By April 18, seven cases had been confirmed in the U.S. and influenza activity was reported in several states. On April 23rd, the Health Service of Canada confirmed that the strains in the U.S. and Mexico had the same genetic sequence.

By April 28, confirmed cases were also reported in Canada, Spain, Israel, New Zealand and the United Kingdom indicating the likelihood of global spread of this novel virus. The next day, the World Health Organization (WHO) raised the pandemic threat level from 4 to 5, its second highest.

[1] Timeline from http://en.wikipedia.org/wiki/2009_flu_pandemic_timeline

As the CDC stood up its Emergency Operations Center, it found itself in an unusual lack of political leadership. With a recent change of administrations, the Secretary of Health and Human Services had neither been appointed nor confirmed and, in turn, neither were many permanent assistant secretaries (although the Assistant Secretary for Preparedness and Response had been held over from the previous administration to ensure continuity) nor was a permanent CDC director in place. Dr. Richard Besser (NPLI Cohort II) was serving as acting director of the CDC and found himself reporting on the situation initially to the HHS Chief of Staff, the only political leader from the new administration in place, and ultimately directly to the President and his Cabinet.

Meta-Leadership and the H1N1 Response

Besser said that he intentionally used and integrated all five dimensions of Meta-leadership during the event (for an overview of Meta-leadership, see page 7). It was, he said, the first time that he leveraged all aspects of himself and his experience as a leader.

Dimension One: The Person of the Meta-leader

Besser said that he was never in the “basement.” He had done outbreak investigations before. In terms of his resilience, he found three factors to be critical:

- Having people he trusts around him (his own deputies) and being able to delegate to them. He looks for high levels of

emotional intelligence in those he chooses to have on his team;
- Finding ways to use humor;
- Knowing that his family was coping well.

Dimension Two: The Situation

Besser said that he could not know definitively what was occurring at the beginning of the outbreak and so felt it critical to work very hard to find out as much as he could. Besser added that relationships with officials in Mexico and Canada were crucial and that they were in touch daily.

Besser added that a leader needs to think about shaping the event and not just knowing about it. He cited his work with the media and the Cabinet as examples of shaping the situation by helping people understand what was happening, as well as placing events into a larger context. He noted that not everyone is comfortable shaping (especially data-driven types who are more comfortable with a "just the facts, ma'am" style).

Dimension Three: Leading Connectivity

Leading down

Besser said that it is important to empower people and push decisions down to the experts. For example, he made sure that some people other than him handled some of the decision briefs. He also emphasized the importance of letting people make mistakes. If you are going to let people make decisions, accept that they will make mistakes. Support them when they do.

Further, he stressed the need to model behavior. "I took a day off and sent a message so that everyone knew it and knew that I was going to spend time with my sons." He said that this made it possible for others to take time to recoup so they could pace themselves during the extended response. Rear Admiral Ann Knebel, Deputy Director for Preparedness Planning in the Office of the Assistant Secretary for Preparedness and Response (ASPR) at the U.S. Department of Health & Human Services (HHS) (Cohort II) said, "It was important to think of H1N1 as a marathon, not a sprint. You have to give people a break."

Besser also spoke about the importance of proactive internal communication. He said that it was critical to let everyone know what was happening on an ongoing basis– especially those not directly involved. Only about 15% of the agency was directly involved in the response at any one time but it was on everyone's minds. "Keeping them informed helps make them part of the team,"
he said.

Leading up

This was perhaps the most challenging of the dimensions for Besser during the response because there was no permanent Secretary or ASPR in place as it began; there was an Acting Secretary and the ASPR from the previous administration. He said that it was interesting to navigate the technical-political interface. Among the lessons he learned: understanding which decisions are yours to make and which are not. He said that there are some decisions to which you can contribute – such as closing schools or the border – and there were times they (the CDC) "got it wrong" because the policy perspectives

were not addressed and political layers were not in place. “Luckily none of these were serious,” Besser said.

Phil Navin, Director of the Division of Emergency Operations at the CDC noted that once the political appointees were confirmed, CDC leaders had to teach them about responding to an emergency event. “Leading up took on a life of its own and I think that we did a pretty good job,” he said.

Leading across and beyond

Besser practiced this aggressively. There were daily calls with state epidemiologists, but they found that this wasn’t enough, so they added a call with state health officers. Among the important techniques that Besser and the team used was to think about how they could activate other silos of responsibility in the event and make them successful. They understood they could help others lead.

Another strategy was to engage actively with critics. Besser formed “Team “B – a broad-based expert group with whom Besser would review decisions to be made. He worked with them regularly, giving them questions to ponder and requesting responses by noon of the same day. Besser also called known critics every day or two to ask them what the CDC should be thinking about and how they thought the CDC was performing.

