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

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• 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 Paralympic 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

• Communication
• Legal
• Governance

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- 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)

HOW

- 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, PNBHA
- 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:
  o ID need and who can meet need
  o 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

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

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• 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

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• 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

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**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 ➔ fed (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.
Appendix 1: List of participants, organizations, and skills

British Columbia

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Skills: not reported (Called in)

Federal - Canada

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Skills: Microbiologist; Experience in emergencies

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Public Health Agency of Canada  
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Skills: Management; community facilitation and development; conflict resolution; strategic planning; communications.

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Regional Emergency Preparedness & Response Coordinator (Quebec)  
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Phone: 514-283-4861  
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Skills: Public health practitioner (infectious disease & epidemics); paramedic/trauma nurse (operational side); toxicologist (scientific aspect); Specific knowledge in CBRN threat; teacher at University in risk management & EM (shares best practices); involved with development of sharing information between PH during a major emergency; Bilingual French/English
Appendix 1: List of participants, organizations, and skills

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Skills: Emergency management - generalist/coordinator; Exercise planner

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Skills: Psycho-social health & disaster background; Facilitation

**Lori Murphy**  
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Skills: Listening; Editing

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Skills: not reported
Federal - United States

Sena Blumensaadt  
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Skills: Fluent French speaker; Good speaker/writer

Jim Schwendinger  
*Team Lead, Epi-X and HAN Operations Lead, Emergency Risk Communication Branch*  
1600 Clifton Rd NE, MS D-40  
Atlanta, GA 30333  
Email: jschwendinger@cdc.gov  
Phone: 404-639-4520  
Fax: 404-639-3903  
Skills: Clinical skills & experience; Operations experience

Carl Adrianopoli  
*Field Supervisor, Office of the Assistant Secretary for Preparedness and Response (Region V)*  
233 N Michigan Ave, Ste 1300  
Chicago, IL 60601  
Email: carl.adrianopoli@hhs.gov  
Phone: 312-353-4515  
Fax: 312-353-7800  
Skills: not reported

Barbara Altman  
*Assistant Regional Counsel, Office of the General Counsel (Region V)*  
233 N Michigan Ave, Ste 700  
Chicago, IL 60601  
Email: barbara.altman@hhs.gov  
Phone: 312-886-1705  
Fax: 312-886-1718  
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
Appendix 1: List of participants, organizations, and skills

Raul Sotomayor
*International Health Program Analyst, Office of the Assistant Secretary for Preparedness and Response*

200 Independence Ave SW, Rm 638G
Washington, DC 20201
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Fax: 202-260-5520
Skills: not reported

Andrew Stevermer
*US Health Emergency Preparedness Liaison*

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Ottawa, ON K1A 0K9
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Phone: 613-948-6814
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
Phone: 313-393-8106
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)
Appendix 1: List of participants, organizations, and skills

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
Email:  bruneaum@michigan.gov
Phone:  517-335-6533
Fax:  517-335-8263
Skills:  Communication; Organization

Denise Chrysler
Public Health Legal Director
201 Townsend St
Lansing, MI  48913
Email:  chryslerd@michigan.gov
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
Bureau of Laboratories, PO Box 30035
Lansing, MI  48909
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Fax:  517-335-9631
Skills:  Laboratory; Training

Northern Border Strategic Planning Meeting  April 22 – 23, 2009 in Madison, Wisconsin
Appendix 1: List of participants, organizations, and skills

Talat Danish  
*Medical Director*  
33030 Van Born  
Wayne, MI  48184  
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Fax: 734-727-7005  
Skills: not reported

**Minnesota**

**Steve Shakman**  
*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  
Email: gbalzano01@yahoo.com  
Phone: 716-655-1308  
Skills: Epidemiology; Problem solving (scenarios, table top exercises)

**Richard Buck**  
*Border Health Manager*  
547 River St  
Troy, NY  12180  
Email: rjb06@health.state.ny.us  
Phone: 518-402-7713  
Fax: 518-402-7723  
Skills: Ability to follow-up & respond to requests; Communication skills; Project management skills

Northern Border Strategic Planning Meeting  
April 22 – 23, 2009 in Madison, Wisconsin
Appendix 1: List of participants, organizations, and skills

Mary Ann Buckley
Senior Attorney
Rm 2482, Corning Tower, Empire State Plaza
Albany, NY 12237
Email: mab15@health.state.ny.us
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
246 N High St
Columbus, OH 43215
Email: brian.fowler@odh.ohio.gov
Phone: 614-466-1402
Fax: 614-728-4638
Skills: Epidemiology/surveillance; Data sharing (electronic) & syndromic surveillance

Socrates Tuch
Assistant Counsel / Privacy Officer
246 N High St
Columbus, OH 43215
Email: socrates.tuch@odh.ohio.gov
Phone: 614-466-4882
Fax: 614-728-7813
Skills: Cross subject/topic participation/experience; A sense of humor
Appendix 1:  List of participants, organizations, and skills

Ontario

Phil Graham  
*Interim Director, Emergency Management Unit*  
415 Yonge St, Ste 801  
Toronto, ON M5B 2E7  
Email: phil.graham@ontario.ca  
Phone: 416-212-5223  
Fax: 416-212-4466  
Skills: Policy development/implementation; Health emergency management/coordination

Liam Scott  
*Counsel, Legal Services Branch*  
56 Wellesley St W, 8th Fl  
Toronto, ON M5S 2S3  
Email: liam.scott@ontario.ca  
Phone: 416-327-3749  
Skills: Legal; Presentation/speaking/interpersonal skills

Pennsylvania

Andrew J. Glass  
*Director*  
606 W Second St  
Erie, PA 16507  
Email: aglass@ecdh.org  
Phone: 814-451-6701  
Fax: 814-451-6766  
Skills: Bring local focus; Broaden into our other partnerships

Rich Knecht  
*Director, Public Health Preparedness*  
606 W 2nd St  
Erie, PA 16507  
Email: rknecht@ecdh.org  
Phone: 814-451-7867  
Fax: 814-451-7848  
Skills: Nursing; Abstract thinking

Jalene Kolb  
*Senior Counsel*  
Room 825, Health and Welfare Building, 625 Forster St  
Harrisburg, PA 17120  
Email: jkolb@state.pa.us  
Phone: 717-783-2500  
Fax: 717-705-6042  
Skills: Legal analysis/counsel; Communication skills
Appendix 1: List of participants, organizations, and skills

**Ram Nambiar**  
*HAN Coordinator*  
625 Forster St  
Harrisburg, PA 17120  
Email: anambiar@state.pa.us  
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*  
3475 Albert St  
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  
Email: sschoen@vdh.state.vt.us  
Phone: 802-863-7247  
Fax: 802-951-4061  
Skills: Infectious disease epi experience; Relationships developed over time with partners (in & out of state)
Appendix 1: List of participants, organizations, and skills

Wisconsin

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_Epidemiologist_  
1 W Wilson St, Rm 318  
Madison, WI 53705  
Email: lorna.will@wisconsin.gov  
Phone: 608-261-6387  
Fax: 608-266-0049  
Skills: Communicable disease knowledge & experience; Wide knowledge of preparedness program as a whole

Facilitators

Tom Stuebner  
_Program Development Consultant_  
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Fax: -------

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