WITS-USDA-OFFICE OF COMMUNICAT

Moderator: Rosalyn Floyd
September 8, 2016
3:49 pm CT

Coordinator: Good morning. And thank you all for standing by. I'd like to inform all participants that your lines will be on the listening-only mode for the duration of today's presentation.

I would now like to introduce your first speaker, Miss Diane Sutton. Thank you, you may begin.

Diane Sutton: Good morning. Welcome to the Secretary's Advisory Committee on Animal Health.

This is Diane Sutton, the designated Federal Officer for the committee. The committee is now in session.

To my right is Patricia Fox. She's alternate DFO for the committee. We'll go around the room for the benefit of the people on phone as to who's in the room. And we'll also go and recognize the guests also.

So we'll go in this direction around the table, please.

Patricia Fox: Patricia Fox, day-to-day I'm the National Epidemiology Officer for Avian Health Programs stationed in Raleigh, North Carolina.

I do almost entirely (AI) stuff. And very heavily involved in - especially the compensation portion - of the HPAI outbreak. And as alternating will be rotating on as DFO next year with an alternate (unintelligible) me.

Dr. David Fernandez: I'm David Fernandez. I'm the Interim Assistant Dean for Academic Programs at the University of Arkansas at Pine Bluff. And I'm representing sheep and goat producers here.

Dr. Michael Blackwell: Good morning. Michael Blackwell, Chief Veterinary Officer for the Human Society of the United States, representing animal welfare organizations.

Glenda Davis: Good morning, Glenda Davis with the Navajo Nation. I represent the tribal groups. Thank you.

Randy MacMillan: Randy MacMillian with Clear Springs Foods. Clear Springs is a seafood ambassador in South Central Idaho. We raise a lot of rainbow trout for human consumption. And I'm here representing domestic aquaculture.

Dr. John Mahoney: Good morning, John Mahoney, Director of Veterinary Services for Purina Animal Nutrition/Land O'Lakes, representing the veterinary profession here.

Belinda Thompson: Good morning. Linda Thompson, College of Veterinary Medicine at Cornell University. I'm representing veterinaries and professional veterinary organizations.

Mike Fernandez: Mike Fernandez, rancher, open range sheep herder. And I represent farmers and ranchers in Washington, Idaho, Northern California, and Nevada.

Dr. Dan Grooms: Good morning. Dan Grooms, College of Veterinary Medicine, Michigan State University, representing veterinarians and veterinary associations.

Mary Ann Knievel: Good morning. Mary Ann Knievel, from Kansas. I'm a rancher representing cattle producers.

(David Spend): (David Spend) of Mississippi State University, College of Veterinary Medicine. I'm one of the two special government employees serving as scientific advisors for the committee.

Dr. Don Ritter: Hi, I'm Don Ritter. I'm a veterinarian with Mountaire Farms. They're a large broiler company. I'm here as a representative of (unintelligible) Council and the broiler industry.

Dr. John Fisher: Good morning. I'm John Fisher from Wildlife Disease Study in the University of Georgia's College of Medicine. I'm representing the Association of Fish and Wildlife Agencies and American Association of Wildlife Veterinarians.

Dr. TJ Myers: Good morning. I'm Dr. TJ Myers, Associate Deputy Administrator for APHIS Veterinary Services. I oversee the surveillance, preparedness, and response activities.

Dr. Wayne Freese: Hi, I'm Wayne Freese, veterinary from Worthington, Minnesota. Involved in agri business activities in Worthington. But I represent the NPPC at - veterinarians in particular - the (unintelligible).

Annette Jones: Annette Jones, I'm a state veterinarian in California representing Western State Veterinarians but I'm think maybe dairy too.

Steve Crawford: Steve Crawford, (unintelligible) veterinarian - Eastern State Veterinarians.

Peter Cuneo: Good morning, Peter Cuneo, Extension Veterinary with the University of Arizona and I'm the other Scientific Advisor to the panel.

Judith McGeary: Judith McGeary, the Executive Director of Farm and Ranch Freedom Alliance. And I represent small and sustainable producers.

Dr. Elizabeth Wagstrom: Hi, Liz Wagstrom, Chief Veterinarian for the National Park Producers Council. I represent Park Producers and swine veterinarians.

Diane Sutton: We'll go to the phone now, please.

Willie Reed: Good morning, I'm Willie Reed from Perdue University, College of Veterinary Medicine. I represent laboratory diagnosticians (unintelligible). And (unintelligible) for (unintelligible). Thank you.

Diane Sutton: Could we go ahead and have those on the phone introduce themselves?

Charles Rogers: Good morning, Charles Rogers from Clovis, New Mexico. I represent ranchers and farmers through the Southwest.

Diane Sutton: We had her. Lee Ann, are you on the phone yet?

Lee Ann Thomas: Hi, Diane. This is Lee Ann Thomas. And I'm the Director of the Avian Swine and Aquatic Animals Health Center and Veterinary Services.

Diane Sutton: Thank you, Lee Ann. I'd like to introduce (Rosalyn) since I forgot to do that yesterday.

Rosalyn Floyd: Hi, Rosalyn Floyd.

Diane Sutton: She's the one that makes this meeting possible. Also, today we'll go around and just let our guests tell us who they are and who they represent.

(Alexandra Melody): Hello, I'm (Alexandra Melody). I'm actually a student extern with Dr. Wagstrom.

(Christopher Brown): Hi, I'm (Christopher Brown). I'm a consultant with E3 Federal Solutions.

Woman: (Unintelligible) and I'm a (unintelligible) at the Embassy of the Republic of Korea. Thank you.

Diane Sutton: With that, I'll turn it over to our chairpersons to continue on with the agenda.

Woman: Good morning. I hope we all stayed up late and read last night. What we have here is about an hour of discussion time that we'll have for the Emerging Diseases Response plan prior to the (unintelligible) bath discussion.

So last night when we closed up the meeting - Dr. Thomas and Dr. Cole - sent us home with about five questions. One was to look at the emerging diseases case study initiative on Page 5.

Focus on roles and responsibilities, Page 8. Look at the triggers that are defined in Appendix A as well as Appendix B, Part 1. And are their triggers identified clear enough? And are there anything that will be added to that?

Then we also asked about looking at the Farmer Question 4 from our last discussion which was when does something - what is the trigger for considering something endemic instead of continuing to be emerging?

And then also to look at Page 13 in Chapter 4 on the communications plan. And are we comfortable with that?

So I think we'll go ahead and start with the first question about the (unintelligible) definition. We have some stuff we worked on last time yet as that appears on the board much of that has been integrated into the current case definition.

So I guess what I would like to do is open it up and say are we comfortable with the case definition on Page 5? I'm sorry, case definitions are not on Page 5. It's on Page 6. First thing (unintelligible) get all on the same page.

And what should be suggested to either improve or are we okay with that case definition? So, like, I said, here's what we had from previous calls - the June call. And, like, much of that has been integrated into this current case definition but I'd open it up for anybody who has suggestions on the current case definition.

Peter Cuneo: Peter Cuneo, I was wondering if under this case definition if we should consider adding something about the emergence or establishment of a significant sector.

Or a potential disease that, you know, if it's a new vector or an emerging vector that could be related to the possibility of transmission of significant animal health disease problem.

Like a tick or a mosquito, yes.

Diane Sutton: And I know yesterday I think it was mentioned that the definition is intentionally left broad for flexibility.

But I'm wondering if it may be setting up for failure if it's too broad. So is there some way that you wanted to limit it to livestock or food production or threat to, you know, the food you buy or some kind of language to reduce the scope.

But that's a really a question to the USDA - among - I guess to the group. It's quite broad. And I'm not sure if people will start to question why the USDA isn't following their own definition - if they can't accomplish the tasks.

Or maybe have that prioritization language that we discussed yesterday.

Dr. Dana Cole: So this is Dana Cole. And we did - we did talk about the idea that underneath. The initial definition is pretty broad. But then the bullets 1, 2, 3 - the language that has the potential to cause a few animal or public health impacts. We're hoping is providing that narrower focus as far as it'd have to be, you know, disease or infection on premise or in a herd that's causing - that has the potential to cause significant animal health impact.

So that clarifying language in our 1, 2, 3 we're hoping is providing that narrowing of scope a little bit.

Diane Sutton: I think you'd have to say livestock health. Livestock and then define livestock and livestock poultry agriculture.

Because right now it could be causing turtle health issues. And you'd still need to respond or cat issues - you still have to respond. I mean you wouldn't have to but you'd be possibly considered failing if you didn't.

Peter Cuneo: One concern I would have with limiting that definition in any respect is the fact that we would want the agency to be cognoscente in its (unintelligible) which may not be livestock.

But they're animals. And there's a reason to believe that they may be indicating a problem is brewing.

I guess what I'm saying is if it's happening over here in some particular non-livestock species - I wouldn't want to just be blinded by that to that until it jumps to a cow. When we could in fact predicted that might happen.

Diane Sutton: And I mentioned yesterday that under the authority section, it talks about recognizing the disease in any species. But the authority is limited to those diseases that might introduce or disseminate a livestock disease or test.

And therefore I think that (unintelligible) is limited to that as well. I agree with (unintelligible). But the scope is the introduction of diseases to livestock or agriculture.

It's broad enough to allow the recognition of a possibility of entry of a disease in any manner. But if you don't have authority to do it, it doesn't matter what you define.

Dr. Don Ritter: I think it's written - this is Don Ritter - I think it's written pretty well. I mean so what happens is if it meets one of these criteria it goes to the IR Team. And

the risk identification team decides if it needs to get a risk assessment, needs to get put in a category, or whatever.

So, you know, it's kind of a dragnet kind of definition, right, something's going on. And then it gets looked at.

I mean I think that's the intent of this. I think it's well-written. I think maybe, Dana Cole, as question for you. Increased pathogenicity I guess you could add increased transmissibility but maybe that's implied already, you know.

Dr. Dana Cole: Yes, that's a good question. I thought about it a little bit more after yesterday's conversation. Because I mentioned yesterday that we sort - like you said - in our thinking and the team we sort of felt like it's implied. And we got into the discussion of it.

We thought, well, is it transmissibility among animals, transmissibility among herds? Well, you know, and one of the limiting factors as, you know, to consider as we work through that matrix is that a lot of times in the early stages. The information - we have a very limited amount of information.

So that's another reason we had to narrow down the scope from the 13 factors down to just those that we feel like these are the minimum information points we need.

And transmissibility was in there. And we're, like, well, depending on where we are in the detection - we may or may not have a lot about transmissibility. I mean we can say it's transmissible among animals if we have, you know, data from the herd, of course. Then we can say it's highly transmissible but then that's going to manifest in elevated morbidity or mortality.

So we felt like we captured that in pathogenicity. And the question of transmissibility across herds, well, we're hoping ideally we may or not have that information at our disposal. At least at the preliminary stage where we're just trying to create, you know, is this a category level or cat three or a category one.

And so we just felt like that extra factor wasn't necessarily giving us a lot more information. We didn't want to, like, pin our matrix to that factor.

Woman: So, this is (unintelligible). I think I've got two points. One is that if we talk about contagious and transmissibility, we have the option back in - I think it's Appendix B - to look at adding it there as one of the criteria that is discussed or is evaluated.

The second thing that - as I sent this out, you know, kind of last minute to some of the people I work with in our industry. We had some significant concerns about the vagueness in Points A, B, C, and D.

I mean how much of an unexpected morbidity and mortality if we go from a 1% nursery death list to 2%. You know, is that enough to be unexpected?

And so I think that if you look at what we did in the June call, we actually added some quantification or at least description around that. Where we said mortality or morbidity that are alarming especially amongst (unintelligible) or unexpected increases in mortality or morbidity over previously defined - or over a previously defined range for that disease causing agent or unexpected epidemiologically patterns and production (unintelligible).

So I think that to me that - and to the group - I sent this to you is, well, this is that dragnet. And you're going to bring things in to go talk to the risk identification unit about or they're going to look at it.

If it is so broad, you do run that risk of just overwhelming the capabilities of the IIR (unintelligible) unit.

Dr. Michael Blackwell: Yes. And I do appreciate that - it's Michael Blackwell - I appreciate all of the perspectives.

I think my anxiety is around the idea of losing data early on. Once you're not looking or you don't - you're concerned about overwhelming the system. I get that quite clearly.

I think what troubles me is going back to sort of the silo situation is, you know, well, that's not our problem. That's somebody else's problem. And when that happens early on, we end up losing ground as far as responding to national emergencies.

And so I would favor not filtering too early. And then directing any real concerns to the appropriate channels at whatever point.

Diane Sutton: And I understand where you're coming from. I guess, you know, having lived through last summer with Seneca Valley virus. And realizing how quickly things got overwhelmed.

That we got to the point where we both from - in multiple situations overlooked vesicular disease in animals because there was not capability.

And so I think that making sure that something has a potential to be (unintelligible) before you lose it in the noise of just every little incident perhaps raising to the point of needing to go to the risk identification committee. Is that balance?

And so I don't know how best to further put descriptive here that are - that sense some sort of a trigger. Or set something that is - a gap or a barrier that you have to reach before it is raised to that point you're looking at?

Except we were extremely concerned. And I don't know maybe it'd be a good exercise if Dana or Lee Ann could walk us through the expected timeline of from the point something would come into the risk identification unit.

Potentially go through the whole process. You know, go through a - the TAO development. You know, so help us understand perhaps start to finish what a timeline like that might look like.

And I understand you'll know more than - about certain things than other things. But it might help us understand capabilities and work streams that move around the system.

Dr. TJ Myers: This is TJ. Before Lee Ann and Dana try to answer that question, we did have a conversation internally about that (unintelligible). You don't want to be overwhelmed by the noise. But you don't want to miss anything either.

And I guess what I would just remind the group is that, you know, this isn't regulatory language. This is our guidance. This is how we're going to start out. And we are trying to define the unknown which is impossible.

But I think as - as time progresses - we'll know whether or not we struck that balance or not. And we can make adjustments as we go. So, you know, I think starting off the way it's been defined somewhat probably is a safe place to start.

And if we find we are getting overwhelmed then we can make adjustments as we go. So, again, this isn't, you know, the one and only time we will look at this and make those determinations.

Willie Reed: This is Willie Reed. And I want to echo what TJ has just said. As of yesterday - as I reviewed this, I thought it was fine. I think that you cannot define every single possibility in a document like this.

And so I'm not supportive of making any changes to it. And I think the question about the ticks - I think that's probably covered here. So I wouldn't say that we necessarily had to specifically put language in there referring to vectors.

Glenda Davis: This is Glenda. I was wondering if a lot of the details should be in the individual industry plan for how they mobilize and how they address different issues. And the impacts that will happen in their industry.

Diane Sutton: I'm not sure I see how vectors are in here? How do you guys feel? Do you feel like it's covered, TJ?

Dr. TJ Myers: It says infestations is right in the first sentence if you looked under...

Diane Sutton: Section RN, (unintelligible)...

Dr. TJ Myers: ...yes.

Diane Sutton: But it says infestation in domestic or wild animals that is - I mean I guess this is up to the USDA. (Unintelligible) infestation in domestic or wild animals as a new vector.

Next. (Unintelligible) if we have the definition.

Woman: I don't care - we'll force this thing.

Man: Yes, I think it's covered. We won't forget about them.

Woman: Okay, hearing that we feel we don't need to add anything about vectors. So we can delete that. How do we feel about scope?

Woman: I'll weigh in and say I'm comfortable with the definition as it in terms of scope.

But I think it's because I see this part in the whole document. You know, it's a combination of give the authority discussion, give the definition, here's the risk analysis.

And going back to, you know, our discussion way back in Dallas, you know, we were talking about one health. You know, in terms of definitions, it makes sense to me to keep definitions actually not super tailored to USDA or (unintelligible). It makes sense that the definition be (unintelligible).

You know, where (unintelligible) health. And then the USDA side comes in more specifically on the authority. And then risk which is how USDA deals with it.

Woman: Others?

Peter Cuneo: Well, I'm still confused about the authority. So is this really about livestock diseases or is this about agents that might cause human disease? So where is the - there must be someplace where there's a line that you don't cross but I can't tell where it is.

Lee Ann Thomas: So this is Lee Ann. And I think it goes back to what's been said earlier. Is that we can't define every scenario. And the intent...

Man: (Unintelligible).

Lee Ann Thomas: ...I'm sorry, is there a question?

Man: All right.

Lee Ann Thomas: And the intent is to focus on those diseases that have a potential to have impact to livestock and aquatic animals. But that being said is that within the past ten years probably, we had a monkey pox scenario where actually the (unintelligible) was asked to come up to the play.

And so ergo, we want to keep it broad. If you will, somewhat vague. So if there are situations that as an animal health agency or program that we need to come up to the plate, we can.

Are we specifically going to be dealing with a human health issue that is non-zoonotic - no. I think that's certainly not our intent in this document. And I can't come up with a scenario of VS getting involved in what is only a human health issue without any livestock component other than a situation - I mean Monkey Pox.

Monkey Pox wasn't a livestock situation but because of the expertise we had, we were brought in to play. That was because of the pet trade. And the role that we could play in assisting with the EPI investigations, etcetera, so.

Woman: But you guys were brought in a supporting agency at the request of another agency. Is that true or no?

Lee Ann Thomas: That can still happen, right, because of the emergency response understanding between federal agencies.

Woman: Yes.

Diane Sutton: And in looking just at this document on the authority statement on Page 5, you know, where they're quoting from them. Or not quoting, but, you know, referring to the Animal Health Protection Act.

And they're talking about, you know, what they can do to prevent introduction or dissemination of livestock pathogens or diseases. They're said to be that informs the entire rest of the document. With their authority, the Animal Health Protection Act and Animal Health Protection Act is about livestock pathogen diseases.

Peter Cuneo: I would like to just remind us though that there are a number of agents that do not actually have much of a livestock concern but a huge human health concern like *E. coli* or 157H7. So we need to be very careful in characterizing whether we should be getting concern early on.

I suspect we'll see other agents in the future that are pretty much solely human pathogens. But the animals have a role in the transmission of that disease. And USDA will have to have a concern about that in my opinion.

Diane Sutton: So a scenario that occurred in the United States very recently was the importation of a brand new flu in dogs. And there was a major canine influenza outbreak that centered around the city of Chicago.

And I guess we were lucky that it wasn't a human infection. It didn't appear to cross that species area. It did cross into cats and probably is infectious to some other animals.

We don't whether it could cross into swine. So with the authority and the definition here, can I assume that that would be looked at by the team. And once somebody determined that it was not infectious to poultry or swine that that authority to ban the importation of Korean dogs would be passed on to somebody else. Even if we recognize that continuing the importation of Korean dogs put dogs at risk.

Dr. Dana Cole: Yes, I'll just speak up. This Dana Cole again. Yes, I think that's a very good point. There's a lot of things that the risk identification team is monitoring, you know, and having to be kept up to speed because as we talked about other scenarios - including that one - we do get asked for the expertise in the support role.

And one of the things we do particularly if it's a wildlife disease or something along those lines. And we have questions about risk to livestock and that sort of thing. We'll contact our colleagues in, you know, USGS or International Wildlife Research Center and find out what they're doing.

And, again, if it's strictly wildlife disease they'll go - they'll take the lead. But we do offer support though. I think that's one of the things we try to include in the matrix in Appendix A. And that host range to sort of show that in the language there got a little tricky.

So if you have suggestions there, that would - I would welcome that. But the language. The first category, that minimal, it's supposed to capture that. But we don't really - it's a minimal risk to our livestock in other words if it's found in a wildlife species or non-agriculture commodity species - we put it in that minimal risk.

But we still want to consider it and look at it and be up to date in case there is a risk or it's a jump or that we get further information that the host range may be included in agricultural commodity.

Dr. TJ Myers: This is TJ. I'll just echo what Dan said. Yes, particularly with influenzas, you're always concerned about interspecies transmission. When a new agent comes up, you've got to look at that and ask that question.

And so I think even though may be a situation in dogs or cats - we would certainly want to look at it. We also have authority under the Virus Human Content Act to license vaccines for domestic animals that include pets. And certainly with the Chicago influenza situation we certainly took that action and facilitated that.

So yes, I think this would still be something we want to look into.

Woman: Okay, so am I hearing consensus that we are comfortable with case definition as it is then?

Okay. Do we want - and I'm going to come back to it one more time just because, you know, I know that the people that I represent are concerned that perhaps maybe it's down in the criteria that we look at what is that trigger that pushes something out of the risk identification unit and into response?

You know, and I thought we spent a lot of time on the June conference call trying to put some bounds around what is that trigger for increased morbidity or mortality or expected increases? Do we want to reserve that language in case we want to look at it again in Appendix B as one of those potential triggers? Are we comfortable doing that?

Yes. So then the next...

Woman: (Unintelligible).

Woman: ...yes, I will do that.