Besser further noted that it was important to keep people in their lanes: for example, science should not do policy and policy should not do science.

Making Critical Decisions

Besser discussed Meta-leadership in the context of three major decisions: raising the alarm, whether to close the borders, and whether to close schools.

Raising the Alarm

When one H1N1 case was found, it was not yet a “big deal.” A second case raised an eyebrow and triggered increased surveillance. When additional cases popped up in Texas, it caused alarm and an Emergency Operations Center was activated at the lowest level. The next day, the CDC learned that the cases in the U.S. and Mexico were connected, which was significant, but it was unclear who should be called because so many political leaders were yet to be appointed. The only person in place was the newly arrived Chief of Staff for the Secretary of Health and Human Service. Besser himself had to communicate that this news was important enough to convene an official meeting. After that meeting, the EOC was activated at its highest level.

Closing the Border

The planning scenario was based on an Asian outbreak with a quick dispatch of anti-virals to the region to contain it and a channeling of flights into the U.S. in order to conduct entry screening to buy time. “Unfortunately, the virus didn’t read the plan,” Besser joked. Containment was not an option by the time the cases were discovered in the U.S. It was a difficult communication situation because the CDC did not view closing the border as their decision to make and neither DHS nor the White House wanted to make it.

This was a public health emergency, not a national emergency, said Besser. If this had been declared a national emergency under the DHS authorities, there would have been a completely different command structure and the CDC would no longer have been in charge.

Closing Schools

The critical issue for school closings is where an outbreak stands on the Severity Index (rate of transmission and severity of cases determines where on the Index an outbreak falls). Looking at what was happening in Mexico, H1N1 would have been a 5; based on what was being seen in the U.S., it was a 1.

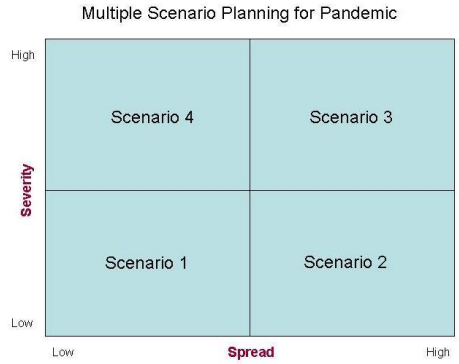
The initial recommendation was to close a school for 14 days if one case was found in that school. This is an example of a decision where science should have input but shouldn't solely drive the decision-making, because of broader policy implications (Education, Agriculture, etc.). After consultation with the White House and other agencies, school closing guidance was rewritten as closing "up to 14 days", with the decision to be "revised in a week when more is known." These relatively minor rewordings made the guidance much more palatable to a broader range of stakeholders.

As the event further unfolded, it became apparent that once H1N1 was found in schools, it had already widely spread in the community. Closing the schools would not have much effect at that point, but people may lose jobs, kids may not be able to graduate, etc. Having learned this, the CDC wanted to revise the guidance to recommend *against* closures. However, the President had just spoken about school closures based on the original guidance. Political leadership said that it would confuse the public to go from recommending a 14-day closure on Friday to recommending no closures on Saturday. Thus, the revision to the guidance had to wait a few days.

Remaining Intentional and Adaptive

As Dr. Besser pointed out, the H1N1 virus "didn't read the manual" and so required officials to be flexible and innovative. Rear Admiral Ann Knebel of the Department of Health & Human Sources (NPLI Cohort II) pointed out that with other types of events, there is often a declaration of an emergency or disaster under Stafford Act authorities, which provides funding for response operations. Such funding is not associated with a public health emergency declaration. Because of this, money had to be moved from operational expenses to meet the emergency need until supplemental funds were appropriated by Congress. "We did the best we could under the circumstances," she said.

Among the ways the response effort evolved was through the development of a separate process for evaluating requests for assistance from states, e.g. for lab capacity. She noted that they were able to create a panel of subject matter experts who could help optimize the response. They also found resources by identifying programs that could augment the response by shifting priorities.



Knebel told us that their pandemic planning at HHS had been based on the National Planning Scenario (which prepared for a nation-wide outbreak), but the H1N1 outbreak required a more regional response. Subsequently a four-scenario model was developed with spread and severity as the variables. “My Meta-leadership lesson was: create consensus on a course of action, focus on the solution, and get the right folks at the table,” Knebel said.

She noted that her NPLI project addressed the allocation of scare resources. She worked with another NPLI graduate, Sally Phillips, to build off that work to create an “essentials” guide to distribute to a wider audience and used it to work with the Institute of Medicine to convene an expert panel to discuss standards of care, asking questions such as: In an emergency, how do you make fair and equitable decisions about who gets what care? (See the IOM website for the letter report on Crisis Standards of Care.) This work was completed in anticipation of a pandemic like the one in the National Planning Scenario.