Woman: (Unintelligible) I don't know how to get rid of it right now. I'll just page down and it'll get rid of this.

So the next question was - look at roles and responsibilities on Page 8. Realizing that the plan focused largely on VS responsibilities. But we were asked to say what are - what are - what do we feel about the roles and responsibilities not only of VS but then on Page 9 states industry and the other partners.

Woman: This is actually a comment that I had more on the communications side. But I think it applies - might go here also. And it goes back to our conversation yesterday about what is industry? And does that include, you know, some of

the non-traditional stakeholders that are still, you know, it depends what context whether you call this industry or not.

We are commercial producers but we don't tend to belong to, you know, what you all have generally used as your industry stakeholder briefs. So whether it is here, you know, action I think this one deals a lot with communication link. And that's why I was thinking of it.

What - I don't have a good word for - where's our - we need some sort of (unintelligible) if the idea is that you are working with non-traditional stakeholders. There needs to be some recognition that this is a standard industry groups are not the only ones involved.

Peter Cuneo: Yes, we certainly want to be inclusive of all those non-traditional groups. So if there is additional wording we can add, we can do that.

Glenda Davis: And this is Glenda Davis. On Page 9, I included in the very first sentence statement of Tribal Animal Health Officials. And then also as you page down to the agency and the non-agency partners, I also included statement Tribal Animal Health Officials. Thank you.

Dr. John Fisher: This is John Fisher. And also in that first sentence, rather than singling out USDA geological survey. I would use US Department of the Interior because that would include Fish and Wildlife Service and National Park Service both of which do.

On the agency and non-agency partners...

Diane Sutton: John, how about we list the specific ones. Because what I'm worried about is if you did it more broadly - people when they're in the crisis, or not crisis, are going through it they may not think of those other ones.

So rather than broad it and make it vague - list all the ones you think should be.

Dr. John Fisher: Well, I would include off the top of my head the US Fish and Wildlife Service and the National Park Service. Because they both have - yes - they all have health programs.

So the ones with health programs of some type. So, I mean I favor leaving it broad deal wide because there's a number of agencies rather than listing every one of them.

And then in addition to the State and Tribal Animal Health Officials, I would want to include natural resource officials because that would capture the state agencies doing wildlife health working there. All doing wildlife health work these days.

Man: Yes, I think I would agree also with John in keeping it broad. I don't think this is a document that people are going to look at when the emergency happens. They're not going to pull this up and shout what do we do now?

This is the guideline of the development plan that's going to be used in the emergency situation. And they'll have that spelled out in more detail there.

Woman: So in looking through this under industry, one of the things I noticed we've talked about previously established communication links with (unintelligible) organizations will be used to communicate information.

I would really hope that it would be developed and communicate information. Because information that's developed jointly can then be communicated to stakeholders.

Randy MacMillian: And this is Randy MacMillian. And the only other word, I would add Liz, is timely in that first sentence under industry - previously established communicational links with industry organizations - will be timely used.

For the aquatic animal industries in the United States - and that's a very diverse group of industry sectors. Some of them rely on non-bio secure water sources. And they are subject to (unintelligible) wild animals. And with the having to know as soon as possible if there's some new wildlife, wild fish, pathogen out there.

(Unintelligible) just as a little bit of history and the USDA - might have to help me out on dates but maybe ten years or so ago the new strain of (unintelligible) virus occurred in the great Lakes.

And that created quite a stir in the north fishery community which included aquaculturists. And we really were at a loss (unintelligible) deal with that. It was just the ground fish in the Great Lakes. It had not - at that time. It still has not been detected in farm fish.

The species that are susceptible to this particular strain of the (unintelligible) virus is very broad. There's rainbow trout, you know, (unintelligible) - is a different fish. And it would've been better probably if we'd had this kind of document before us in advance of that. Because the consequences were significant to shellfish farmers.

They were actually put out of business because of the lack of information, the lack of data, about how to deal with this particular strain of the(unintelligible).

For those that don't know VHS virus in general is the highly pathogenic cell (unintelligible) virus. It was first detected in Europe. And caused massive mort-, and still does cause massive mortalities in trout - rainbow trout.

But that's the European strain. The North American strain from the Great Lakes is (unintelligible) is not nearly as pathogenic.

So for us timely notification is really, really important. And that's my comment. If we could insert that word, "timely." And what is timeliness? That's a judgement call that the USDA will have to make.

That we want to be (unintelligible) quickly as you think there is a potential issue out there. Thank you.

Woman: Any others under rules and responsibilities? Judith has come up under industry - if you look at the last sentence, I have it there - for a potential definition that would capture the non-traditional stakeholder.

Lee Ann Thomas: Linda, this is Lee Ann. Can you indicate what that verbiage is? Or is it non-traditional stakeholder?

Belinda Thompson: You bet. I didn't realize you couldn't see the screen. It says, we talk about industry, and we say including industry organizations that represent non-traditional stakeholders, parenthesizes, small farmers, homesteaders, and hobby animal owners - closed parenthesizes.

Lee Ann Thomas: Thank you.

Belinda Thompson: Yes, I had one more thing here - and this is under the state roles. And I'm not sure that, you know, this is a question that was raised last night among the people I sent this out to.

Was that we talked about the states being able to participate in monitoring control, eradication activities that was determine to be appropriate. We had two questions a little bit about who and how is it determined to be appropriate. And I know that's part of the Appendix B a little bit.

And secondly if we're talking about eradication - where and how do we determine if there's indemnification. And I don't know if this is the time to ask it.

But we've got state officials, we've got TJ in the room, and some on the phone. So that was a question we'd like to bring up.

Dr. TJ Myers: So what language are you looking at in particular?

Belinda Thompson: Under state's responsibilities it talks about eradication - monitoring controller eradication activities determined to be appropriate.

So the question was, who and how do we determine what's appropriate? And secondly if eradication is determined to be appropriate - who and where and how do we get indemnified about - for eradicated animals.

Lee Ann Thomas: TJ, this is Lee Ann. Can I text shot and then you can do wrap up?

Dr. TJ Myers: Go right ahead.

Lee Ann Thomas: So, yes, Linda, is part of the document we talk about that our processes for response aren't defined. And so if there was the need for an eradication program, we would look at existing budgets, do an estimate of what that eradication would cost.

Determine if, obviously, if we're using eradication it's going to be - typically that the population and indemnity. And we would go forward with a CCC request. So it would be similar to what we did - although it wasn't an eradication program - with SSCD. Or more recently with High Path AI where we had to get additional funds to support that eradication effort.

Woman: We have one quick question for you. At one point in time Dr. Clifford had talked about having a small pool of funds available in case he needed to come and take out a, you know, an individual farm that might be a unique situation. And would not need to worry about CCC.

Does such a fund exist - and maybe it's TJ or Dr. (Sheer) should tell us about that. But then I think if it doesn't (unintelligible) like this committee to discuss whether we should recommend that such a fund exist.

Dr. TJ Myers: I'll take that one, Lee Ann.

Lee Ann Thomas: Thank you.

Dr. TJ Myers: That fund doesn't exist. We do - and we have historically in the avian health line or the avian influenza line that proceeded to have a certain amount of funds set aside for low path avian influenza infections that might occur.

We also have within our other appropriate line items like cattle health and swine health - a small amount of money that has historically been set aside for TB, (unintelligible) pseudo rabies - those kinds of things.

So other than those sort of historic holdovers, we don't have a specific amount of money set aside somewhere to deal just with new and emerging issues.

I think that's an idea that Dr. Clifford certainly floated and one worth considering.

The other thing I will say though is that when we moved in 2012 from disease specific line items to commodities specific line items that has given us more flexibility to do more response activities with those dollars.

So if something new comes up in poultry, we've got an avian health line now instead of an avian influenza health line or an avian influenza line.

So if it's not influenza - in the past we really couldn't do that kind of response but now we have that flexibility.

But to Lee Ann's point if there's something, you know, big that's going to require a lot of dollars and eradication effort. That would certainly overwhelm our line items. We would have to get CCC funds.

But to the extent that will be (unintelligible) use of the flexibility that we have currently in line items to, you know, take out a small herd or a small spot when we think there's benefit to do that as we collaborate with industry and state folks.

We do have the flexibility to do that probably just not a lot of dollars there.

Lee Ann Thomas: To follow up on that I do support the idea of - I mean or (unintelligible) I supported the idea of hoof and mouth disease vaccine insurance fund of some sort. So I'd be hard not to support the idea of an emerging disease - a emergency fund that would just, you know, move from year-to-year if it wasn't used that's a little bit larger.

I think that was one of our number one lessons after (unintelligible) New Castle disease. Is there needs to be pretty substantial amount of money that's immediately accessible while you go to CCC (unintelligible). You know, it could take weeks depending on the level of scrutiny.

So I do support that idea. I'm not sure how we'd do that.

But my second - and the reason I do is kind of the state response to that question. Usually we, you know, more of our tax dollars go to the federal government than the state government.

So usually the funding available federally is much more significant than what's available at the state level.

So we tend to - anymore - and I think it's probably true for most states - we rarely -- there might've been a day when states would've acted independently on a eradication project. But anymore there's just - there's not the financial wherewith all to do that.

So we would probably - we would do a control program without the support of FDA - I mean USDA - to do an eradication program because of the compensation issue.

And we have an example on California right now that an emerging disease where - I agree with what agriculture. I am really happy to see this document. I think it's - even though we're kind of nitpicking here and there it's really a step forward and in the right direction and a great roadmap because there are always emerging diseases that we see all the time.

And we've never really had a system for evaluating them. So I'd almost like to try and take, you know, the disease we had for a little bit now in California and walk it through this and see how it works.

And we probably would get to the point where, well, it's just in one pocket in California. Should we just eradicate and save the rest of the poultry industry. I think some people in (unintelligible) would say yes.

And then we'll set the test if that was the decision - which I'm not sure it is - it might not be but we test the availability of funding. But it's really the federal funds that determine the ability to eradicate - wouldn't you think?

Dr. TJ Myers: Right. Right. Thank you. That's a lot of what I had thought to say. And I think it gets to your - I'm just concerned with about the definition of what's appropriate.

These decisions at least from the ones that I've had to be involved in are situation dependent. And it's hard to put a yes here and no here but ultimately we rely a lot on when we're looking to take an animal.

In my - in New Hampshire - it hasn't been state (unintelligible).

Peter Cuneo: I think too we're starting to get - slide into that discussion we had yesterday about where's the money going to come from? You know, VS has X amount of money. Take it out of one pocket and put it in another one.

This is one of those VS shoulds (sic) about how we're going to then step up and get the money for them to actually do that.

Lee Ann Thomas: New money.

Peter Cuneo: Yes, new money. So be assured but we need to find a way - how are we going to help them find that new money?

Dr. TJ Myers: And maybe just to expand on that. I think what we've seen in our department over the last, say, 15 years is this evolution of where those dollars come from.

So to Anette's point about having sort of a stop-gap fund to hold you over until CC monies can become available. The CCC fund was supposed to be (unintelligible) years ago. That was something the secretary has authority to happen quickly whenever we have emergency or something that really needs to be dealt with (unintelligible) are current funds.

But what happened with those 15 years or so is that more and more and more scrutiny has been applied to that process. And, you know, getting that approval through OMB has been more and more difficult as time has gone on.

Concurrently - over that same period of time as you two just attested to - state governments have really rolled back their budgets as well. So that you are more and more looking to the federal government.

Over the last five years, you know, just between 2010 and 2014 those five budgets. On the federal side, we saw our budgets cut - cut to the point where we were no longer filling vacancies and we really (unintelligible) by about 20% just with those services alone.

So we're kind of at this perfect storm point where the states don't have a lot of (unintelligible) dollars. We don't have a lot (unintelligible) dollars. Our ability to get funds quickly has become more protracted - that approval process.

So I don't think is a VS should kind of thing to your point. I think this is a challenge for everyone around this table. What can we do at the federal level? What can we do at both the departmentally as well in Congress?

But what also can we be doing at the state level to voice the concerns that, hey, the pendulum has swung too far one way in the states. What can you all do to encourage additional funding at the state level?

And what can be done within the industry? What's the role and responsibility for - I mean you mentioned an insurance program or for some public/private partnership to step up and provide some filling of that gap.

So I think that's one of the huge challenges that this company faces. Something that we're going to talk about later this afternoon is how do we collectively meet that challenge or the various challenges that we have? Because this is a shared responsibility.

Peter Cuneo: Others are available in the CCC and who would make the decision on what is allocated out? Is this a legislative bucket?

Dr. TJ Myers: Well, the way CCC works is it's held by the Department of the Treasury. I don't know how much money is in the CCC but it's in the billions of dollars. And it's available to any agency that has congressional authority to tap into that.

So it's not just (unintelligible) a variety of agencies. So from our standpoint, we kind of look at it as an unlimited pool. Because we know that it's in the billions and other than AI we've never gotten to more than, you know, a few hundred million that we've asked for.

So the secretary has authority to tap into that but it has to go through the Office of Management of Budget to do so. So if we, as an agency, feel the need to tap into those funds we first have to convince the secretary that that is a need. And then the secretary takes that request to OMB.

And then OMB typically comes back to the agency with questions, clarifications, before they make their decision to approve it. So it can get lengthy.

Woman: TJ, isn't there kind of a minimum level? My understanding was you're probably not going to go to CCC unless you're in a minimum of twenties to hundreds of millions.

Is that a wrong impression?

Dr. TJ Myers: No, not necessarily. There's no written minimum. We can ask for whatever amount we think is appropriate. But in order to mount that effort - to go to the secretary (unintelligible), yes, it's going to need to be several millions of dollars.

Woman: And just to clarify also, in my experience, you've never stopped responding while you're waiting for CCC dollars. Usually the response - if it's an emergency continues - with the expectation it'll be funded.

Dr. TJ Myers: Right. So, for example, when High Path AI struck, we, you know, used dollars that we had available to us through the Avian Help Line. We used contingency funds that would be - the administrator has which is not a lot.

But we were able to get those funds going. And then went very quickly to the secretary of the OBM for that.

Woman: And then the last comment I wanted to make is I agree with TJ's comments on states need to step up to the plate. And so I wouldn't adjust these. Take that message up to your states because, I mean that's how I spend - you probably do the same thing - I spend my entire career almost lobbying from funding to support agriculture.

And we do have (unintelligible).

Woman: We do have an emergency fund.

Woman: So I mean if push really came to shove, we could get the job done if it really was going to devastate our industries. And I think all states need to be - if ag's important to the economy of the states - they need to be stepping up to the plate too. And not just counting on the federal government.

Woman: Could I suggest possibly that this would be a good topic for, you know, a conference call meeting or such. Because I wouldn't be ready to say, you know, I'm on consensus on what you guys have typed.

No, because I'm against it but because I don't feel like I have enough information about how the CCC fund works, how often, you know. There's a lot here.

Woman: Yes, we're running up against the 10 o'clock hour when we're supposed to switch topics. So should we - let's go - I hate to extend the emerging diseases to a third meeting, fourth meeting...

Woman: Fourth.

Woman: ...but I think we've made, you know, some really good progress. And so we've got some things down here that, you know, we're comfortable with the case definition. We've got some additional (unintelligible) and responsibilities I think we can clean up real quickly and get to you all's - to Dana and get into (unintelligible) and TJ.

And then we can further discuss the potential for such a fund. May be get into the presentation of the CCC funding - if that would be okay. And look for (unintelligible).

Dr. TJ Myers: Yes, this is TJ. Yes, that's exactly what I was going to say. I was going to suggest that you separate Judith's suggestion coming from the document itself so we can keep that document moving forward.

But we'd be happy to pull together a presentation that educates on the funding process and that sort of thing for a later conference call. And consider the funding part kind of separate.

Woman: So then this afternoon, when we get back to further discussion - let's finish up on the other three questions on the document which is the triggers to find an

Appendix A. The tiered approach - when does something become endemic? And then Chapter 4 - Communications which were those - the other three questions they gave us last night, yes.

Woman: (Unintelligible), this is...

Man: The one thing I'd like to add perhaps on the discussion down the road is a program that we have in both Arizona and New Mexico that provides the state veterinarians with funding to provide for enhanced diagnostics with - in the discussed situation.

So that might be something to bring to the table later on.

Lee Ann Thomas: Liz, this is Lee Ann again. And I think you just mentioned that you all were going to take up the issue of emerging diseases again this afternoon. Do you have a timeline for that so Dana and I can call back in?

Dr. Elizabeth Wagstrom: It'll likely be after Dr. Myers and Dr. Sheers discussion this afternoon. So I would guess around 3:30.

Lee Ann Thomas: Okay. If you could just send me an email, Diane, and I'll make sure to jump back on.

Diane Sutton: I'll do that, thank you.

Lee Ann Thomas: Thank you.

Diane Sutton: Steve, are you on the line?

Steve Crawford: Yes, I am.

Diane Sutton: (Beth) has not returned to the room yet. Do you want to wait a few minutes or do you want to proceed on your own?

Dr. Steven Kappes: No, I think - we'll wait for (Beth). She'll be back shortly, I'm sure.

Diane Sutton: I'm sure she will too.

Well, while we - why don't we go ahead and take a ten-minute bio break. And then we'll come back and with the next presentation.

((Crosstalk))

Diane Sutton: Oh, to do it?

Woman: (Unintelligible).

Diane Sutton: (Unintelligible), okay.

Woman: You want me to go ahead, Diane?

Diane Sutton: Yes, please go ahead.

Woman: Thanks everyone. We appreciate the opportunity to have time on the agenda to give an update with regard to the National Bio and Agro Defense Facility.

I think this committee's very familiar with this. But we thought it was a good opportunity for us from a USDA standpoint to provide an update.

On the phone with us is Dr. Steve Kappes who's the Associated Administer at the Agriculture Research Services. And we'll be doing a tag team for this presentation.

And Steve, could you just say hello to the committee to make sure your sounds good?

Dr. Steven Kappes: Yes. I also welcome the opportunity to visit with this group. I apologize. I can't be there in person.

But (Beth) and I have worked closely on this project with DHS. And it's been a lot of fun seeing this project come this far along. And we've got a lot more work to do. But glad we could share - share what we know about this.

So back to you, (Beth).

(Beth): Okay, thanks, Steve. And these slides - many of these slides have been provided by the DHS and Bass Program Executive Office. Between DHS and USDA, we give quite a few different presentations and updates with regard to the information.

So we'll go ahead and get started. Do I just hit advance?

Woman: (Unintelligible).

(Beth): Oh, just use those. Okay, great. All right. So I think you're familiar with this. It's a replacement for Plum Island that will be built at Manhattan, Kansas or is being built at Manhattan, Kansas.

And it's intended to provide the ability to continue the research and expand our research. We'll talk more about that with regard to the development of vaccines - the antiviral, diagnostic tests, as well as enhance our diagnostic and training capabilities. We'll provide some more specifics about what those enhancements are as we move along.

The drivers, I think, several drivers with regard to the new facility. Actually the Presidential Directive - many years ago - actually directed the secretaries of USDA and DHS to work together to develop a plan for making sure that we had safe, secure, and state of the art facilities that we would need in the future.

Another gap that had been identified through this process is that we did not have the capacity for large animal facilities for bio safety level 4 work. And for that we're really dependent on being able to work with either Canada, Australia - to use their facilities. And we'll expand a little bit more on that as we go along.

Plum Island actually is over 60-years old. And it's reached the end of its useful life. And has some limited capabilities.

These types of facilities really have 50-year maximum is what you expect for a useful life. Obviously, technologies change over that time. And the wear and tear on the facility can produce challenges in maintaining the bio containment aspects of those types of facilities.

There had been plans - even before the transfer of Plum Island in 2003 to Department of Homeland Security from USDA - USDA had already been looking at plans for the replacement of Plum Island knowing that those facilities would be reaching the end of their useful life.

And, again, I think this committee spent quite a bit time talking about emerging diseases. So we all know those threats continue to evolve and emerge.

So just to give you a quick update with regard to the project status. It's interesting these types of facilities. Even though we won't be in this facility until 2023. The design for it was actually completed in July of 2012.

Because, you obviously, if you're going to bid it out - those types of things - you have to know what you're building. So that's actually one of the challenges.

Because you're designing a facility, trying to plan ahead for the technologies that will be available at that time. But there is a point you have to freeze the design and say this is what it is.

So actually USDA had a lot of input. There is very much a lot of work with DHS to develop that design. We had design teams that worked very closely together. In fact, there were even mock-ups. We had full scale mock-ups of laboratories, the training necropsy that Aphis will have to use for its training courses.

We actually had full scale mock-ups of Styrofoam that we were able to walk through and see if there needed to be design changes of that. So there was a very thorough process to develop the design.

The site preparation in Manhattan, Kansas was completed in August 2012. The first construction project that was completed in October of 2015 was essentially utility plants - that includes your boilers, your generators, chillers.

What's needed to sort the infrastructure for the facility. And the main laboratory construction began in May of 2015.

And Steve, I've gone to the in-depth site plan site.

Dr. Steven Kappes: Okay, thank you, (Beth).

So this is the footprint of the (in bath) site. And I just kind of wanted to walk you through a little bit of this diagram.

First, well, the entrance for the public and the employees will be on the left side of the diagram. And if you look at the first white small building that's labeled E - that's going to be the badging area. So that would be the first area.

You'll go through a security checkpoint prior to getting to the parking lot. But then you'll go to the badging area. And either get your badge checked, if you're an employee. Or if you're a visitor, getting a visitor badge.

And then you'll walk through a breezeway. And you'll walk into Building A. Building A is in-bath - the primary in-bath facility. And I'll go into more details on the next slide on that.

If you look just to the north, just above Building A, is Building B. That's the center utility plant. That building was completed last October as (Beth) had just indicated in the last slide.

And then up above that is the Building C and D. C is the transshipping facility. And D is the animal receiving facility. So all of those items that come into transshipping and the animals and the feed will come in through a separate entrance up there on the top which is from the Northside of the site.

And - so a total. There's 574 square feet in Building A - 574,000 square feet in Building A. All of the buildings combined would be about 700,000 square feet.

You'll notice at the lower left hand corner of that diagram is the BRI - Bio Security Research Institute. That's the Kansas State University biocontainment facility that we're currently collaborating in. And will continue to collaborate with the Plum Island program as it moves to Manhattan, Kansas.

So let's go to the next slide then.

So here's the actual Building A - the in-bath primary facility. And kind of following through where we were before. On the left hand side of the screen, you'll notice there's a grey room. That's the auditorium.

Just below that is where the entry point is into the lobby. And the light blue is the bio safety Level 2 as it indicates on the slide. That'll be used for assays and characterizing, optimizing through put. And so a number of DHS, ARS, and Aphis - I think primarily Aphis will use that part of the facility. But others will definitely utilize the facility as needed.

And then as we go to the lower left hand darker blue VSL 3E. That's about safety Level 3 enhanced. We have rooms that are designed to do specific functions above what's normally VSL 3. And as (Beth) has indicated there was a lot of planning going into what was needed for these. And that dark blue is just the laboratories.

If you go to the top part of the diagram, that's (unintelligible) egg. That's the animal holding rooms for - at the VSL 3 level. We have penning's that we can

change the number of animals that we can hold depending on the species. The number of animals (unintelligible). And we have a couple of pens that can hold a large number.

I think we're close to about 50 head of cattle. And so we continue doing all of the research that we're doing in Plum Island.

Then there's two added components that (Beth) has already talked about. The green in the center is the bio safety Level 4. That's both laboratories and animal holding space.

And that's really the need - a big need that we had that was not existing on Plum Island. And probably the best way to explain VSL 4 is you have a personal protective equipment. The spacesuit as a personal protective equipment and other features that basically protect the employee from whatever you're working on.

And Aphis had a situation a couple of years back where they were working with a sample that came in. And found out that it had (rest) Ebola in the sample. And we couldn't work on it.

Aphis had to send that to CDC. And then we contracted with Australia. And it took much longer to get some results than if we were able to do it ourselves.

So it's really to protect our employees, be able to work on emerging zoo and aqua pathogens and this is a much needed capability. And then the other part of the facility that's a new capacity is the BDM - Bio Technology Development Module.

And that's going to be the module that allows us to work with outside partners. And basically it's designed to further develop products so it better fits a good - the manufacturing practices of whoever the - whoever decides to pick up that product.

Animal biologics - it could be other different types of industry that want to engage with us and work on that. And it really is designed to decrease the risk and the cost to these companies in being able to pick up some of the products and information that come out of in-bath.

And that's really critical if we - because we know many form of animal diseases the best thing we can do is keep them from coming to the United States. And therefore the market may not as be as great as a lot of other vaccines or counter measures that we would use in the United States.

So we really see that having that added capacity's pretty important.

And then the next slide with the cross sectional view. This is much like all of our containment facilities - if you've ever seen that. If we start from the bottom, the very center part of the bottom, is the liquid decontamination tank.

Moving up is where you have access to the pipes. And this is really important for the select agent, bio containment areas, being able to view those, having sensors, and being able to get to and repairing those.

And then the next level up, which is actually a very small part of the entire facility, is where the people and the animals will reside. That's the laboratories. That's the animal rooms. That's the VSL 2, 3, 4, all of that. The last slide that we had is a depiction of that level.

And then above that is where we have the heap filters. And having access and being able to change those and monitor those on an ongoing basis. And having the space to do that is really critical.

Then in penthouse is the air handling and the exhaust fans. And in this facility we partnered it to an F4 tornado. So this is really going to be a state-of-art facility that there aren't any other facilities like this in the world. And this is it. No other (unintelligible) country.

But it's desperately needed to protect our industries from the ongoing emerging animal diseases that occur.

With that I'll turn it back over to (Beth). And you can start out with the photographs.

(Beth): So we just wanted to show you, these are pictures from last weekend, just to give you some size and scope. They had given us some facts and figures with regard to what it takes, so.

With regard to concrete, there's 60,000 cubic yards. That would be enough to lay a sidewalk from Manhattan to Oklahoma City. Another about steel - the weight of 6500 cars worth of steel in this.

In electrical wire - to be able to run from Manhattan to New Orleans. So a lot as we will just take a look through. That's the central utility plant. The completed facility that you see there is central utility plant - lots of rebar.

And this - the picture in the upper left is the Kansas Department of Agriculture. Their new facilities that they relocated their offices to Manhattan

from Topeka. So this is their new facility that currently overlooks the construction site.

And then just to give you an example of things that would be buried in the ground. And, again, this is one of the challenges. You're building this facility. And I'll show the timeline next.

So much of this is your wiring, your piping, and those types of things. That are actually going to be in the ground now even though we won't be open until 2023. So that's - when you look at the age of facilities - you need to realize it's not - parts of the facility will be already several - seven years old or more by the time you actually open up the facility.

So as far as that timeline, I wanted to just start through and just give you a sense of the timeline. We talked about the central utility plant on the upper top being completed.

We're looking for construction to be complete December of 2020. DHS has assembled an excellent contractor and construction crew. And they've been doing a great job at staying on time and on budget.

One of the things is when you complete these facilities there is a long period that it takes, you know, we're looking at six months or so, to be able to do the commissioning of the facility.

So you build it to function. But then you have to do all the testing of it to make sure that all the controls work. Obviously, this is an electronic control building. So you have to make sure if the power goes out - does it come back on and up like you're expecting it to.

Does all the seals work? You know, does the air flow work the way it's supposed to. So there's quite a bit. And that's a pretty intensive process. And the goal then is to complete the mission transition from Plum Island in 2023 - August of 2023. And to have that select agent registration.

So that's the construction side of it. If you look on the operational side, obviously, there's a lot of work to be able to be ready to open this facility in 2023. So DHS is working through a process to get a contractor to help actually put together all the things that needed to be - have operations for it.

And then we'll be looking at a contract for support to help with contract to run certain aspects of the operation. Engineering aspects of it, safety, animal care, those types of things.

We are already having discussions with the select agent program because, obviously, this will be working on select agents. So we've already started discussions with the select agent program to help facilitate the registration process.

And the goal would be to receive select agent registration in September of 2022. We are - as Steve mentioned - you know, we're already working, cooperating, with the VRI with regard to projects. And we wouldn't start to look - to start placing staff 2020, 2021 to have staff that would work not in the facility itself but be doing some of the preparations and things that need to be done.

And, again, phasing a building - studying up your VLS 2 is very different than your VLS 3. Then setting up your VLS 4. So some of those may be staged along the way as we move forward.

So that's the timeline that we're all working towards. We have a very cooperative structure to help us take care of all the many aspects of getting this facility stood up.

There's an executive steering committee. James Johnson with VHS chairs this. He is - heads up the Inbound Program Executive Office for USDA - for VHS. So he's in charge of helping corral all of this to make sure we end up with a functional facility in the timeline and the budget that we have planned.

Steve and I then have our (unintelligible) as the USDA representative. But we have a large number of people from DHS and USDA involved in helping stand this up.

There's a group that focuses on partnerships. We want to continue and enhance partnerships with others. This isn't meant to be something that USDA and DHS do totally in a vacuum.

There's other university partners, private partners. So we want to make sure that there's a variety of input into that process when we look at how we capitalize and leverage what others are doing.

There's a standup group to help make sure we get all the operational aspects going. A facility advisory team. As you go through construction, there are things that may need to be changed. You've got your design but there may things that come forward as you're doing construction. You have to make decisions.

We have this saying at National Centers for Animal Health as we constructed those new facilities. There's sometimes decisions that had to be made by this

piping or this electrical. These types of things may be would be better if we moved those. What impact does that have on your program?

So there's a facilities advisory team to help. But you have to make some of those decisions while you're in the midst of construction.

There's a research and workforce group looking at how can we transition our research program? How can we have the workforce for the future?

One of the areas is - and we do know that not everyone that's currently working at Plum Island whether it's for USDA or DHS will plan to move to Manhattan, Kansas.

Some will be reaching retirement. Some will have family reasons that they plan to stay in the area. So one of the important aspects for us is to make sure we work on the workforce development.

Because this - for ARS - they need to make sure they have the scientists to be able to carry on their programs there.

For Aphis on the diagnostics side, we'll have one day that samples from foreign animal disease. Diagnosticians go to Plum Island to our foreign animal disease diagnostic lab.

And then they'll be a day you say now samples go to the in-bath. So we're going to have to have dual people for a period of time at both facilities. Because we can't have a gap in the diagnostics.

And you want to have every confidence in the workforce and the results that come from in-bath that you do in the group that's at the Foreign Animal Disease Diagnostic Lab.

So we have developed some plans to look at how we can make sure. We transition the knowledge - the institutional knowledge and capability that we have at Plum Island to the workforce at in-bath. And we've developed some ways to take a look at how we could do that.

And then budget formulation. This has federal only people. These other groups are done with Kansas State representatives because they've been a clear partner as we've worked forward with this project.

The budget formulation is looking at what would be VHS - obviously, through their budget, they've received all the construction dollars. It was a $1.25 billion construction project.

They have received the congressional funding for that. But, obviously, there's a phase to the budget needed for VHS to stand up the operation. And for USDA to move our operations there and have a workforce there.

So we've had a group that's worked on that. And now Steve onto the RDT and E-capabilities slide.

Dr. Steven Kappes: Okay, thanks, (Beth). So we recognize that in-bath is going to provide a lot of capability - national capability - for the federal government and also for all of you as stakeholders the work that's done here.

And this will really enhance our capacity and capability for dealing with exotic infectious diseases including vector borne diseases. And as (Beth)

indicated over 70% of the animal diseases are zoonotic. And so there are other VSL 4 facilities in the country. But none of those are designed to hold large livestock.

So that is the added capacity that the federal government will now have.

This does expand our abilities to develop counter measures. Right now we're only working with three foreign animal diseases. From research side, Aphis works with more. And we need to expand that both on the research side as well as testing and evaluating novel (unintelligible) methods.

This facility also increases our opportunities for collaboration. We're taking advantage of - we'll be taking advantage and already have started to working more closely with Kansas State University.

They've got the vet school there, the Kansas City Animal Health corridor, other land grant universities. So it's really positioned in a part of the country that it makes it a little easier to interact with a lot of these groups.

And as indicated earlier - the biotechnology development module will enhance our capability collaborating with the pharmaceutical industry. We - ARS recently was engaged in working on a foot and mouth disease vaccine.

And one of the parts of the process that always can fall apart - it's called the Valley of Death. Is when you go from research developing a master seed from a research setting to a pharmaceutical company's manufacturing process. A lot of times a lot of those products fail at that time.

So the biotechnology development module will be able to have both house the pharmaceutical industry are the groups that want to pick up that product and

commercialize it. As well as our researchers from in-bath, work together to scale up that process.

That could be for biotherapeutics. It could be for diagnostic tests and assays. So there's a number of things that we'll be able to do in the BDM. And we will have certified good manufacturing practices capabilities in the BDM.

And we won't have that - we don't have that at Plum Island.

The VSL 4 livestock capability is really big. And we recognize that, you know, USDA, VHS responsibilities on dealing with foreign animal diseases for agriculture. But also it's a capability that we need to make sure we're fully utilizing by working with other parts of the federal government.

You may have some emerging non-animal diseases that we need to engage with DOD or HHS. You know, there are questions with the Ebola Zaire as are farm animals a host for that?

So there's some of those things we look to collaborate with other entities. And use this facility in the broadest way as possible.

And now switching to the next slide, (Beth). So there's three different entities that are in Plum Island. And they will be in-bath, VHS Science and Technology, Chem bio, Defense Ag, Defense Branch. That's lead by (Michelle Covey).

And a number of years (Cheryl Gay) developed a slide that showed a pipeline. And VHS is part of that pipeline is to develop current capabilities and counter measures for these foreign animal diseases.

And they'll deal with more near term research. They do some long term research in development of the vaccines and diagnostics. And they work with a lot different stakeholders more than what ARS has done traditionally. And have had a lot of international partners that really added value to the program.

The second part listed on the slide is ARS part with the foreign animal design research unit. And it was really doing more of the earlier stages research. And we have a small part in the basic research.

Really trying to understand some of the aspects of the host pathogen interaction and pathogenicity. And then using that to develop counter measures. And so that fed into the early stage of that pipeline.

And then the Aphis's responsibilities with FADDL - the Foreign Animal Disease Diagnostic Laboratory - was to protect US livestock from these diseases through the early detection diagnosis and training.

And they also serve as international reference laboratory.

And then we slipped - we'll go to the next slide, (Beth). And here's to highlight these science expansions that we'll have in the BDM. I've already indicated it's capable of developing vaccine raster seed at a pilot scale. That's really a critical step because the biological companies - they have their own way of scaling up these.

And they have their own manufacturing processes. And sometimes the specific laboratory environment that we used is not readily - those reagents and master seeds are not readily - be able to move into a different type of production system.

So we really have to understand where there's failures with the new type of production system. And then go back and probably do some more research to make sure that whatever we have can grow in those type of conditions.

So, this new space will really allow both DHS and USDA to develop counter measures to a point that's attractive for investment by the biological industries I indicated earlier because there's not as much potential for economic return. It's really important that we reduce the risk and the cost to these companies that want to market these products. And we'll all be better served by having more of these things available.

And then having this BDM allows for a lot more partnering with industry through traditional contracts but also through some innovative type of agreements.

Next slide, (Beth). So, on the BSL-4 that added capacity -- we already talked to somewhat about it -- but really allows us to work on high consequence zoonotic pathogens. That space will be shared by DHS, ARS, and APHIS. We'll all work in that space. And that planned research programs for the DSL space include the foreign animal zoonotic diseases.

So, as I indicated before BSL-4s really protect our workers. Work on something that's unknown and then at that time once we know more about it you may move it out of the BSL-4, or you may have to leave it in there because it's truly foreign zoonotic agent that could affect our employees.

With that, this really gives us am added capability with zoonotic diseases and being located in the animal health corridor provides us a really good opportunity for accelerating some of the products and information coming out

of (unintelligible) into the market place where it's available for the entire egg industry, animal egg industry to move that forward quickly.

And as I'd indicated before the BSL-4 space really provides us that opportunity to collaborate more with CDC. We also - we had put together a group where part of a - DHS, APHIS, and ARS are part of an international group that's coordinating activities. We call it the BSL-4 Z for zoonotic net. And that group is just getting up and running. But we'll really be part of the international community.

And CDC participated in the early meetings and will participate in that BSL-4 Z net group. So, we really need to work across animal health, human health, and take advantage of the capability that (unintelligible) will have. With that, (Beth), I'll turn it back over to you –

(Beth): Okay. So, we wanted to finish with just what will we be doing more specifically for my USDA standpoint. I think actually, I think you had this discussion yesterday that the National Veterinary Services Laboratory is the reference and confirmatory lab for USDA.

And I think as someone mentioned yesterday, there's three labs. I think, Liz, you can give this part. But there's three labs that are located at that National Centers for Animal Health. And if you recall that - and actually that was recommendations from this committee, I mean, years passed to replace those facilities at Ames, Iowa. Some of those facilities dated back to 1958. So, we have three labs at Ames but our foreign animal disease diagnostic lab is out at Plum Island and the DHS facility there.

The Foreign Animal Disease Diagnostic Mission and this mission will be transferring to (unintelligible). Obviously job one is to do diagnostic for

foreign animal diseases. And those come in from our state and federal foreign animal disease diagnosticians. We also maintain the foot-and-mouth-disease vaccine bank for North American for Canada, Mexico, and the US is maintained there.

We work with other countries. One of the areas that is important to us it to fight the diseases off shore. So, the more we know about what other countries have and help them have good diagnostics the better job they do. And that allows us to make sure that we can have safe trade. And we also know what potentially we need to be prepared for.

We do training. Our foreign animal disease diagnostician schools are held out at - where we demonstrate 10 different foreign animal diseases both for U.S. veterinarians, military veterinarians, food safety inspection service veterinarians.

But also we hold the course for international veterinarians that help them recognized these diseases in their country. Those develop very good relationships when they see something new or unusual they're apt to call us and ask us to help assist them. And that's a way we can keep kind of our finger on the pulse of what's going on around the world.

We also develop do new assays and diagnostic reagents there. We do some safety testing for certain products that come into the US that come from countries that have FMD or at least we don't consider free of FMD.

We also - newer - recently we were named one of four facilities in the world to be a rinderpest holding facility. Just as smallpox is the only human disease that's been eradicated and is to be housed at two facilities. One in Russia and one at CDC.

Similarly, the World Organization for Animal Health and Food and Agriculture Organization asked countries if you wanted to be a holding facility. And they're collecting up rinderpest isolates from around the world to try to sequester into one of four facilities.

Rinderpest a couple of years ago was declared the first animal disease that's been eradicated in the world. So, on a similar model you're trying not to have it out in laboratories where there could be a potential issue or someone gaining access to it.

So, our foreign animal disease diagnostic lab at Plum Island was voted by all 160 (unintelligible) countries to be one of the four facilities. So, we're really pleased that we have that capability. That will be transferring to (unintelligible). And then, again, obviously it serves as a reference lab for our National Animal Health Laboratory Network as well as an international reference lab that other countries can use.

So, one of the important things for us as we look at diagnostic enhancements, our capability has to be 24-7, 365. There are nights we are reporting results out at 3:00 am. We've got people on the island testing and reporting results out. Obviously, they've been negative results, or you all would have heard about them. So, on the good news side.

But we've had to arrange boats and get people both from the New York and Connecticut side on boats in the middle of the night. We've had hurricane issues that can come through and can shut down the island. High seas can shut down the island; not being able to get our folks out there. Or if they're out there we have to leave them out there for a day. And we do have some of our folks that have stayed out there through hurricanes and things like that.

So, but we're - this facility, we're counting on Kansas moving snow and being able to move snow. So, this will enhance our capabilities. We also as mentioned - Steve had mentioned the Ebola Reston. As you're kept these samples that come in from other countries, you can work with samples and not know what's in those samples even though you've asked is there any human disease associated with these samples (unintelligible) Ebola Reston (unintelligible).

But this was from the Philippines - was the first identification ever of Ebola Reston in swine. And that was spillover from their primates in the Philippines. But that was not a disease you would have been looking for normally in swine, because it was a first detection over there. And that was a unique circumstance that they had in the Philippines.

And as it said, we weren't able to work on it any further. We had to give all the samples to CDC to make sure it worked in their facility even though Ebola Reston is not a disease (unintelligible) compared to the other Ebolas.

But - so, this will give us more flexibility to be able to deal with more diseases in the future. It will allow us to have more (unintelligible) capability. We'll be able to use the BDM that Dr. (Kappus) talked about for the agent production if we want to produce those under GMPs. We do have the ability to expand assays that we would provide to the National Animal Health Laboratory Network there. Be able to develop new assays including ones for BSL-4 agents.

The training facility is wonderful that's built into this facility. And if you went or trained at the - out at Plum Island it's a very small area. We have to share the new (unintelligible) area with the DHS and ARS and this provides them

excellent training capabilities. As well as, we all have capabilities to be able to project from that facility so that you can actually enhance (unintelligible) virtually as well, so we can take more advantage of the work that we're doing there.

So, as far as their transition, as mentioned there's many different working groups. We have our own APHIS transition group that's got more than 15 folks on it. We are - APHIS is leading of the different joint groups. APHIS is leading the workforce development group.

We are already collaborating with KANSAS. We've had Kansas veterinary students come out to the facility at Plum Island. We have some of our Plum Island subject matter experts are adjunct faculty at Kansas State and are on committees for graduate students. We're obviously keeping our eye on the folks and the graduates coming out of Kansas and going to be coming out of Kansas because some of those folks will be our workforce in the future.