Phil Navin noted that they discovered their surveillance systems were not as good as they thought it remained unclear how to determine severity. “Plans are great, but you have to be able to adapt them quickly,” he said.

He said the CDC had exercised using the CDC Pandemic Flu Response Plan, yet it took 24 hours of discussion to decide whether to use it for the actual H1N1 response. A novel threat creates uncertainty, which, in turn,, can result in hesitation. This speaks directly to Dimension Two of Meta-leadership: the ability to diagnose a situation and understand the reality of the circumstances.. This is particularly difficult when dealing with rapidly evolving events.

Navin also noted that they discovered not everything discussed during exercises had been incorporated into the operations manuals. It took six weeks to get full guidance documents ready to employ.

Other Important Ideas

Risk Communication

Besser recommended that risk communication be a basic part of leadership training. The framework that he used for all his communication was:

- Use repetition;
- Tell them what you know and what you don’t know;
- Explain what you are doing to close the knowledge gap;
- Tell them what they should do – give the public responsibility in the event;
- Foreshadow changes in recommendations;
- Allow for flexible local decision making.

Staying in Lanes

As noted above, staying in lanes is important and requires not just staying within one's own purview, but also informing of your expectations that they maintain their lane, and have confidence in their ability to do so. Nevertheless, you must keep track of what is going on in the other lanes even as you are careful to stay in yours.

Maintaining Appropriate Staffing

Navin became involved starting with the Naval Hospital in San Diego on 22 April at a normal Wednesday flu update. Although is group his went to Activation Level 1 on April 23, people did not show up to fill all of the functional roles until the next week. "Ramping up the staffing level is easier said than done," he said.

A few months later, they faced the opposite problem. According to Navin, as the rate of new incidences began to decline, the core flu team didn't want to return to planning and preparation. They wanted to stay in the Emergency Operations Center and continue to respond. "It can be hard for people to let it go," he said. He noted that there was disagreement over whether "the flag should be yellow or red." Red means more hours, more intensity, more people, and more money – it cannot be maintained indefinitely.

Other Key Take-aways

- The three dimensions of Meta-leadership can be effective lenses for intentionally examining and processing decisions during a crisis;
- Incidents rarely conform exactly to response plans. It is important to remain flexible and curious to be able to diagnose the situation correctly and adapt plans accordingly;
- Staying in your lane and helping others stay in theirs can minimize confusion, gaps, and overlaps in information and action.

About the National Preparedness Leadership Initiative

The NPLI, a joint program of the Harvard T.H. Chan School of Public Health and the Harvard Kennedy School of Government, was established in 2003 at the request of the federal government. The program conducts research on homeland security, emergency preparedness, public health and public safety leaders in times of crisis and change, turning lessons learned into an executive education curriculum, case studies and scholarship that highlight best practices.

About Meta-Leadership

The Meta-leadership framework and practice method is core to the NPLI's curriculum. The methodology has been developed and tested through years of field research, academic inquiry and real-time feedback from practitioners. It continues to evolve. "Graduates of the NPLI executive education program report that this framework has made a significant difference when applied in their real world problem solving and crisis response," said NPLI Founding Co-director Leonard Marcus. "They reach out to one another and coordinate their actions more pro-actively than they otherwise would have. This sort of Meta-leadership in a crisis or other major event has important public health impact, insofar as agencies are better able to serve the population and reduce the loss of life."

The Meta-leadership framework has three dimensions to teach leadership skills:

1) The Person of the Meta-Leader: self-knowledge, awareness, and discipline;
2) The Situation: discerning the context for leadership, what is happening and what to do about it;
3) Connectivity: fostering positive, productive relationships. Connectivity includes four key directions:
    a) leading down the formal chain of command to subordinates - within one's chain of command - creating a cohesive high-performance team with a unified mission;
    b) leading up to superiors, inspiring confidence and delivering on expectations; enabling and supporting good decisions and priority setting;
    c) leading across to peers and intra-organizational units to foster collaboration and coordination within the same chain of command, which includes other departments, offices or professional groups within the same organization.
    d) leading beyond to engage external entities, including affected agencies, the general public and the media to create unity of purpose and effort in large-scale response to complex events.

The Meta-leadership framework and vocabulary are commonly used across many homeland security, preparedness and response organizations. Faculty have conducted hundreds of training sessions, including executive education programs at Harvard, as well as on site programs at the White House, Departments of Homeland Security, Health and Human Services, Defense, Veterans Affairs, the CDC, Secret Service, FEMA Transportation Security Administration and numerous private sector organizations.