We have developed the workforce development plans of how can we train folks that will be in Kansas and remain in Kansas. That's one of the challenges. Once you train folks, you need to have a commitment for them. And we do some workforce things that we help provide on the education side, they can have a commitment to have to work with - just to -Dr. Shere talked about the Saul T. Wilson. If you provide some funding for schooling then they have a commitment to stay with you, and that can help us get through the transition. They can train others to get through the transition.

We also are looking with the one BSL-4 capabilities to expand what we do in epidemiology, obviously bioinformatics, and to be more engaged in the One Health arena. And with that, Steve, I've got your first slide for ARS.

Stephen Crawford: Okay. Thank you. So, just to quickly go through these quickly, so we have time to ask some question -you have time to ask some questions. But Plum Island we're currently working on foot-and-mouth disease, Classical Swine Fever, and African Swine Fever.

We also have a very small program in vesicular stomatitis. And that's because that's a look-a-like disease for foot-and-mouth disease. I do want to put this in context of we have other animal disease research biocontainment facilities at Athens, Georgia, and part of the National Center for Animal Health. They're in Ames, Iowa. Poultry's in Georgia. Emerging diseases - we do some emerging diseases.

So, domestic diseases that's primarily done at the National Animal Disease Center. And then we do have some vector borne diseases at the Arthropod-borne Animal Disease Research unit in Manhattan. They're working closely with BRI and others and that primarily is working in bluetongue epizootic hemorrhagic disease and Rift Valley fever more recently.

So, that'll be a benefit that we have moving to Manhattan is the Arthropod Animal Disease Lab. And this Plum Island Program will become more integrated and we can enhance the vector part of that.

Next Slide. Our overall goals for the current program is to identify determinants of virulence in both foot-and-mouth disease and the two swine fever viruses.

Also, one of the goals is to develop - to determine the molecular mechanisms of pathogenesis for foot-and-mouth disease and persistence. There's persistent shedders and really understanding that mechanism.

And from this work we've identified the early stages of infection. And the next goal is to develop novel strategies to control foot-and-mouth disease. And we've made some progress here where we identified that in the host pathogen interaction the pathogen downregulates the Type 3 interferon production.

And if you give it at the time of vaccination, especially in pigs, you decrease the time of protection from 7 days down to 24 hours. So, those are the type of work - that's the basic research that we need to make sure that we continue to do, and actually do more in the (unintelligible). And then we're also developing (Beth) methods for rapid control of the Classical Swine Fever and African Swine Fever.

Next Slide. So, in any construction project in the federal government, you develop a program of requirements. Basically, what's the basis for needing this new facility. And that was done by all three entities - DHS, APHIS, and ARS.

For (unintelligible) on the ARS side we highlighted two requirements. We need to be able to provide solutions to problem associated with disease control eradication recovery. And the added thing that we're doing is maintaining a portfolio of expertise that allows ARS to more efficiently and rapidly respond to new diseases. We really have a very narrow program we have to expand that.

So, as we've seen in the last few years there's a number of emerging diseases. And ARS, and DHS, and APHIS and our partners, we don't always have the expertise. And we take some time getting up to speed on working on a new pathogen. And so we really see that we need to expand that some more and

that we can respond to those emerging diseases when we know very little about it.

ARS has ben also involved in transitioning. We've been doing a number of things much like had mentioned for APHIS. We've been training some of the Kansas State students in post (unintelligible), Plum Island, and we've also - overall what we could do for our research program is we do gap analysis for the different diseases. There's the global Foot and Mouth Disease Research Alliance. That was actually started through the initial efforts from Australia. And that's been a very useful body to identify the gaps.

And we found out though that group is the gaps are developed countries that are trying to keep foot-and-mouth disease out are different than the gaps that are needed in countries where it's endemic. And that's' really focused the international effort on that.

We're establishing research programs in Manhattan. We've also established other international research collaborations. We did a (unintelligible) virus gap analysis. That was actually held in Manhattan. And then we've also done recently – (unintelligible) done avian influenza gap analysis.

And so those gap analyses help to direct our programs, but also engage international partners. So, there's dual benefits to that. And then we're in the process of training the next generation of foreign animal disease scientists.

So, the next slide. So, I've already touched on this. I'll go quickly. The current program is not sufficient for vector-borne disease. And as we have the environment climates warming, the United States is going to experience more of these vector borne diseases. So, we really need to get out in front of that and conduct more of this type of research.

At Plum Island we have a very small basic research program. We do need to make sure we're developing products. And so that applied research is very important. But we need to increase both the basic and applied. And as mentioned earlier 70% of the new emerging diseases are characterized as zoonotic. And so the (unintelligible) program will allow us to work on those where we're not - that's not a capability of Plum Island.

And then the last item on there, we currently work on four pathogens. We're going to expand that into seven different classes of pathogens that we're looking to work on in (unintelligible).

So, the next slide priorities and future program expansion. We and DHS and APHIS have routinely put groups together to identify the highest priority pathogens. We'll continue to do those. Our efforts internationally, we'll continue to work with our partners in the international arena to help identify priorities in the new ARS program. Then we'll target these different biological types.

And here's a list of the type of classes that (Sarah) would like to target in the ARS program. So, you can see a lot of those diseases. Those are commonly worked on across the – number – the biocontainment labs internationally. So, it fits very much with what's viewed as the priorities.

One of the things that we want to constantly send a message to everybody is we're not going to decide what we're going to work on per se in (unintelligible) yet because we've got a number of years before we're going to move into that facility. And it's at that time you need to set the priorities and determine what's the most important disease we work on.

So, what I want to convey to this group is, we've got a set of classes of pathogens that we'd like to target. They could change by the time we move into (unintelligible).

With the next slide is the aerial view, a footprint of (unintelligible). And I'll turn it back over to you (Beth) for questions.

Woman: Okay. Thanks. We'd had sent out in the pre-paper that we had sent three questions for the committees, So, Liz, we're at the point for the discussion.

Dr. Elizabeth Wagstrom: Thanks, Steve, and, (Beth). Yes. We'll open it up for general questions, but then recall what APHIS is asking from us is to hear from us what information about the (intelligible) would the committee like to receive as planning and construction continues?

How would the groups that we represent like to receive (unintelligible) updates and what are the existing communication mechanisms that USDA can use to deliver those updates? And then how would the committee and the groups we represent like to provide input to (unintelligible) priorities as the programs are developed and after (unintelligible) is operational. So, those are the three points that, you know, the APHIS is looking for, input from us.

First up, I would like to actually ask the first question since I have the microphone. One of the things we've - obviously this committee has spent a tremendous amount of time working and talking about foot-and-mouth disease vaccine. And as we, you know, as some of us have talked to, you know, congressional delegations about the need for funding a foot-and-mouth disease vaccine bank, it appears that there are members of Congress or their staff that believes that a vaccine can be manufactured and stored at

(unintelligible). And I guess I'd just like to hear your ideas about that capability.

(Beth): And maybe - Steve, I don't know if you want to comment maybe about the BDM capability because perhaps there's some confusion that when they hear about being able to do pilot batches of vaccine versus when you're talking millions of doses. So, Steve, did you want to comment about the BDM capability?

Stephen Crawford: Well, you know, it's only - BDM is only designed to - for scaling up to a larger production level. We do not see BDM as being the source of vaccine for - it just won't have the capabilities to provide a very big need. You know, there may be in a particular case that something's emerging and being able to have a small batch of vaccine available in case it comes to the United States. That might occur and that would be up to APHIS.

But as a whole the BDM is only – the capability is only for how do we transfer to a commercial partner that can generate the vaccine in quantities that's needed and do all the quality control that's needed.

(Beth): And I think the capability, I mean we've looked at like 30-liter production type. You know, that's not going to make much vaccine. And, again, that's to help scale it up. So, I think we can certainly help in understanding it's a critical capability with the BDM, but it's not adding manufacturing capacity.

Dr. Elizabeth Wagstrom: Thank you. Any other questions for (Beth) and Steve? We'll go Wayne and then Belinda.

Michael Blackwell: I have one.

Dr. Elizabeth Wagstrom: Oh and – okay. We'll just start clockwise around.

Wayne Freese: Yes. This is Wayne Freese. It seems like the question that I get asked the most over the last few years is why Kansas. And maybe you could give us three or four reasons why you chose Kansas.

Dr. Elizabeth Wagstrom: Yes. Maybe Mary Ann could answer that.

Wayne Freese: It's wonderful, but it's also in the middle of cattle country too. So, that's a question that comes up.

Dr. Elizabeth Wagstrom: So, I can start, Stephen, then maybe you can add. So, there was a very much...DHS started the process by soliciting broadly an openly for any. And I believe they had started with 29 or 28 different applicants to that process. Then there was a process of reducing those numbers. And they have some critical criteria that they used. There were site visits that were conducted to a variety of different sites.

When it got down to six sites there were public meetings that were held to look at the community support for the facility and to look more closely at situations like how much water is available -- those types of things. I mean there's a very critical infrastructure, things that needed to be looked as well. Another piece of the -- there were several criteria in the applicants were rated on those. One of the criteria was availability to be close to a land grant and be able to have that synergy. And (unintelligible) with a university.

There also was a criteria that looked at what is the community or the state willing to contribute to the – both from in kind and dollar's value to be able to participate in this project. Community support was an important criteria because this is something you wanted to go where the community wanted this

facility and could be open to this facility. Steve, were there any other criteria that come to mind for you?

Stephen Crawford: Well, so, there's been a very large effort that's gone into the risk assessment of this facility. There are two National Academy of Science panels that looked at this and did the risk assessment.

And with a lot of the new technology that there is, there's a lot of added biocontainment biosecurity that goes into a facility like this. So, DHS and us working with DHS, they've worked really hard to identify a site that would work really well for this and them also did the risk assessments to make sure that we would with the operating at a very safe level.

Wayne Freese: The last comment I'd have is we spent 1.2 in our waking steady, but it only took us two years to build.

Dr. Elizabeth Wagstrom: Good point. One other thing, that there is also 2008 in The Farm Bill, Congress did approve for the secretary of Agriculture to provide a - the permit to allow foot-and-mouth disease on the mainland because otherwise they're in a congressional prohibition against that except for in emergency situations or key research situations.

So, in 2008 it actually will be in the USDA Secretary of Agricultures and NASA, not delegated authorities or for the secretary. So, whosever the sitting secretary at that time will have the responsibility to provide that permit. So, that's not something DHS can do independently. It's actually in the hands of the USDA Secretary of Agriculture.

Wayne Freese I would like to know what your expectations are for the Vikings' quarterback situation. But we can discuss that offline.

Dr. Elizabeth Wagstrom: Excellent. So, I think counter -or clockwise is Belinda.

Belinda Thompson: I had the question about designating - and maybe it's outside the scope of this. But it was news to me that DHS was actually carrying out research for foreign animal disease prevention and counter measures. Is that restricted to the foreign animal diseases that zoonotic? Or how is the decision made which is under USDA or (come back) and which is DHS? Because I thought DHS was there for security purposes and not actually for foreign animal disease work.

Dr. Elizabeth Wagstrom: So, actually in 2003, when it transferred, when the operations and the land and the facility transferred from USDA to DHS, Congress also transferred some of the research program dollars from ARS and some of the diagnostic dollars from APHIS to DHS.

There was a - with a signal for them to become engaged in that HSPD-9, that presidential directive, did have direction for DHS to be involved in and helping spur the development of counter measures, you know, the vaccines or diagnostics that we need to have for foreign animal and zoonotic diseases and emerging. So, in 2003, they started the program because actually half of the dollars from ARS actually went to DHS.

And so, what we had developed and we didn't show it here, but there'd been a pipeline developed for DHS not to be involved in the area where USDA from the basic research standpoint. That's what the intramural research arm of USDA does, basic research extremely well. But to have DHS more take it through that valley of death that Steve mentioned of when it's near the end and when you need to have a commercial partner when it's been developed to help develop that area.

So, that's been...we did a - actually at the time in 2003 – I think it went to Congress in 2004 or 5 there was a report that was to - that outlined the areas of responsibility for both, because again, it could be – look like duplication of effort.

And maybe Steve you might want to comment how we keep each other informed of what people are working on so that there isn't duplication.

Stephen Crawford: Yes. So, we've got a number of activities that we work very closely with the Egg Defense Branch. Michelle Kolby and I co-chair of foreign animal disease threat working group that's out of the White House. It's an OSTP group. And then we work closely with them in a number of other activities. They've got university programs. They provide grants. APHIS and ARS are recipients of some of those grants.

So, there's just multiple different ways that we interact with DHS very closely. And so, we're - a lot of times I imagine people can't tell whether you're ARS, APHIS, or DHS so definitely on the Island, on Plum Island, but even in other - in meetings in town here or elsewhere.

So, that shared responsibility and making sure that we're working on - that it's coordinated. So, it's really effective use and resources has worked really well.

Michael Blackwell: Well, first of all, it's great to see the progress here. I remember years ago many discussions about this proposed facility and I think the budget was – I don't know – 3 or 400 million. And everybody was pulling their hair out about how expensive that was, how impossible that was. And now it's 1.2 billion you said. And it's great to see that we can do this in our country.

So, I was - as I was looking at the design of the facility, is there any concern about radiological contamination incidents? I know when CDC was designing facilities and concerned about contamination of specimens coming into the laboratory a way to check them before they actually enter into a facility.

And then the second question I has I'm assuming that all of the work will still contain a (unintelligible). I mean there are certainly zoonotic diseases potentially that leave severe consequences to human health. And their facilities are quite old and aged and need to be replaced. So, just your thoughts on that.

Dr. Elizabeth Wagstrom: Well, I think - Steve, do you want to take the last question first?

Stephen Crawford: Sure. So, yes, we plan to continue the program at Southeast Poultry on poultry. The only time we would be considering whether anything with poultry ought to be done in (unintelligible) is if we got a zoonotic agent and we needed to protect our employees.

And there's a likely scenario is that we would probably bring scientists from (unintelligible) up to (unintelligible) to work with the (unintelligible) people that are operating (unintelligible) and with the rest of the scientists there.

So, yes., we do not see duplicating that, but we do appreciate that we're going to have the capability of working some zoonotic avian diseases if the need arises. And hopefully it never does.

Michael Blackwell: So, what is the status of the plans for new facilities there?

Stephen Crawford: It's moving forward. We've got funding for starting the construction. The design is - I think it's nearing finish. I know that there's been a lot of meetings

within ARS with the architect and we're going through quite a few of those processes. So, I don't think the actual construction has started yet, but it's pretty close.

Dr. Elizabeth Wagstrom: And on your first question were you talking about if someone would intentionally contaminate the samples - that came in?

Man: Yes.

Dr. Elizabeth Wagstrom: I'd actually - that's a good question. I'd have to go back and look. We have a security assessment - a security threat assessment that was completed earlier and that hasn't...I haven't looked at it lately. It was in official use only, and actually I think that particular one may have had a classification to it. So, that is a good question.

We'll go back and ask about potential. I know from an unintentional, we, our Plum Island facility, actually is close to a nuclear reactor in Connecticut and we actually drill from that standpoint. We drill if in case there would be a release from that facility. But as far as someone intentionally contaminating I'll go back and take a look.

One of the things that the foreign animal disease diagnostic lab does is we actually collaborate with the FBI and we've done training exercises with the FBI so that we in containment could lift fingerprints off a vile, those types of things.

We've had over 40 FBI agents that we've trained with to be able to handle the samples the way we need to be handled to look at the animal aspect we need to and what they need for the forensic evidence aspect. And we maintain that capability for the FBI and DHS on the foreign animal disease side.

Dr. Elizabeth Wagstrom: Michael (unintelligible).

Michael Blackwell: It is very exciting to see this project progress to where it is and the projections. I was on the team that made the shortlist that lost in the end (unintelligible) Tennessee Group. We still don't understand why you put this in a tornado alley.

But my concern is one of the – representing my constituency and that is this. We hope that the program development will take under consideration the importance of Animal Welfare Act, to be clear the HSUS fully supports the need for animal research. So, hopefully those of you who are confused about that will not drink the Kool-Aid of some who say we're trying to get rid of all research animals.

No. Animal research is still important. However, there are certain things that geocritical in doing that. And one being when working with sentient creatures, they deserve a certain amount of care and support and so forth in order to respect their gift to mankind if you would.

To be clear a cow is not a dog. I understand that they're very clear differences. But a cow is a sentient creature still. And so, it is our hope that this facility along with all of the government's research activities involving animals will accept that the Animal Welfare Act should apply to the federal government as much as it does to a private institution.

I don't think this issue will go away. And so, it's important that we try to embrace and figure out a way forward.

Woman: So one thing I could comment and maybe Steve could ask is we do have our institutional animal care use committees out at Plum Island. And all the protocols are reviewed by that committee.

And you have to provide scientific justification for the work that's being done with the animals. You have to show why you need to do your work. You have to have done your literature review to show that this is going to add to body and knowledge and it's got to benefit.

You have to include in that proposal any types of medications for those animals, pain medications, any of that has to be clearly outlined. In our protocols, the attending veterinarian clearly is the one has the responsibility for the care of those animals and can...It's not the principal investigator for that project. It's the attending veterinarian that makes the decisions about the care of those animals.

We also very much are using enrichment. We very much have adopted enrichment, the monitoring that needs to be in place. So, we have a very well-functioning animal care and youth committee there. We expect to maintain that. We are also looking with the new facilities to have AAALAC accreditation there as well at the (unintelligible) facility and that's being built into the planning process, as well as to make sure that even though not required that we would have APHIS inspections of those facilities.

So, there's been quite a bit of attention spent at Plum Island in this area as well as we look at the planning. So, appreciate your comments.

Woman: (Unintelligible). Anybody else (unintelligible). Great questions. Great discussion. We've got. I think about 15 minutes or so before we move to the

nest topic that we can come back to this as needed. But let's take a look at the questions that (Beth) and Steve have asked of us.

So, first is what information about NBAF would we like to receive as planning and construction continues. And how would we like to receive it is (unintelligible) with the groups that we represent like to receive that information. (Unintelligible).

Dr. Elizabeth Wagstrom: I've got my typing fingers on. All people need to do is start talking.

Man: I've got some feedback from my stakeholders saying that they would like to have quarterly emails potentially with the updated email list for updates and then yearly webinar or in-person meeting progress complaints. And what they'd really like to know would be indication of progress of major milestones, any significant delays in timeline. And is it okay to spread this PowerPoint session around back to our stakeholders?

Dr. Elizabeth Wagstrom: Yes, this would - I think you'll be posting this, Diane.

Diane Sutton: This will be posted on the SACA websites. You can either share it directly or you can provide the link once it's up.

Man: Thank you.

Man: Liz, I think our group has understood that just continuity of service is maintained during this transition, which I'm sure that's a big plan of everybody's. But you can't have the employees at two places at one time, and you're going to have past that crunch time. You know, we just don't want to

drop any balls while we're moving I guess. That's not really a question to have, but I would think that would be part of the communication process.

Dr. Elizabeth Wagstrom: Of existing mechanisms - go ahead Mary Ann.

Mary Ann Knievel: Two things (unintelligible) people have asked me to pass on. And one is that, I mean, me being from Kansas, I never thought about this. But they would think we need to create a feeling of national ownership of NBF rather than all of the focus on the activities coming from Kansas. And they thought that could be achieved through our national meeting for updating the stakeholders to be held in D.C..

And I had one suggestion. I think, you know, we need to continue the updates to the SACA committee. But as they get closer to getting things done it would probably be a good idea to have a liaison from NBAF maybe on the SACA committee.

Woman: I'd like to weigh-in in favor of webinar approaches as opposed to in-person meetings. Because, you know, in-person meetings are expensive to attempt and difficult. And our folks very much want the information. So, mechanisms that allow people to stay informed without - you know, remotely are pretty important.

Man: I think one of the things I haven't heard in the planning process is the transportation of samples from their point of origin to the facility and how the security for those can be arranged. I want to make sure, you know, that, that containment is maintained, you know, in particular something really potentially dangerous and like FMD.

People are going to be concerned. You know, not in my backyard. You can bring it into Kansas, but don't bring it through Obama, or, you know, don't bring it through Nebraska. So, how are we going to address that and calm some of the fears -- some justified, some less rational. That needs to be a part of this process.

Man: I echo that 100 %. When I was at the Port of Miami in (RNPPC) Travels, I was surprised at how samples were in refrigerators (unintelligible) into a refrigerator. So, I mean that's a real concern (unintelligible) is transportation.

Man: From my groups, I think just continuing doing what you're doing in terms of attending US Animal Health Association meeting, (ABLB), Triple AP meeting. And your updates, like you did today, I think is great.

(Unintelligible) what they appreciate is the opportunity to ask questions. And it's usually not just meeting with the executive leadership who can really pass on the information to the members. But I wouldn't encourage you to do that. But you've always done that and done it well, so…

Woman: I thank you. We've got some good ideas on collecting - getting information from NBAF. But how would this committee and the groups we represent like to provide ongoing input to NBAF?

Woman: One thing that Steve and I didn't mention, DHS has worked with the community and set up a community liaison group so that they're, you know, obviously the community that's posting that facility questions may come up about what traffic patterns and what are you working on? What's the potential risk? Those types of things. So, they have their first meeting already of a community liaison group. And that's not a national group, but that's (unintelligible) for the community itself.

Stephen Crawford: (Beth), should we give them a little bit of information on shipping the samples?

Woman: For my comment for Number 3 is, so the USHA resolution process was the one-map method for input. And the second thought would be through communications with the National Assembly. That's from the state vets' contingency.

Woman: And maybe – Stephen did you want us to comment on the shipping?

Diane Sutton: Yes. (Unintelligible).

Woman: Okay. Steve, if you want to go ahead, and then I can add.

(Steve): Well, so the DHS has been working with us and putting together a plan for the shipping of samples and there's been quite an effort by all three entities in Plum Island to go through the samples and minimize the number of samples that need to be sent. So, that process is ongoing.

I know DHS - or APHIS and ARS are needing to spend some resources to better characterize the samples we have and that'll allow us to get rid of samples that probably aren't - they're a bit redundant. Once you characterize, we'll have a better idea of where they need to keep all of them.

So, that process has started. DHS has been looking into, you know, what kind - type of carrier you would use. And I don't know that they're very far down that road yet. It's going to be a little bit of time. But they are planning for it. They have people working on it. So, that's something that we can keep you informed of as we move forward.

Woman: Yes. Thank you. Yes. Only - there is going to be no equipment that would be moved from the facility itself because by the time you take equipment halfway across the country and decontaminate to move out it's not - and we'll make judicious equipment decision purchases if you get into the last couple of years as well.

But as Steve said, the biorepository, there are some viruses at Plum Island that may be the only ones in the world of that virus back from the 50s or 60s that you want to preserve and carry. But that is one that there is going to be significant planning.

But as we said we're going to characterize and get (unintelligible) sequencing. We don't need to take everything that we have there. We're going to get it down to what are the critical elements that we need to have and isolates where you actually feel need to have the actual virus to test in the animals (unintelligible) diagnostic system.

Woman: One that I'd like to suggest on Point 3 is that - and we've talked about this yesterday on outreach for APHIS generally is either service on or presentations to commodity groups of AVMA, state VMA committees.

Man: (Beth), on Point 3 also, (NEEF) for this year is trying a different method of trying to get input on their research priorities where they're reaching out to different commodities. You might just watch and see how that works and it might be a model to follow in the future. I don't know if it'll work or not, but it's something they're trying.

Dr. Elizabeth Wagstrom: (Ant), that's a very good suggestion. We've helped participated in that, so that's a good idea, start looking at see how we could adapt that process.

Woman: I was actually given three priority areas to include in our report. So one is for foreign animal diseases the clinical knowledge gaps that exist for the diseases. So, we spent a lot of time like trying to detect a virus. But we know that some animals early in the course of the disease are - like in that case of sheep. Foot-and-mouth are really hard to detect.

And we don't good have the clinical parameters that match modern day veterinary medicine. So, we don't know what the ultrasound of the chest of the horse is in their early stages of African Horse Sickness or the blood chemistry and hematology values for sheep.

The clinical gaps haven't kept up with kind of the practice of modern veterinary medicine. So, some veterinarians have approached (unintelligible) they don't really know if they didn't recognize the disease from the standard (unintelligible) you know the vesicle on the mouth whether there would be some other clinical clues.

And they've approached some scientists at Plum Island and then told them that's outside of their scope of work. And so, incorporating that in the – as long as the animals are being infected for demonstration purposes closing those gaps and collecting that information.

Similarly, the second one would be for the domestic (unintelligible) diseases there are a number of knowledge gaps. And just as an example, one that we've addressed we've had to deal with recently as what happens when

(unintelligible) gets into a dog. And so, possibly closing some of those knowledge gaps.

And the third one is using the NBAF as a training for domestic emergency response activity. There used to be a training facility in the south where veterinarians and FBI agents, they could go together to train for collecting samples simultaneously from a potential fight where there could have been a non-bio terrorism and the - or an outbreak - of a disease. And it's my understanding that facility closed.

Woman: (Unintelligible).

Woman: For domestic emergency response activities where it may incorporate state veterinarians and potentially law enforcement officers for events that could be natural disease outbreaks, outbreaks of foreign animal diseases and/or criminal activities.

Diane Sutton: Also, I think this gives us a great start. I see we have Dr. (Zach) that came in. I don't know if Dr. (Clifford)'s (unintelligible) phone. So, we will thank (Beth) and Steve for the presentation. This was very, very interesting and very informative. And if we come back with more, you know, discussion this afternoon we'll fill in even more in those areas. But, again, it was a very informative discussion.

Stephen Crawford: Thank you Liz. I appreciate the opportunity. I'm going to go ahead and get off the line now and go back to the other meeting. Thank you.

Dr. Elizabeth Wagstrom: I'll let Diane finish saving what we just did because I don't really want lose it

Diane Sutton: (Unintelligible).

Dr. Elizabeth Wagstrom: And then we will transition into our discussion which is a very short part of this meeting on foot-and-mouth disease vaccine. Instead of in the main discussion, we've got half an hour here with Dr.(Clifford) and Dr. (Zach). So, in a moment I'll just let Dr. (Zach) come up to the microphone.

Man: (Unintelligible).

Dr. Elizabeth Wagstrom: Dr. (Clifford), are you on the phone? No.

Dr. (John Clifford): Can you hear me now?

Dr. Elizabeth Wagstrom: Yes, I can, (John).

Dr. (John Clifford): Okay. Sorry. The operator hadn't placed me in the conference, so I (unintelligible).

So, I'm sorry. I was just wanting to see if I could go first. I'm at another conference and I have to do an introduction in a few minutes and I think really, John, most of the questions in the - given to John and he can answer those because my part of this very short.

My part was I was asked by our administrator Mr. (Kevin Shae) to try to determine how best to finance the need for an extended vaccine bank. So, the premises in which we're working off of is that – (John) can speak more to -- is that need the top 10 strains of FMD virus. We need 25 million doses in our estimation and for each of those, so we would try to build that over a period of time such as five years.

And we presented this to the industry from a standpoint of what we felt the minimum needs were. And then we would refer to these as minimum needs. So, the industry's thoughts were that were going to address this through the next Farm Bill and try to get actual appropriations through the Farm Bill; not authorizing language but actual appropriations through the Farm Bill.

So, the amount of money they go after will be totally dependent upon the industry. But right now the minimum's requirements (unintelligible) out 25 million doses for each of those top ten. It's hard to estimate the exact cost at this point in time. And (Darryl Styles) and (John) are probably better at that. But you could probably just as a point of discussion think about a dollar a dose. So, that's really all I have. And I didn't know if you all had any questions before I get off the phone and turn everything over to John.

Dr. Elizabeth Wagstrom: Does anybody have a question for John before he goes back to his meeting?

Dr. Don Ritter: Yes, (John), Don Ritter here. I just have a question. You know, once the 250 is spent and you have these doses in the bank, is there ongoing money needed a lot to keep this up, or is it going to kind of stay there in the freezer for a while?

Dr. (John Clifford): It will require ongoing because vaccines will be - there'll be a different way in we keep this. We typically kept and stored it ourselves. But it'll probably stored at the manufacturers. And they'll have a turnover done on the shelf turnover so that the vaccine can continue - it can be used as it reaches its endpoint so it's not just wasted. And then - so it's a buy back. And basically, you know, you can think of it that we would probably get 50 cents on the dollar.

So, to maintain that it wouldn't cost a much, but there will be probably a cost of about at least half of what it - the initial cost is. So, that answer your question, Don?

Dr. Don Ritter: Yes. Yes. And we'll get into it later too.

Dr. (John Clifford): Yes. And if more doses are wanted, you know, the cost obviously goes up. And we're talking about building that over five years, you know, for example. So you could buy two of these topotypes every year. So, that's 50 million doses that you'd be purchasing over a five-year period.

Now, if you wanted to speed that up obviously it means more money. If you want to build it all at once -- if manufacturers can do that -- you would have to have 250 million doses right up front. Anything else? And I'm sorry that I'm not there with you guys, but…

Dr. Elizabeth Wagstrom: One more quick question, (John).

Stephen Crawford: (John), Steve Crawford. What's the shelf life on those, to sort of follow-up on Don's question?

Dr. (John Clifford): Well, actually the shelf life could be longer than five years. But the manufacturer will only keep it for five years. Isn't that right, (John) – (Zach)?

Dr. (John Zach): Yes, sir. (unintelligible) for the frozen vaccinate antigen concentrate typically (unintelligible)

Dr. (John Clifford): Oh, yes, yes, yes. Finished, this is the frozen concentrate.

Stephen Crawford: Thank you.

Dr. Elizabeth Wagstrom: Any other questions for Dr. Clifford? Otherwise, thank you, (John). We do have (John Zach) here so we will (unintelligible).

Dr. (John Clifford): Okay. Thanks everybody. And I know you're in good hands there with (John), so thanks everybody. Take care. Bye-bye.

Dr. Elizabeth Wagstrom: Thank you.

Stephen Crawford: Thanks John.

Dr. Elizabeth Wagstrom: Do we want any further discussion with Dr. (Zach), or you've got - you've got any more good news for us? (Unintelligible).

(Charlie Rogers): Dr. (Zach).

Dr. (John Zach): Yes.

(Charlie Rogers): This is (Charlie Rogers). Hey, I've got a quick question. Like the prevalence of foot-and-mouth disease worldwide, over the past – oh – five years or something is that up or down or…

Dr. (John Zach): Probably - depending on a half-full half-empty way of looking at it pretty stable in terms of the number of detections around the world the actual, you know, prevalence of around the world, I think, you know, what gets the scientists obviously concerned every year is, you know, the new strains developing. Is this, you know, the virus rust never sleep. The viruses keep changing.

And I think that's, you know, a good lesson for everybody that like the virus you had 30 years ago, 20 years ago may or may not have the same efficacy now. That's something that's very vigilant. And as you're talking about a bank, it's not like you just buy beer, freeze it, you know, for 30 years. You've got to - that's why you're...You know, the good news is you're going to have a great lab to study all this, you know, the follow-on part is if you ever have an outbreak you're going to need, you know, an industrial scale of vaccine not a research scale of vaccine.

((Crosstalk))

Dr. (John Zach): I mean, you know, the thing I would go to is the World Reference Laboratory, you know, online at Pirbright. And they document all the cases that are found around the world. And in my mind it's kind of stable, you know, the last few years. So, you know, the good news is we haven't had it since 19-you tell me.

Woman: Twenty-nine.

Dr. (John Zach): Twenty-nine. The good news is any given morning the probability of getting is low. But you all know - you all stay with me, one of those high-consequence rare events that when we have it it'll be a new normal and not necessarily a good new normal to start.

(Charlie Rogers): Along the same lines - and I know this question's hard to answer. But the probability of that happening is increasing or decreasing?

Dr. (John Zach): Probably, you know, if you're a pessimist like me, because you have to worry about these things with global trade on the movement of people, goods, services, around the world I would think that the risk even with the diminishing virus in the world, the way things move that risk is there.

Some will tell you the risk of purposeful introduction is probably increasing as folks look to more novel ways to hit countries economically, or other ways. So, again, depending on how you look at it that can be a neutral or a negative, you know, assessment of it, you know, in terms of a yearly risk or a daily risk.

Dr. (John Zach): Okay. Thank you.

Diane Sutton: Can you tell me what's being done about the ARS leaderless vaccine? Are we doing anything to commercialize that and move that forward? I didn't realize that this was that tough a question.

Dr. Elizabeth Wagstrom: Probably a good question for Steve Kappes. You know, they have worked with the commercial partners. They have a commercial partner that they're working with regard to that technology that's kind of the next technology (unintelligible) They have no vector vaccines that ARS has come forward with.

And I haven't looked at it lately but I believe that the commercial partner that they're looking at is looking at projects and further development and looking at taking that into another country that they can work and develop that vaccine.

So, I think it's one that's not at the point, you know, it's not at the point that we can put it in the bank. It's not at that point. It's got to be commercialized, yes, with a commercial partner. And we also from an APHIS standpoint would like to see how that, you know, see how that commercially used and see how it performs. But I know they're working with a commercial partner and they're looking at the options that they have to continue some studies.

I know there's ongoing studies at Plum Island, yes, that they're working with that commercial partner that they have. But I hadn't had an update in a couple months.

Dr. Elizabeth Wagstrom: Dr. (Zach), yesterday Dr. Shere spent a lot of time talking about budget with us and things like new money and how budgets work and how we can advocate on behalf on some things that APHIS leadership cannot advocate for. Can you give us any input or idea of, you know, we, - I think in our last committee meeting talked about your Sources Sought Notice or your request on information on exact costs for a bank.

But at what point, you know, other than the kind of round figure that Dr. (Clifford) gave us will there be more information if there are those who want to see funding and have knowledge to be able to justify the amounts that would be asked for.

Dr. (John Zach): Great question, Liz. And I think the answer is that the Sources Sought Notice is being digested, you know, by, Dr. (Stiles) and some other folks. I think that, you know, just to back up the big picture that Dr. (Lautner) – what is your budget each year now for the vaccine – about 1.2 million?

Dr. (Lautner): (Unintelligible).

Dr. (John Zach): That's the U.S. contribution. So, in the scale of things you're spending $1.2 billion to build a lab to study viruses which is great – as folks have said a great improvement, enhancement capability that the United States will have. And all stakeholders in the United States will have it. However, (unintelligible).

But when you get back to the actual outbreak – and then you're all probably familiar with the difficulties of FMD virus. It's not just one vaccine. You're probably looking at current 20 to 25 vaccines to cover the overall threat from the FMD virus because one of (unintelligible) flu where one vaccine's not going to cover all the, you know, threat strains. That's really the (unintelligible) here.

So, to answer your question, we're currently spending $1.2 million. There's been some different versions of what it might cost for, you know, a high-tier vaccine bank. And that was estimated to be about $150 million a year for five years to get it off the ground to get you 23 strains at a high degree of, you know, certainty for coverage.

Then the Source Sought Notice I believe was for 10 strains at 25 billion doses which we thought was kind of like, like one program's recommendation, like, what would be you minimum walking around capability to feel like you could respond to an outbreak. And that (unintelligible) or modeling and however you want to do it. We'll cover like a blanket vaccination of Iowa or a blanket vaccinating of Texas. Certainly wouldn't take the whole country, but it's certainly the heck a lot more capability than, you know, the current 1.2 million, you know, 2.5 million doses.

But I think that, you know, as - depending on how you look at this, I think the other key thing that's occurring in the background which has been great progress is kind of even with (unintelligible) budget that Dr. (Lautner) has 13 with the North American FMD vaccine bank is going through a modernization process where like some of the questions you're asking the next contracts will store the vaccine concentrate at the manufacturer to, you know, lessen that time, you know, to send it back to the United States to manufacturer and have it come back here.

So, some of those modernization type elements in terms of logistics, who holds the vaccine and things like that, you know, are under development. I don't know if you wanted to add anything to that Dr. (Lautner)?

Dr. (Lautner): Both...We had gone through a modernization practice to store at the manufacturer, and that allows - as (John) mentioned that allows them to buy back - they generally if it's (unintelligible) strain in the world they'll buy it back from you at half of what you paid for, so you can credit that to the replacement of it.

We also at the World Organization for Animal Health at the (unintelligible) meeting we signed a vaccine sharing arrangement with Australia, New Zealand, Canada, Mexico, the US and the UK. I get none of those have large amounts of vaccine so that does not really solve our problem. But it – the countries agreed that they would enter into a vaccine sharing arrangement that - and if you store it in the same manner and it's pretty specific and it's actually – you all have confidence in it you potentially could share the limited amount that you have you could potentially offer it.

No one is bound by that to share it. It's a non-binding agreement. It says, you know, if the (CTO) makes that decision than we could work the share. That might be helpful especially if someone had a little bit of a strain of serotype that you didn't have much of that might be a possibility.

But, again, that's a very kind of stopgap type of measure just trying to maximize what we have. But we are trying to increase (unintelligible) in 2017 will increase our contribution. That increase in contribution is in the budget on the emergency care initiative that we have pending for the 2017 budget.

Dr. (John Zach): And I think, Dr. Wagstrom, to follow up with your question, you asked like how much money's needed, and I think the other thing we're going through in terms of a modernization process is we've talked about, you know, on the technical side the vaccines you need, the difficulty of the vaccine, the valley of death of how you need to have enough vaccine to last 14 weeks. You know, basically the frozen concentrate that you have is probably all you're going to have for the first 14 weeks. And It takes that much longer to wrap up production the manufacturers say. So, it's one of those concerns capacity bottlenecks.

But I think the other thing we're doing was we're embarking on a series of meetings now, and we're doing this with Dr. Roth, Iowa State University, The Center for Food Security and Public Health to engage stakeholders. And I think many of you have probably been invited to this meeting September 27.

We're starting off with the state veterinarians, some key industry folks to really kind of ask the question how much vaccine do you think you need given certain scenarios?

So, I know that, you know, that center is able to go out, look like more of a survey or questionnaire. Because I think we need to have two halves of this discussion is what do the, you know, the technocrats seriously, you know, the people that make the vaccine, purchase the vaccine, buy the vaccine on the government side, what do we estimate the needs would be, you know, for an outbreak?

But that's just one half of the point. The other half of the point is, if we got into an FMD outbreak there was maybe, you know, different scenarios contained to one state, regional, national involving several countries, what your needs for FMD vaccine that you would foresee – to have that empirical

discussion about, whoa, don't just tell me we're going to use it, you know, for blanket vaccination or (green) vaccination.

I want to do it - I'm more interested in protective vaccination for breeding stick of milking animals. Other folks maybe, no. I don't want to take that risk. You know, we'd rather turn the country to FMD free status right away.

But that's the kind of dialogued discussion we need to have to get input not only for the vaccine people on the government side, but get input from the stakeholders as to what they think the numbers would be. And that would help influence the final size of the vaccine bank and how it's paid for and, you know, whether it's the Farm Bill or some other mechanism.

Dr. (Lautner): So, when is the RFP coming back?

Dr. (John Zach): The Sources Sought Notice did come back, the initial one, the one that was for the 10 doses, 25 billion. And I think that, you know, realistically if you're looking for a buck a dose, it's kind of like a walking around number if you want to...I mean I hope I'm not violating any contracting laws, but that's kind of what it is.

Dr. (Lautner): And the Sources Sought Notice was to really ask manufacturer - we had a list of criteria about how much they could produce, how much they could finish. We had a - what their search capability was. So, it was a - it's gathering information from the different worldwide manufacturers of FMD vaccine. And then from that analysis it did not include the price.

We did ask them what their capacity is and the capability, what types of (unintelligible) they had, could they provide everything for everything in the

world -- those types of things. We had a list of criteria that they provided information for.

We've completed that evaluation. It's working through the approval process what we discussed with the commissioners. But I would expect within the next month or so we should say - and what's going to come out of that is just be realistic about what we're going to have is going to be here 's our preferred providers for the vaccines.

But there's money attached to it. There's no commitment of amount of purchase. It's just if we had the money these - we've done the worldwide search already to say these are the preferred providers and we're looking at one both from the South American strain as well as others that are (unintelligible) circulating the world. So, we're looking particularly for two preferred providers.

Dr. (John Zach): And the manufacturers have been very upfront saying that United States, if we had this, you need a high potency, high quality vaccine that (unintelligible) their current production capabilities, so…

Man: Well, I have a question. Were there any manufacturers in the United States that could handle the virus without it escaping?

Dr. (John Zach): You know, it's a great question and currently by, you know, United States code you can't have the virus on the mainland except up in Plum Island. And nobody can make the vaccine from, you know, the actual traditional vaccine process where you start out with a live virus and make a vaccine. And I think that's why there's so much interest in some of these new technologies like the (unintelligible) or some of the other ones that like DHS (unintelligible).

Man: Well, I think there was a little problem in Great Britain at one point. So…

Dr. (John Zach): Well, I mean….

((Crosstalk))

Dr. (John Zach): …Dr. Roth's not here, but I think he has some metric or, you know, there's been so many lab leaks of FMD in the modern era, whatever that is, like 1920s leaks. So, that's why, you know, you end up with an expensive project to build a level 4 laboratory because obviously the first, do no harm. You don't want to have…

Woman: (Unintelligible).

Dr. (John Zach): …you know, you don't want to have a lab that leaks anything.

Man: (Unintelligible).

Dr. (John Zach): That's been taken very seriously. There's a tremendous amount of risk assessments that's done on that issue alone.

Man: I have a question regarding – I apologize for being a little late on this. But is there a study, a white paper or something that talks about the vaccines in general in terms of efficacy, speed of response and species variation in terms of (unintelligible).

Dr. (John Zach): Yes. Sir. There's a lot of work on that. We have our own vaccine paper that veterinary services has done in, again, conjunction with Iowa State that walks through the current state of the FMD vaccines, like, how you need two doses in pigs. You need one dose in cattle. The different types of vaccines, their

history of efficacy, and then some of the current research projects or the emerging technologies for a vaccine which...

What everyone really wants is a multivalent vaccine that, you know, you could use, and, you know, make domestically without the risk of the virus. But that probably several years away still unfortunately. And it's been several years away for

((Crosstalk))

Dr. (John Zach): And I think this is one of those. This is one of the things where, you know, you kind of feel like it's Déjà vu all over again or the Groundhog Day. It's like you get the discussion. You kind of get frustrated with the FMD vaccine, because we get 23 strains. If you vaccinate now, you know, you really hurt your trade status. You know, it would be great to have, you know, this multivalent vaccine that was fairly cost-effective, you could use with multiple species, right? And that's the grail that everybody - and we'll get there some day, right, because science - pathology marches on. But we're…

Woman: (Unintelligible).

Dr. (John Zach): All right, I'll let you (unintelligible). So, I think the lesson learned was, you know, we probably need to have a considered planning and procedures and a contingency plan before that day comes.

Man: So, where is that information available?

Dr. (John Zach): Google FAD PReP.

Man: Oh. So, it's on the FAD PreP.

Dr. (John Zach): Yes. Yes. We have a supporting document on FMD for the vaccine document and there's other, you know, there's other great research out there. The other references the World Reference Laboratory WRLFMD on Pirbright on the web, which is kind of scary because they're telling everybody like, you know, it's there publicly all the viruses being tracked with the high (unintelligible), you know, low risk vaccine strain and all that. So, there's a lot of great information publicly you could (unintelligible).

Man: (Unintelligible) comment on the 14-week valley of death and you responding to Dr. Roth's survey that was sort of the standard related to that request or proposal, right? I had heard some other comments on the lag time being anywhere up to a couple of years to get vaccinated. Can you comment on - because that's a game-changer. The difference between 14 weeks and a couple of years is a game changer in how we'd have to respond. Can you comment on that difference?

Dr. (John Zach): For my, you know, insect perspective, if you're in an outbreak 14 weeks is a couple years. Because you're going from like a response to could have had a (VA) endemic status if you're waiting 14 weeks for a vaccine to actually control an outbreak.

So, I won't...I just know that the discussions I've heard and had that the - I think the - technically it takes about 12 to 14 weeks to make that vaccine. What I think you may have heard is that having the industrial capacity to make the quantities, that may require an investment by some of the manufacturers up front to meet not only the master c 14 b issue but to be able to ramp up production they may need to have an investment (unintelligible).

But I won't - I think that's two different issues. It does kind of get to the timing issue. But - and so part of that is if you had multiple vendors filling

that order versus one, can they really ramp up? You know, so I think it's a point taken.

But I think they probably wouldn't be a couple of years to get additional vaccine. It would probably be more of the magnitude of a couple months if the current world market wouldn't need it.

Dr. (Lautner): Maybe it would go to the highest bidder too. I mean, there's a lot of vaccines being produced in the world market.

Dr. (John Zach): I see California leading those bids.

Dr. (Lautner): Yes. I know. But along those lines, so one of the constituencies in the dairy industry i.e. and others have really reinforced with me recently the need to ensure that - I know we've talked offline about this John, and you're working on it, but that - or others are. But to ensure that when we're negotiating our trade deals we're including language and to allow for certification for (unintelligible) product in the face of foot-and-mouth disease.

So, just as a member of this group I would really like to encourage that USDA continue to take the leadership role on that in the negotiation in the bilateral trade deals that we're making because there's no point in vaccinating if we can't continue to trade at the appropriate time after detection products that should not be spreading - that could not be spreading foot-and-mouth disease. And I know it's - if there's - and we understand the politics of trade and everything. But still a step in the right direction is getting those – understanding, plus we have some high path AI (unintelligible) were quite effective with our key trading partners.

Dr. (John Zach): And, you know, and that high path AI is like - it's a tale of two worlds, two diseases. I mean we were able to keep 38 countries going limiting to the state or country for a high path AI detection, you know, in terms of international trade, which is amazing.

I mean that's such great progress and such great work by, you know, the import, export team, you know, the great work on the other countries looking at rationally and they want our product. But unfortunately I think no one's going to...We're going to try to do that, but (unintelligible) will try to do that. But even for powdered milk there's no guarantees to start. And it's terrible. But I think you're right to try to get as much free positioning and all that as possible. It's a great point.

Dr. (Lautner): Exactly. That's all understood. But for sure we're not going to make any progress if we haven't at least gotten some language in the certificates for export that would allow for it.

Dr. (John Zach): Yes. And I guess just one final point again with the HPI comparison. In the HPI outbreak which got to be fairly large, the nation really doubled down on not vaccinating and depopulating. And I think when you talk about FMD, every exercise for the last probably 10 years has been into at least a moderate...

You know, you get outside of a small outbreak, everybody's pointing toward not stamping out as the mechanism of getting out of it (unintelligible), trying to limit stamping out as much as possible and using vaccine as a control method. So, different diseases are going to have different response.

So, I think we all know this, but it's just again another reminder that even though for one disease you may double down on stamping out and stamping

out rapidly. I think now in terms of exercising we just had another Palo Duro exercise. It was amazing because folks were looking all kinds of creative ways to keep animals going to slaughter, you know, targeted vaccination, you know, with the limited number of vaccine doses currently available, how would you best use it.

So, I think that we are thinking through these issues appropriately. It's the resourcing for it, you know, is the next step.

Man: What was one of the main reasons people don't want to stamp? Is it just the capacity to euthanize?

Dr. John Zach: It's the cost to euthanize. You have an entirely different disease where many of the animals we think will recover, so in many situations, some of these premises you would probably have animals beginning to recover by the time you could actually depopulate them. Because depopulating cows and pigs is an entirely different endeavor than, you know, depopulating poultry. The other is the community cost, the cost of restoration of the genetic lines, and just the sheer number of animals we have. And also the environmental impact and community impact.

Man: (Unintelligible).

Dr. (John Zach): Absolutely.

Man: Yes. And I think Especially if you start talking about pigs.

Man: Mic. Mic.

Dianne Sutton: Microphone please.

Man: You heard what I had to say.

Dr. (John Zach): No, and I think that's a very good point that, you know, in any FMD outbreak there will probably be depopulations and particularly for, you know, some contaminated, you know, infected premises and or potentially for humane reasons as well. I mean we're not quite sure what we're going to face (unintelligible) to take that.

Man: I've got just one quick one. So, John, so the final plan is to target the Farm Bill in two years and ask for 250 appropriation in there for a five year spend. Is that it?

Dr. (John Zach): Well, I think that Dr. Clifford got off the line. But I think that the stakeholders outside the USDA, it's an opportunity to go ask for what you think you need. And in addition to FMD vaccine, there may be some other things related to preparedness and response even for that disease or other diseases.

I would just remind everybody that the current, you know, plan and inventory to manage the vaccinated animals that you're going to keep to live are line pink (noose) tags. Five million noose pink tags from 1983. So, if you were going to vaccinate cows in let's say New England, California, another state, you're going to vaccinate them to live you may want to have an RFID tag.

And again, some of these things you can mass produce at the time of an outbreak. But some other things you may want to have maybe prepositioned before the outbreak.

So, even for FMD, there's probably some other things logistically that you may want to add to the vaccine bill. Again, because I think that, that whole

budget process is outside of the USDA. That's something that Dr. Shere or (Mr. Shae) goes and gets done. That's something that you get done.

Dr. Elizabeth Wagstrom: Any other questions for John. Otherwise I think we're closing in on lunch. Oh, Annette, I saw you reaching. Sorry.

Annette Jones: I almost lost my train of thought there when I started to think about lunch. My last comment is when we go into the farm bill, which, you know, a lot of can lobby the Farm Bill or anywhere. But the budget we should be comparing it to isn't the current USDA budget for vaccine, it's the national defense budget because it's a national defense issue. So, I think we need to think a little bigger and keep the scale correct.

Diane Sutton: I would like to add to that, that the other dollar figure that should be on the table is the cost of an outbreak and while we can't ever really estimate the cost of a foot-and-mouth - because we don't know how big an outbreak would be we now have the perfect example from the AI outbreak.

And we have a $3 billion federal cost and we have $3 billion industry cost as probably conservative estimate. So, we're talking about a 250 to $500 million estimate in vaccine to possibly prevent $6 billion of losses in a small foot-and-mouth outbreak. And most of us think it would be way more catastrophic than that.

So, the – any lobbying efforts need to include what would be a real cost to the country. And I agree with you that it is a defense issue. It's a food security issue. And it's a public health issue.

Dr. Elizabeth Wagstrom: Excellent. Great discussion. Thank you Dr. – well, Dr. (Clifford), thank you. And thanks, Dr. (Zach), and Dr. (Lautner). And are we - Diane are we - I'll let you go ahead and give us direction for lunch.

Diane Sutton: Operator, we're going to adjourn for lunch. You can go ahead and stop recording for the moment. We'll return approximately 1:15 pm and play music - let people in the rooms know we'll play music until the meeting starts again.

Woman: (Unintelligible) lunch directions.

Diane Sutton: We're re-adjourning the secretary's advisory committee on animal health. We've restarted the recording. Dr. Nichols are you on the line? Operator, have you opened the line? Operator, are you there? Operator are you there?

Coordinator: (Unintelligible) Dr. Nichols has joined.

Diane Sutton: Okay. Thank you very much. The recording's been started.

Coordinator: That is correct.

Diane Sutton: Thank you. Dr. Nichols, can you hear us?

Dr. Megan Nichols: I can.

Diane Sutton: We've now opened to our public comment period. You can have up to 15 minutes to speak on your topic. Dr. Megan Nichols, this will be for the (unintelligible) for CDC. You may go ahead.

Dr. Megan Nichols: Hello, and thank you so much for the opportunity to provide some brief comments. My comments are related to the ongoing outbreaks of the salmonella in humans linked back to poultry ownership. And I just wanted to comment on my support for the proposal to form a subcommittee that will focus specifically on this issue.

And listening yesterday, I have an appreciation for a lot of the questions and comments that were brought up by a variety of those participating yesterday. And I just have to say, that I'm very much looking forward to having the expertise of those involved and having a panel and a subcommittee that can discuss some of these issues and bring to the table some ideas that might help us to approach prevention in new and innovative ways.

So, I just wanted to comment on my support and the support of CDC informing this type of committee and we look forward to participation with the group. And I'm happy to answer any questions that might be specific to either the outbreaks or to some of the work that CDC has done on them.

Diane Sutton: Any questions for Dr. Nichols?

Dr. Don Ritter: Yes hi, Don Ritter here. I have a question around the epidemic curve around Easter. How many of these 611 illnesses do you think is attributed to the Easter holiday? Like half of them? A fourth of them?

Dr. Megan Nichols: Excellent question, so I can say when we look at the data from 2008 to twenty-fourteen it's about 40% that are attributed or that occur and either the onset of human illness and when that's occurring is between March and May. So it does correspond with Easter, it also corresponds to spring (chick) days when marketing as these (unintelligible) (chicks) and that really ramps up.

However, beyond that we do see other cases that occur throughout the summer and then the outbreak really ceases in the fall so usually around September, October. Occasionally if there is a fall (chick) day's event we will see a recurrence of cases. And not only is that true from 2008 to twenty-fourteen, it has been true in this past year we've seen between 30% and 40% of our cases occur in spring again between in this case it was February and May and then about 60% occur from that point forward.

Dr. Don Ritter: Thank you.

Woman: Any other questions for Dr. Nichols? Dr. Nichols, we really thank you for taking the time to comment and be with us today. We really appreciate it and look forward to working with you in the future. Thank you.

Dr. Megan Nichols: Wonderful, thank you for your time.

Woman: I'll turn it back to the chair persons to continue with the agenda.

Dr. Elizabeth Wagstrom: Thank you. Next on our agenda we have Dr. Myers to discuss a little bit about the advisory committee and ways to maximize its affect going forward. So I'll turn it over to you TJ.

Dr. TJ Myers: All right thank you Liz and thanks for the opportunity to be here. I apologize I wasn't able to be here yesterday. I really wanted to but my schedule got in the way. But really what I wanted to do is kind of pick up on some of the ideas that Dr. (Sheer) expressed yesterday and just kind of bookend his comments now that you've had a day to maybe think a little bit about some of the ideas that he put forward. So I really don't have a formal presentation, there's a few comments that I'll make but what I'm hoping is that we have just a good

discussion around the table and get your ideas on the committee and moving forward on some issues.

We really want to get as much out of this committee as we can and we've made some changes recently. We've asked Diane and (Patti) to be our designated federal officials to bring more of a technical expertise to the folks that are managing the committee. And we would like to have these committee meetings in a setting where more of our executive team members and staff can attend them. And we tried to have good representation from our executives here this week. And it was a large driver as to why the group is meeting here in DC this week.

So we've really had to get as much as we can out of this committee and to really make this a good partnership. And I guess the word partnership is the one I want to focus on most of all in (Jack)'s comments yesterday and again I wasn't here but my understanding is he did talk a lot about partnerships and the need for us as we work together in this committee setting to identify what we can all do collaboratively more so than specific things that - then what just (unintelligible) veterinary services can do. That's certainly an important part of what the committee does and we'll continue to do that.

But I think it's our recognition that we all need to have that all of us, federal, state, tribes, industry whether it's a large commercial industry or the smaller non-traditional industries, all the allied groups, all of us here at this committee and as we even go back to our homes are all responsible for animal health collectively. And so what we really need to focus on are what are those challenges that we all face together and how do we tackle them and solve them together.

And I'll just throw out some of the challenges that we see that I think are already represented in the agenda that you've been working on. But I just use them to illustrate my point about this collaborative partnership that we need to view animal health through.

On the technical side we have spoken for a number of years now about taking the one health approach to animal health. So that one health approach of course includes human, the animal as well as the environment. And one of the really big challenges that I see going forward is on the environmental side is this wildlife, domestic animal interface. And I don't think there's any one of our programs that isn't touched by this. Tuberculosis has been (unintelligible) been one of our long standing programs that'll turn 100 years old next year in twenty-seventeen. But we are continually challenged with a white tail deer reservoir of tuberculosis in Michigan and that's been going on for 20 years and we really haven't solved that problem yet.

Likewise (unintelligible) is another very old long standing program and we still have that wild life reservoir of disease in the greater Yellowstone area. (Unintelligible) fever just along the Texas border and we have (unintelligible) and white tail deer that also serve as a reservoir for those tics.

The Avian influenza experience last year really showed us that we've always known there's been a low path even influenza challenge in wild birds but now that has expanded such that highly (unintelligible) and Eurasian Lineage Virus can persist in wild birds. Feral swine is another big challenge that we have and the agency has developed over the last couple of years a feral swine program to try and bring some control to that population. But along with all the property damage that feral swine do, they also carry diseases. They carry (unintelligible) and pseudorabies and conserve as a reservoir of those diseases.

Chronic wasting disease we see that in both captive raised farms as well as wild service. Randy spoke earlier today about the threats in aquaculture, (DHS) in wild fish, a lot of aquaculture is in open systems exposed to diseases and wild life.

So that's just a really quick catalog of that kind of challenge that cuts across all of our different programs, all of our different commodities around this table. And this is not a set of problems that veterinary services can solve on our own or develop a resolution that says veterinary services you ought to do X, Y or Z. It's something that really requires all of us and also folks that aren't around this table, folks that represent the natural resources community needs to be brought into that. And we've engaged that community, we've engaged state industry folks on all of these problems but we don't have good solutions for them and it's an area that I think we need to really wrestle with over the coming years.

On the human side of one health we've been involved here in the last couple of years on the global health security agenda and that's been an important initiative for the white house and they've asked all the agencies to get engaged in that. And along with global health security agenda, part of that is dealing with antimicrobial resistance. And so this is another example of the animal human interface that is part of one health that we really need to wrestle with collaboratively everyone around the table. These are all initiatives that don't necessarily get a lot of funding. Whatever we get asked to do, global health security or antimicrobial resistance work and so the budgeting piece becomes part of that challenge as well.

But - so on that technical side there across the entire one health gamin there are lots and lots of challenges that we all need to face and I've just named a small number of them.

I think we also have challenges organizationally and by organizationally I don't mean just our organization. So one example of that is human capital. I mentioned earlier today in our conversation about budgeting that between 2010 and 2014 as we saw our budget cuts we lost about 20% of our workforce. The preparedness budget proposal that was included in the president's twenty-seventeen budget that's before congress right now has asked for an additional $20 million to $25 million to try and help us rebuild our workforce to a certain degree. But as we said earlier today this human capital program isn't just ours, we see that in the states as well, the budgets that have been cut there and the fewer number of folks that we have in state governments to deal with, with animal health issues.

So I think that human capital preparedness issue is something that all of us need to grapple with. Along with that is an area that's of key concern to us right now is succession planning. As we reach these points in time where we can't hire or we even scale back on our workforce, the remaining workforce like myself gets older and older and older. And I plan to retire December 31 this year and right now 25% of the veterinary services workforce is retirement eligible, 25% could walk out tomorrow.

And in twenty-twenty that will be 44%. And again I don't think that veterinary services is unique, I think the state faces these challenges as well as they've seen cutback. So I think that human capital challenge is something that everyone concerned about animal health needs to be discussing and thinking about.

We've already talked about budgeting and we're going to have - I know we're going to have additional conversations in future meetings about that whether that's around the foot and mouth disease vaccine or managing emerging

diseases, expanding comprehensive surveillance or just expanding workforces. But I think as those dollars continue to be harder and harder to find we all have to be innovative in how we bring resources to animal health challenges. And an example for that is our experience this past year with the high path agent influenza outbreak.

Now we were very successful in getting close to a billion dollars in emergency funds to combat that. And I know that that billion expenditure on our part that the cost of the tax payers pales in comparison to the financial impact to the industry and to communities and producers and their families. So the ability to prevent these kinds of outbreaks so that we're not only drawing on taxpayer funds but we're also allowing businesses and families to stay together is really going to be a critical initiative I think for all of us.

And one thing that really underscores that is the issue of (unintelligible) back in February regarding indemnity funds for high path avian influenza. And what we were trying to do with that in our rule was to make a correction in the regulations that allowed us to pay not just the owners of the birds themselves but also split that indemnity payment between the owners and the growers who are actually growing the birds.

So as we were making that adjustment to our regulation the secretary asked us given the billion dollar expenditure for this response he really felt strongly that we should be making a link between the receipt of indemnity payments with an assurance that folks that are receiving indemnity have done everything they could to prevent that infection and prevent that outbreak. So the (unintelligible) that we published back in February says that in order to receive full indemnity a producer would need to self-certify that they had a security plan in place and they were following it. With the expectation that

overtime the agency would develop a stronger accountability system than just self-certification.

And we've been doing that. We had our biannual national (unintelligible) plan meeting last week in Seattle and the NPIP adopted a 14 point program on bio-security but point number 14 provided for the official state agencies to audit those security. So there is a growing expectation that there is a link between preventative measures on the part of industry and space and the federal government before future expenditures of lots of tax payer dollars is made.

So again that just underscores for me that as we talked about budget needs, financial resources, that it's not just - it's not just going to capitol hill and saying the agency needs these dollars. The expectation - the growing expectation is all right maybe the agency does need dollars but what is industry bringing to the table, what are states bringing to the table, how are we all collaborating to prevent diseases, how are we all collaborating to respond to disease.

So again I tell that story just to underscore that this committee I think can be a very powerful tool for us to get the kind of partnerships going that we need to be successful as an agency and that you all need to be successful as industries and states and tribes.

The last comment I'll make is that, and I think you know this already, that everyone around this table doesn't need to be an expert on everything to do the kinds of things that we're talking about. You know you heard yesterday about the salmonella (unintelligible) we have the ability with this committee to as we identify problems, as we identify issues to say okay here's the problem, we need some good thinkers to grapple with it and we really need a sub-committee with experts to help us with that. So I would like to see this

committee use that sub-committee option as needed to bring in the expertise that we all need inward to tackle whatever issue, whatever problem the committee identifies.

So I'm going to stop talking and I think again what I'm trying to do here is just to lay out some of the challenges and some of the desires that we have to develop partnerships around animal health through this committee, identify issues that are challenging all of us so that we can talk in joint solutions to those challenges where all of us are committing energy and resources to those solutions. So with that, Liz I'll turn it back to you for just a general discussion.

Dr. Elizabeth Wagstrom: Thanks TJ and anybody have specific questions for TJ? We'll address those first and then we'll start discussion on the questions that the board…

Man: Dr. Myers thank you so much and I must say I appreciate a lot of that actions by the USDA to address some very important areas. The (unintelligible) program would be one area where we really are happy to see efforts to emphasize the partnership because I do believe producers have a responsibility if they're going to receive taxpayer's money in these instances. So we very much support what USDA is proposing to do there.

I must add though that we hope in doing this and going forward that there will be not only attention to plans, biosecurity plans and response plans, but we would like to emphasize that there needs to be some lessons learned when these incidences occur. I think that what we're saying here is that if the house burned down due to faulty wiring we think it would not be prudent to use tax dollars to put back in place, same house with the same wiring. In other words hopefully in the future to be compensated or (indemnified) there would be

(unintelligible) how one might improve either their management practices or the (unintelligible) in order to use the chances in the future.

Dr. TJ Myers: Yes and to that point there's a few areas that we can talk about. One is that as we did our fall planning because once the outbreaks were under control we immediately started to get ready for the next winter season. Fortunately this last winter we did not see any outbreaks of that (H5) virus again. But we did a lot of extensive planning that included that by security work, preparedness work, making sure that we had additional pre-positioned equipment, exercise plans at the state level. So we did a lot of that work.

We also did, and Diane maybe we can put this on a future agenda if the committee wishes. But we did a lot of after action evaluation and (John Zack) will probably give a presentation on that or even (Patti Fox) as well if you all want that on a future agenda.

I will say though that the desire to see that link between indemnity and prevention is not unique to the high path AI situation. We - we see that and we hear that from the office management of budget that controls the (CCC) emergency funds. They would certainly like to see us implement that across the board. They would like to see us have cost share with all the states. Most states are not financially able to do that yet, a lot of industries are not in a good position to necessarily have the kinds of biosecurity measures that we were able to identify and define for the poultry industry. But I think more and more we are going to need to head that direction in order to receive funds.

Man: And I would just offer that one of the comments that I received coming in here was specific to (TB) indemnity but applying those same types of standards that have been looked into and now applied poultry across. So I guess good to hear that others are looking at that as well.

Man: If I could just comment, just as an example that in the state of Michigan you know we have the (TB) wildlife issue. I mean we have in place now that farms that want to get indemnity should they unfortunately come down with (TB) if they are not implementing wildlife (unintelligible) then they're less likely to get that indemnity today. So I think we're actually living that in Michigan where if you're not doing what - at least what we understand as today as things that can help reduce the risk, you're not going to get indemnity or at least you're going to get a lot less. So we're living it and I think it's working.

Woman: So this has actually helped clarify for me a point that has been in the back of my mind for quite some time. Namely how these small producer industries can partner. And one of the challenges we face is that there is a great deal of inconsistency among the state vet and state animal health officials as to who their interest involving our stakeholders. We have some who are very interesting and engaging and frankly others where literally we are not at the table, like we are not involved in stakeholder meetings, we are not involved in stakeholder calls, we are not involved in developing plans. Even though we you know we approach.

Which I guess what I'd be hoping for from USDA in order to help us become partners is some clear signals from USDA that when you do things where the states are you know USDA and the states are acting jointly and you're deciding what are the standards for indemnity, what are the standards for this. There's a clear message to the state that they do need to be including all the stakeholders and enable our folks to become partners at the table on this. We're trying and we're facing roadblocks.

Dr. TJ Myers: And one thing I'll comment on and again it's specific to poultry but as we were recovering and preparing last fall we hired about 250 additional veterinarians

and animal health technicians on a temporary basis within veterinary services. With a primary focus of having not only available to respond should another outbreak occur but in the absence of an outbreak to really help us with that outreach and that biosecurity message. And where we found those folks were most useful is in trying to reach smaller producers and you know the non-traditional folks that weren't being reached by outreach and biosecurity materials from national (unintelligible) council and national federation and those groups.

So I think the states that you know may fall into the category that you're describing of not really wanting to engage at least saw by or example that they are a critical group to reach out to and we will continue to carry that message not just with poultry but elsewhere.

Man: I apologize for my density in sort of grasping the vision that you are transitioning this group from an advisory committee to more of a partner group. Could you talk a little bit about how you envision this group being a partner different from US Animal Health Association or National Institute for Animal Agriculture that's provided venues for partnership with multiple stakeholder groups over a century or more? So is this you envision a similar to replace to add on - how will it be different I guess, or the same.

Dr. TJ Myers: I'll let (Jack) comment as well after I do but I think they're all complimentary, I think USAHA and NIAA everyone has their own constituencies and their own roles and ideas. So I think this committee would be another one of those. But I guess the message I'm providing to this committee is the same one that I would give to USAHA and that is as you identify problems and as you identify ways to solve those problems the approach of giving us resolutions or advice on what you think the agency should do is appropriate but it's only part of the solution.

If this committee can also say we think USDA should do X but we also think industry should do Y, we think states and tribes should do this. To try and flush out that more broad and collaborative look at animal health. Because as I said we are all in this together, so. (Jack), I don't know if you wanted to add to that at all?

(Jack): So what we've run into and you guys have heard me already say this is we get the agency should do this and we sit down and try to figure out what we need to do and how we need to get that done and then the collaboration comes up. What have you spoken with industry? What are they going to do? How are you guys working together? So it's kind of circulating - circular (arguments). I liken it to and this is the simplest way I can explain this. When we do an (MOU) with anybody, any entity. We sit down and we say okay here's what you should do. This is what worked - this is our expertise, this is where we fit. This is what the other entity is going to do that's joining us in an (MOU). They've got certain expertise and skills and they can bring certain things to the table.

And then the last part of that (MOU) which I think is the most important is here's what we're going to do together. And that's what I get asked all the time is have you partnered? Have you collaborated? Have you worked with (industry)? Where are they at with this? Have they weighed in? Have you worked with the public? Are they aware? What's going to be the pushback on this? That's always the questioning that we have to answer.

So from my perspective I liken it to that and TJ did a really good job at explaining it. It doesn't end with the recommendation because the recommendation just comes back on me. But how are you going to get this done. And the question is I can do so much with the funding and the

appropriation that I have. After that I need a partner to help me get there or I need someone to go get me additional resources which we talked about before.

I don't know if that helps or explains it better but that's kind of what we're driving at. We don't expect you guys to do it on your own and we want the recommendations. I hope that came through, it probably didn't yesterday but we do want them but they're just guideposts for getting us to where we need to go. Thanks.

Woman: Okay so let me ask, what's coming to my mind as I listen to you all describe that is that in some ways part of it is us changing a bit of how we've been doing things and thinking about things. But it almost seems more like providing greater contacts. Because I don't think that we've ever come through the recommendations where we were like hey we're all just sitting back its USDA's problem. But we've never taken the time in the written materials you know being complicit about like here's why we think this is USDA's piece, here's how it fits with the broader piece of what's going on and you know perhaps some also you know here's what can be shifted within our communities.

So I think it may be - I think that may have been already part of our thought process like each of us as we sat around the table were contributing these suggestions. But we never spelled it out or talked about it as much. Does that make any sense in terms of what you all are trying for?

Dr. TJ Myers: It does to me and I think to your point about we're asking you to think differently about this committee and how you relate to us. The same is true for us, (Jack) has asked us to think differently about how we approach this committee. Because if you look at the agenda from the last year or two here's

our latest initiative, tell us what you think about it and get back to us. So that is not necessarily the model that we're talking about any more. So we are changing about how we think about the committee and we're asking you to come along with us.

Woman: Quick question, this is a very specific thing but (Jack) yesterday had asked or suggested or told us that there'd been a charter change for the committee. And I didn't know if that was for the next version of the committee or whether there is a different charter for this committee and whether that could be shared.

Woman: The charter was effective September 2 and I haven't gotten it posted to the Web site but I'll be happy to email it to everybody sometime tomorrow and we'll get it up on the Web site probably either tomorrow or Monday.

Dr. TJ Myers: I don't know that it's subsequently changed, has it? I mean it's written so broadly that…

Woman: Yes you're not going to see a whole lot of change, there's a little bit of change about the participation. We added public health is one option for what a member might be focused on and we indicate that we were going to change - rather than having (PSS) management committee, the (unintelligible) - you're not going to see a big substance of change. It basically says that if it has something to do with animal health and it's within our mission we can talk about it.

(Jack): Got you be green. It wasn't a change of the committee itself. It was a change in our operational policy of the committee and how we're going to work with the committee because as TJ said as we looked at our interaction it was kind

of - we come present, you guys kind of you know think about you know you react to it, yes, exactly.

So we wanted better control over what was presented and what topics you had and we wanted to get some real work out of what came out of the committee. And I wanted the engagement, I wanted the training for you folks because when I had some of the members of this committee, previous members say to me, (unintelligible) and that's concerning and that starts them at a deficit when they start on this committee. So we - it changes the whole topic and discussion of how you go about getting things done. So if we could educate a little bit on our part, bring everybody up to speed at the same level then you're substantive discussions would be far more reaching than - and you would be bringing people up to speed.

So that's part of it. All of those things were concerns that we had in discussion and we tried to put all that into not necessarily the charter but our discussions of how we wanted the committee to work with us and that's a real charge to my staff saying I want that engagement, I want you there, I want them to feel like they can resource us and we're interested, that's all.

Man: You know I think everything here is just fine, dandy, what happened to your old business in the field and everything had stayed, they never changed, they're the same thing. You know taking so long any changes from here to go there and to be implemented. Yes you know they're saying now you're going towards that.

(Jack): You mean our field offices?

Man: Right.

(Jack): So are you talking about our import, export field centers or?

Man: (Unintelligible).

(Jack): Oh well I can only control…

Man: You know what I'm talking about.

(Jack): I'm not talking about rule development here I'm not those guys.

Man: No, no I know that but you see…

(Jack): Okay.

Man: You take so long.

(Jack): Well any change…

Man: Yes.

(Jack): Any change in the federal government is painstakingly slow.

Man: It takes years.

(Jack): It takes years. But I think if you look at our organization and the changes that we've gone through in the last three years there's been a lot of change. We're not even organized the same way, we have different field people. Our field force is, I'd say we have two different categories of age groups. We have the millennials coming in and we have the baby boomers and I don't know the other folks that are (unintelligible) that are on our way out. And so we're

going to change and you're going to see that and our field office operates differently the work that they do is even different.

So I can't speak for FSA, I can't speak for rule development.

Man: (Unintelligible) an example.

(Jack): And if you want to talk about slow change, yes I agree with you, it's very frustrating. But the bottom line is our goal is to get the changes out is slow and it's tough and even though we're a big - we're not a big agency, there's only 1800 of us but it's slow because people don't want to change.

Man: They all…

(Jack): A lot of folks like just leave it alone, it worked why change it. So - but we have others that - I have three groups in my, that I see in our - we have people that are just ready for the change and they want it, let's do it and it's like okay why didn't we do this sooner. I got others that say well I want to wait and see if it works or not and I'm going to sit on the fence. And I've got others like why change it? It worked before - why - so there's three groups that you deal with and by the time you get to the tail enders that don't really want to change the change that they're complaining about has already happened. They're just pulled into it, okay.

Man: Thank you.

(Jack): But I appreciate your comment and I agree.

Dr. TJ Myers: I do want to remind our committee that there's another partner in this partnership that we have to figure out how to engage and apply some

accountability and that's the public. Because too often the public are the problem if you understand what I'm saying. Animal products are not sterile and there's certain things you must do if you're going to consume those products. They're - so I while we are saying it's not just USDA that has responsibility but also producers, we've got to talk to the public as well.

And it's sad to say but increasingly the public is ignorant about animals. So separated from the farm and I don't even know if they teach home economics they used to call it in the good old days. But I hope that we will include that partner in this process because it's an important one. It may be the partner that's going to be able to lobby enough to figure out how to navigate that but it's an important partner.

Dr. Elizabeth Wagstrom: So one of the things I'm looking at is potential agenda items for twenty-sixteen, twenty-eighteen committee and I look turned off so I could draw up some ideas but you know I'm no longer an influencer in this position but one of the things I've seen in the industry in a long time is we have two industries, there may be three. You've got the large commercial industry, you have some of the smaller free range stakeholders and producers. But then we have over a million pigs every year maybe even ten million that are show pigs. And they go to fairs, to cross state lines, we have - regularly have influenza that we can document that's in our show pigs that ended up causing human illness among young people and visitors to the fairs.

We've had a really great collaboration, (Jack) knows where I'm going with this, with CDC, USDA and the industry to do surveillance on influenza (unintelligible) that are shared freely with the industry and CDC and USDA. We're running out of funding on that, that was part of the pandemic funding. But I do think that that potential to say what are lessons learned around show pigs could be what does that whole show industry have for both opportunities

and challenges for agriculture, for perception and consumers, for how to control diseases, how to work with the various other agencies such as CDC.

Man: Liz I would just add to that that a large part of the cattle industry are - you know there are people that make their living with cattle. There's a lot more people that it's a hobby or a sideline industry and they're often outside of the channels of normal communication and they're not necessarily being reached and they do have a big impact on the health of the production system, that's probably true for other animal species too.

Man: All right well Liz I'm going to - not to answer your direct question you asked now but to address what TJ and Dr. (Sheer) talked about is you know so we've been acting as an advisory committee right? So you know you've been presenting ideas, we comment on them, maybe we have input on the agenda from our stakeholders right. We talk to them and come back and talk about stuff that is important.

But really I kind of hear that you're wanting to change this into more of a working committee for lack of a better word, okay. Where we have - that we've got to do some stuff, right. So the sub-committee route is probably a real good avenue for that and I think this - the whole three thing is a good start and we probably should have formed a sub-committee to flash out paying for an (FMD) vaccine you know I mean like an official one you know. Ideas, talk to the national (council) or whoever and you know kind of figure all that out.

So you know and so our group of 20 or 22 diverse folks in here you know like (USM) will help that you brought up which a big organization of a lot of folks. And we should be nimble enough to kind of maneuver and do things a little quicker and react for you better.

So I mean I you know welcome that but we've got to own that and say look if you're going to sit on this committee that you're going to be expected to do some stuff you know. And I don't know that we've said that out loud and that wasn't the way that it started out but that's the way it needs to go I think. So you know I mean I'm committed to help work in any area that I can and I think you know that I think we all are but we're just - a little bit of a change in mindset maybe for this group.

Woman: In addition to that you look at someone like me who is not a veterinarian and a lot of the topics that we have talked about over the years that I've been on here are beyond my scope and you know I'm looking at it more coming from how is it going to affect those that it's actually going to impact. And you know are these - can we do it, is it going to work, that kind of thing. It almost changes what the shape of the committee is going to look like if you're going to try then to get industry involved in trying to develop funding and all those kinds of stuff, you can't do it with just two producers on the panel.

But we need the expertise of what all of you bring to some of those discussions too. I think it's going to be a little harder to put a panel together to accomplish what you're doing.

Dr. Elizabeth Wagstrom: Right.

Woman: It's going to take a little different mix.

Dr. Elizabeth Wagstrom: Right and I think that's what we're saying is this committee what we're looking for you to do is to take the product of sub-committee, take your broad perspective that you have and look at what the experts that you put on - that we together have put on the sub-committee and say you know does that really make sense in the real world, does that make sense for all of our groups,

did they consider everything they should have considered, can we go ahead and recommend this product on forward or do we need to send it back to the sub-committee and tell them that you know they need to consider XYZ because they didn't adequately consider the needs of group X.

You know so we're looking at this as the umbrella organization for potentially a variety of technical groups. And the reason we think it's important to sit those groups underneath this committee is because it allows them to actually develop a final work product, it's a consensus between USDA, other agencies, industry, the public, whoever it is we feel we need to get a consensus with, and write a consensus report that can then be forwarded to the secretary that says this is the consensus of these groups as to how this problem should be solved. And we the committee endorse it. So that's what we're looking to have happen, am I saying that correctly TJ?

Man: Can I just paraphrase that again, so I think, what I hear you saying is that this committee might take some ownership of some of the important problems that USDA, that veterinary services is facing and work as a group that says well let's think about these things, let's warn sub-committees to further address those. Is that kind of how you envision this group functioning? And - so I'm asking everybody here.

(Jack): So let's go back to, I can't read the nametag there, (Mary)? (Mariam)? Let's go back to the first statement that (Mariam), and that troubled me, okay. It's not about industry, it's not about - it's about everything because the concept of this group is that you've got a broad diversity of experience, right. And you bring that diversity no matter what you position to this table in solving the problem or making recommendations. So to remove that and say it's all about veterinarians and industry really isn't the ticket.

The ticket for me is that as we talked about before you look at a problem, you scope out maybe some solutions and say here's a problem, here's some concepts that you might consider USDA not just you should do this. That's where I'm going with this and I think that's where (Don) was going too. Basically we don't want answers, we don't want you to solve the problem, we want you to come up with tentative solutions perhaps that you might be thinking of. Because we - we're a pretty narrow scope group. I mean we're veterinary services, we have our way of doing things. What we're looking for is diversity of opinion and that broad scope idea.

Let's approach it from a wildlife standpoint, okay. I don't have expertise in that but there's a person sitting at this table that does. Do you see what I'm - does that make sense? Does that help? And I - you don't throw anything away with that. And that's why you're here, that's why the groups are here that are represented here because you bring that special expertise from your area and that's what we want to scope out because if wildlife says we think that we should preserve all the deer well you're sitting at your house and the deer are eating all your food, we might have a different expertise view on that. So that's just an example of what we want to see.

And that's the weighing in, that's the mix and that's what this group - that's the strength in this group, okay. I'll stop there. You're welcome.

(Dave Smith): Some of that depends on what questions were asked I guess and some of it depends on what the mechanism by which we can act on those questions. And so I've heard you talk about sub-committees and forming sub-committees and I can see that that's an entirely different structure to the committee. It functions quite differently if what we're really thinking about is here's the problem, let's form a sub-committee and get experts, additional experts to

address that particular question then the way that we've functioned in the past. But I think that's worth some discussion maybe.

Woman: And I think to build on what you just said (Dave) is that I look at the last few of the three of these committees I've been on it seemed like the first one we spent two days talking about (processes) and nothing else you know. And it was very in depth, we still came up with a paragraph of how to solve the world or whatever - save the world. And then up to this last committee we had in Dallas where we had three days of meetings and two to three topics every day and we're ramming through stuff and it's kind of like a lot more superficial. So I think that's kind of perhaps something whether it's the committee and (BS) working together to say what are the important topics that we can delve into, that we can make progress on that are worth you know worthwhile and worth the effort of getting our stakeholder input, bringing it to the table, working with (BS) to try to solve a problem.

Because some of it is you know nice to know here's how we'd like to communicate with you. Others is here's a specific problem, let's scope it out, let's define what the gaps are, let's figure out how to solve it - or fill those gaps. So I think that developing an agenda, working with (BS) and the industry to say what are those burning issues is going to be that first step towards success.

And to sort of add another angle to what you're saying you know so far my one experience on this committee of forming a sub-committee was we had a sub-committee on something dealing with optical (unintelligible). Could not tell you what it was. Because what happened was we created - we were told to create the sub-committee, there was one person from our committee who sat on it and I don't - I think the report may have come back to us, I don't even

remember. And that sort of strikes me you know I was never comfortable with that. That was a bit of a okay so why is this sub-committee this committee.

What I think I'm hearing from you all, I just want to be very explicit about it and sort of make sure we're on the same page is this is more - the sub-committees offers the opportunity to yes bring in some experts. You know we don't have necessarily all the expertise by any means but you know 20 people around this table it enables there to be more time spent on one topic but there will continue to be a closer sort of ongoing interaction between this committee and the sub-committee so that the sort of diversity of experience that we have at this table informs the sub-committee work and it's not just sort of like oh they're under our umbrella because it's convenient.

Diane Sutton: Thank you, here I am forgetting my own rules. The way I'm envisioning it and I'm open to change which is the way I was seeing it is that it will give those - the sub-committee a mission, the members of the committee who want to sit on it with a reasonable number will do so. And that they can provide you know ongoing feedback to the committee as to how they think the - the sub-committee is progressing. And then when we have our on site or our official public meeting then we'll schedule either a half day or full day just to focus on then presenting all the information and having a thorough and in depth discussion of it so that this committee can either give them - they'll redirect them at that point or accept their report as is. And then you know either send it back for rework or move forward with it.

That's my vision of it. TJ or (Jack) do you have a different view?

Dr. TJ Myers: I'll just add to what Diane said. You're absolutely right. The sub-committee of aquatic animal health was kind of a committee looking for a home and it did get attached to this group and then got unattached. So let's not use that as an

example, that's not what we're talking about. So let's just take a concrete example and you can pick a technical one like there isn't enough of an (FMD) vaccine or you can pick a non-technical one such as we're all concerned that the veterinary workforce in the US is not sufficient to represent good preparedness. Those are two concrete examples of things that as a committee charged with advising a secretary on animal health you can say these are really big burning problems in animal health nationwide that we think need to be addressed.

And since they are such big area problems it can't be addressed just by the agency alone. So the committee has the opportunity to work with Diane and us to identify appropriate experts for a sub-committee to deal with either one of those. Pull together a group of experts, give them the charge of you're the experts, tear into this problem, let us know what you've learned and you can have that iterative interaction with this committee and the sub-committee over time until they finish their report. Or if their report comes to you then you're in the position as a committee to say (Jack Sheer) and Mr. Secretary here's our thoughts on this problem and here's what the agency should do, here's what the state should do, here's the industry role, etcetera, etcetera.

So I think it's trying to look for those big challenges and then trying to help us identify ways to solve them.

Man: I think the sub-committees should have a deliverable you know assigned to them. Not just an open end and you meet on this until we're all old and gray and then come talk to us you know. So it's got to be you know something, we've got to live long enough to get the report you know.

Woman: Or not (roll) off the committee. So I know Dan had talked and a little bit yesterday we talked about what TJ just brought up as far as workforce

development side. I'm opening that up to you know pointing to Dan to talk just a little bit about it.

Dan Grooms: Sure so TJ I'm glad you brought up workforce development because I think it's not only workforce, USDA and state, it's also the veterinary workforce in general. The veterinarians out the field, the practitioners. And although I think we have plenty of practitioners out there, private practitioners, they may be misappropriated or in the wrong places I guess for lack of a better word. But - and part of that I think going forward is you know one of the recent efforts of (ABMA) and (AABMC) is looking at student debt and you know going forward I think that's going to continue to be a problem when it comes to creating veterinarians that can actually serve animal agriculture.

You know so there's a problem we can work on together. USDA, (ABMA), veterinary schools, the public and trying to make sure we have a well-trained veterinary course out there that can ultimately request in the states but also as private practitioners out there you know in the country. So to me that's a big harry issue that if we don't solve that problem we're all going to be in a world of hurt.

And there are efforts right now going on out there to try and solve that, especially the student debt issue and I think you know we - we as this group or USDA needs to be part of those conversations and I know you are part of it. In fact you know it's good to know that you have scholarship programs. But you know how can we all work together to solve this problem.

Dr. TJ Myers: Well you know and to that issue as you said there are a lot of groups that are wrestling with that issue. So I think the challenge of the committee is rather than take on the entire (unintelligible), what is the appropriate part of that

problem that this committee might be able to bring a unique perspective to or a unique set of recommendations to, so.

Dan Grooms: Well I'll just speak to - I'd love to see this committee work on that problem over the next year. Maybe suggest some things that you know coming from a diverse group right here with lots of different backgrounds and lots of different thoughts you know what could we bring forward to (ABMA) to (ABMC), to you know to the industry to help solve this problem in the future?

Willie Reed: Sometimes some of these problems are so big it may be well beyond the scope of this committee. And I think we've got to be a little careful, we charge off on with the sub-committee to tackle something that's going to require a lot of time, perhaps a lot of money, it's not even in the budget. There is certainly a process in tackling some of these studies or sometimes the recommendation may be to the secretary to enlist the national academies to do a study or something. The organization that has great skill in doing some of these studies.

So I think we need to be a little bit careful in how we jump quickly to the sub-committee even take on a huge problem where many others have already tried and not produced a product.

Dr. TJ Myers: Yes and that was my point Willie that the committee really has to when you come up with something that you think is really big think seriously about what this committee could do that is narrow enough for success but also replicating what other groups are already doing.

Man: I'd like to make some comments on that area. You know it's such a broad ranging area and I think we've hired five veterinarians over the last two years in our practice. And it's really interesting to ask what the debt levels are of the

veterinarians going to the same schools. And it might be $60,000 in debt, it might be ($200). So there's certainly a part of this is the student's themselves.

But having said all that one of the ways we've looked at it is sometimes the industry has to solve its own problems and possibly the industry we've decided that it's part of a package maybe as the - and we like after you've had a person there for a while then they - we as owners of the veterinary practice got to help them start paying off that debt in lieu of salary increases we'll take care of all your debt. Yes you'll get salary increases but it might help you with your tax reasons to have us pay off part of your debt.

So sometimes I think you've got to go back to industry where the money is to begin with and get that involved. And there's some innovative ways I think that this can be done and it's not all the student and it's not all the colleges, the guy's hiring too.

Woman: I just logistically you know this is the first time that I've served on this committee and my charge is to represent veterinarians and veterinary professional organizations. So I'm not supposed to be giving just my own opinion here. I mean I like to think about these hard problems and I do think about them. But one day or nine days or 12 days is not enough lead time for me to get opinions from veterinarians and professional veterinary organizations. And I was diligently trying to - you know and then the professional organizations were saying well our board meets the day after your meeting.

So logistically if you really want us to represent the organizations and the feedback we need a little bit more lead time and you know Dan and I had to figure out we were both sending the same emails or asking the same questions of the same organizations and overlapping in our activities. So you know

maybe once both of us had the same title we need to have our charges split or something so logistically we can actually come back and help you get the consensus that you're looking for because I really want to do appropriate diligence and maybe have time to set up a meeting with an organization that you'd like to hear from. And I really didn't - it was really tough to get that done in the timeframe.

Woman: I totally, totally agree with you absolutely with that question. And I think one of the problems that we struggle with in organizing the meeting is that when we don't have - if we have a topic then it's relatively easy to do because we can put one federal registered notice out that says we're going to meet every two months for three hours to discuss topic X. And then we can do pretty much what we want within that topic posting the agenda a few weeks ahead for the public and talking to you, you know in developing that agenda. But when we're you know looking at a whole new set of topics for the next meeting it becomes very challenging to get the federal registered notice done, get the agenda done, get everything put into place so we can have that kind of communication that we want.

So I think if we can come to grips with this committee for the next terms it's going to discuss these topics that maybe somebody added in for spice. Then we can you know keep it moving steadily forward in an aggressive way where that kind of engagement can occur on a more regular basis and with a lot more advance notice.

Woman: One of the things as we look at potential agenda items, we still have sitting back in our discussion on the emerging diseases plan whether there should be some support for development of an emerging diseases fund to allow for you know addressing whether it's a specific fund that might be depopulated or whatever. Is - do you view that as a topic we want to try and pick up on a

conference call yet this year? Do you want to try to say that is a big hairy enough topic that it's worth you know spending a lot of time in the next committee?

I think I saw a lot of heads nodding that we wanted to continue to discuss it. But what I don't know is if it's something we try to rush through on a conference call versus spending…

Dr. Steven Kappes: I think if you brought, the identification process, be it emerging disease or known things, (TB), Avian influenza, how the (CCC) works you know what ownership of the process - how should I mean in terms of sharing and that's what we're talking about everybody taking a part ownership I think that's a big enough issue to beyond just a conference call. I mean what are states going to do? What are industries willing to do in terms of disease security assurances and other things? I think that's a big enough issue just the indemnification process. And then there are lots of things you can sort of hang on that tree.

Like I would - I guess I would prefer to see that as an agenda item for the next two years as opposed to the next conference call.

Woman: To pick out my favorite topic, but you were the one, I say sarcastically, Steven you said you wanted to bring electronic CBI's to discussion. Do you want that to be this committee or the next? What do you…

Dr. Steven Kappes: I think - and I would broaden even to electronic records but it's not a new issue, it's been going on for a while but how do we move it beyond where it is now. Maybe start with a - I like it as an agenda item for the next group but on the next conference call to see if I'm the only one and it probably doesn't need to go on the next agenda. But I think discussing at some point how do we do a better job of playing it back to the integrated surveillance? How do we do a

better job of getting more of our data, more of our record keeping electronics, so it's easier to do the stuff that we want to or should do with it.

So I guess I would suggest maybe the next conference call and then if there's enough interest and if it's too big to sort out there then put it here.

(Jack): Can I interrupt for just a second? Dr. Myers left because he's got a daughter that I think is maybe in labor with her child so I wanted to let you know that. Congratulations to him, hopefully everything goes good. I have to leave, that music and that noise is our undersecretary (unintelligible), it's his going away party and I need to make an appearance in there. And I want to say goodbye to him, he's been great. Not my call again you know bring your expertise to the table and see what happens. Yes I don't care it's not up to me, if it was up to me we'd all be there.

The last thing I want to say though is thank you all for being here and your time and I know we've given you a challenge to struggle with and you know if you don't feel like it's right or it's appropriate we can readjust and relook at it. I'm totally open to that. But I think as I watched the last two days you're sort of grappling with it and I think you get it is what we want to do you know and I like that.

So it's a challenge again but and there's all kinds of different ways to deal with how you're going to solve some of these problems. Some will be easy, some will be - and you'll probably decide in the middle of some of them we just can't do this you know. Appreciate it, appreciate your time, I know nobody pays you for being here but we really do appreciate it. And the information you bring to us and the expertise is really important so I just wanted to say thank you and I hope to get to know more of you better as time goes on. Thanks for being here. I'm going to leave, thank you.

Man: Thanks (Jack).

Woman: Is our job done here? Do we have more discussion around this? Or do we have - we've got other things we've still got to discuss to wrap up. But are you feeling comfortable with our answers to these two questions? First on how better to leverage the (unintelligible) to solve problems?

Woman: Can I just say one thing?

Woman: Yes please.

Woman: And I would have said it while Dr. (Sheer) was in the room if he didn't leave so quick. I think there is some value in this committee continuing to sometimes provide USDA answer that they don't want to hear. You know the message about feeling that the - that foot and mouth disease vaccine should be the responsibility of taxpayers and that you can't really hold the industries responsible for buying those doses in advance when they might not have access to the vaccine. That's been a consistent message from this committee and I really think it's an important one.

And I would echo what (Annette) said about there actually is a partnership in place, the animal owners are paying for veterinarians, they're controlling their other endemic diseases, they're responding to (Seneca valley) virus, they're calling when they have (unintelligible), they're handling (BBD) and controlling those diseases. When the vaccine becomes available they'll have to probably provide the teams to vaccinate the animals, the teams to check the animals, the teams to round up the animals. And at a dollar a dose securing the nation's food supply by having a vaccine bank not necessarily an unreasonable cost.

And so I do think that the committee - in getting the message that this is a partnership should not back off from the kinds of things that maybe are uncomfortable that hey you know this is important and it's been a consistent failing of the committee and the committee has been well represented across a lot of different industry groups. And really feel strongly about them it's had some smart people provide that.

Woman: Yes I'm sure that if (Jack) were here he would say he absolutely supports the committee giving its full opinion about any matter whether or not it's favorable to (VF). He's just asking that when you make those recommendations that you also consider what the appropriate role is of other entities in achieving whatever the objective is.

Woman: And I would just add - I would just echo that and I would say you know the US government is not all of one mind behind the doors either. So I think we had some discussions the other day that we you know we many times have to provide justification for the approaches we see as appropriate as well. So we very much, stakeholder opinion groups like this is very important that you're presenting. And someone says and you're having internal discussions of what do people think about this and that and they having the ability to say this body has this view, this group has this view, to understand that this is a complex issue. It's not one sometimes where even your stakeholders are all going to be on the same page either. You know sometimes you have to wrestle with those too.

So it is helpful to have the sense of different groups when you're trying to wrestle with making policy decisions or proposing policy decisions. And you know there's some folks that are closer to animal agriculture and others that are further away from it and don't understand all of the dynamics and things

that you bring forward are very helpful. They might be some of the same things we say sometimes but having another group and another voice saying those things is helpful as well.

And bringing different perspectives you know hopefully by having different perspectives you end up on the right (unintelligible).

Woman: And I'll add one comment and I couldn't agree with you more and I'm glad that you said that explicitly. I mean I think looking as I'm about to step off this committee so you know I'm dumping work on everybody who remains but again as I'm thinking about this I do think maybe putting more time into our reports and flushing out the thought process because we end up short handing. I mean when I compare our discussions to what we submit we have really you know our first - our very first set of reports we really took a lot of time and really flushed things out. And since then we've sort of really short handed it to here's the recommendations.

And I do think I mean looking back I do think there was value to flushing out the background, flushing out and having in our reports the discussions and the thought process. And being able to put I mean put what you just said let's say you know in our next (FMD) report which is no we have discussed it, we've went through you know the committee discussed all of these options, here's why we don't think it should be a responsibility and spend you know two paragraphs explaining it.

Woman: Certainly there was some value because when we met in the first meeting you know I think this group was the first one that iterated the - that if the federal government actually locked the bank that the industry groups would be happy to pay for the doses as they were willing - as they were unable to use them and

essentially pay back. And so instead of it looking like an expense it could almost be looked like as a loan.

And I think - and we didn't include that in our report, that's an oversight. I think we included it as like one sentence or you know clause somewhere. You know I think I would suggest it's worth the time.

Woman: I would definitely agree with that because people who have not been around for the six year history of the committee don't remember what the committee said six years ago so you can't assume that we have that memory any better than some of the members on this committee have that memory. And so I did explain to some people that sub-text you know that part of why we possibly should have more discussion on the bank was because it was a lot of sub-text to that recommendation. It wasn't just that USDA should do you know XYZ, it was that once USDA does XYZ then they do ABC. And so that portion sort of got short shifted in the recommendation itself.

And part of it may just be the wording of the recommendation. You know it might be instead of (VF) should do this, maybe it should be we encourage the secretary to seek new funding for it - X in support of Y because the industry would do Z.

Man: This may be changing the subject just a little bit. I wanted to hear Mary Ann's point again. I think she was trying to make a good point but I'm not sure that I captured it and I don't even know if this response was - could you, what was the point you were making about representation because it sounded pretty important.

Mary Ann Knievel: Well and I think Belinda covered it too. And you know I realize things happen but like when we got the deal on salmonella you know a week before

the meeting I didn't have time to talk with anybody about that and yet I'm supposed to be representing all these people and I don't feel prepared to do that and so in the situation of what he's talking about will have even more influence you don't take that responsibility lightly. And you know you want to make sure you're truly representing you know not my opinion but the people you're representing. And you know and a lot of these issues I can't bring any technical expertise to anything and so you just sit and listen and try to learn more about it and think about okay how is this going to affect us on the ground.

And I do think that is important too and I think everybody else does but you know sometimes you don't have a whole lot to contribute but…

((Crosstalk))

Man: Did (Jack) have a problem, what was his response? Oh okay.

Woman: I think he was just concerned that Mary Ann was saying that veterinarians would bring more and he meant that everybody needs to bring things to the table. But I do agree that you know somebody who works for an industry organization and that when you get to these big ideas and such as paying for doses used of a foot and mouth disease vaccine you know that's something that you know our board of directors is wanting to discuss next week. And it might go as far as going to our industry port forum to say do we want an industry wide resolution.

So it's pretty tough for - and I think it's almost tougher for me as a staff person because they pay my salary you know to say I - if I say or agree to something that hasn't gone through all those channels I've got my neck out really far out. So I mean I think it becomes a (unintelligible) process when you want to say

what will these groups bring to the table because there are layers of approvals we need to get for those recommendations.

Woman: And just to add onto that I think it goes with what Dr. (Sheer) and Dr. Myers and everybody has been saying is that the change on the committee I think is to look deeper maybe not perhaps fewer issues but if we need a sub-committee because you're taking so much time looking deeper to give people more opportunity to take whatever that sub-committee comes up with, take it out to all of your stakeholders, bring it back, digest it, maybe you don't have a technical expertise but you have expertise a lot of us don't have down on the ground. Is this going to work? That kind of reality fact checking.

And then we can come together, approving it and moving something out that's complete, substantive, informative, has all the layers of stakeholder input and actually could have some weight. So that's my two cents.

Woman: Okay.

Man: Sorry, so I agree with that 100% but I'll just kind of come back to a couple of comments. In order for this committee to do that well it's going to take in my opinion it's going to take information coming to us ahead of time so that we can digest it, so that we can think about it, so we can take it out, so we can prepare and you know I'll just be blunt for the first two meetings I've been a part of, I'm not prepared because I just haven't had any information available ahead of time, in the correct context in order to really make good recommendations or thoughts.

And so just going forward I think that has to be something that whoever works with this committee needs to make a priority if you're going to use this committee (officially).

Woman: We totally agree and that's why we put this topic on for this discussion was to try and figure out what the topics are going to be way in advance so that we can get you appropriate materials well in advance instead of you know rushing to the last minute and saying well the topic that we thought we were going to have we're not going to have and therefore you need to find two other topics to put in so that we can get good value out of the fact that they're all coming to down. And then giving you the - you know, so yes that's why we're trying to do this agenda thinking now so that we can have you know good body material to you well in advance of the meeting so that you can share with your stakeholders.

I mean in an ideal world we'd like to know what the topic is you know before (unintelligible), before the other big meetings that occur from the industry. So that by the time we get to the summer you know everybody's had a chance to realize that we're going to address this issue, we've had time to talk and think about it, to send their written comments in so that we can then provide the written comments with the committee in advance.

And so this is why I really want to try and define at least what the major topics of the meeting is. We might have a couple of small incidental topics if we don't feel it's a major topic that'll fill the entire two days. And then onsite meetings. But we really do want to figure out what's the main topic we're - I would say probably to really have an in depth discussion we probably need to you know have only one or two major topics for the committee for any one year. And possibly for longer depending on the complexity.

And so we need to figure out what are good ones that are in scope for the committee that are important to stakeholders, that important for (VF) and

together decide what those all are. Of course ultimately (VF) does control the agenda I'm required to say in the (unintelligible).

Woman: Just one question about possibly also how to use the committee. We're appointed for two years but we only come to meetings during on year. So we got our letters of appointment and then we have a January meeting and we have this then we're done. There could be also a way to use the committee more immediately and perhaps get more work out of the committee than what you've gotten.

Woman: I agree and if we decide on what the topic is going to be then it's a lot easier to do that because in order to do the federal registry notice for the meeting we need two things. We need to know where the meeting's going to be, when it's going to be and what the topic is going to be. So if we know what the topic is we can figure out the other two things you know a year or more in advance and we can you know set it in motion. But if we don't know what the topic is then we get into the constraints of having to wait you know eight weeks or so in order to get a federal registry notice and sometimes longer to say that we're going to have a meeting and then wait the 15 days after the notice is published in order to have a meeting.

And so then you end up with - that's how we get these (unintelligible) starts and also the problem with the nomination process. So you know another thing that maybe we should consider is whether it's working well to do all the nominations at one time. And replace half the committee at a time or does it make more sense to stagger the appointments you're you know replacing less in the committee at any one time. You know to have the committee stable for two years and then make a - change half the people? Or does it make sense to have a committee a little unstable every year and replace a quarter of the committee?

Man: Anybody that's talking to the rancher people that go and be (unintelligible) you know we're talking about (injection) you know that we're talking about the (unintelligible). But anybody talk to the ranchers? I know my friends they don't worry about it what the (unintelligible) that's you know (unintelligible). They never think that we'll come you know I'm a big (unintelligible) foot and mouth disease I know what it is but no one here know where it comes from. The (unintelligible) they don't have this (unintelligible).

Woman: I disagree with you 100%.

((Crosstalk))

Woman: We talk about it all the time.

Man: Well maybe you guys, but…

Woman: Yes.

((Crosstalk))

Woman: You've got to bring it up at home, you've got to start the conversation.

Man: Well they don't…

Woman: They don't want to hear you? Well you bring it up anyway.

Man: Yes they don't know really what's going to happen, what we're going to do, how the agency is going to you know that's another part.

((Crosstalk))

Man: Yes really we got the (injection), what else we want to.

Dr. Elizabeth Wagstrom: Right. So to wrap up this session because we've got a whole bunch of stuff still to go forward are there any burning topics that you think need to be put on the potential agenda for the next committee? Are we happy with this list? Do we need to take some off the list?

Man: Liz I think we tried to talk about AMR in Dallas, I don't think we did a very good job or got very far with that. That's not going away, that's something that should be on the agenda at some point, antimicrobial resistance.

Dr. Elizabeth Wagstrom: What aspect of it?

Man: Well kind of how do we know where we are and if we're making any progress I guess. You know I was on a conference call in my industry earlier this week that the general accounting office is asking questions about that and you may have heard that. You know so the industries are kind of struggling to answer some of those questions about is USDA doing enough? Or is the industry doing enough? Is anybody looking or tracking or what's the benchmark? You know the marketplace and anybody can use as a different thing that's not really germane to the discussion but I think the objective is to just see if we've got a good dragnet set up to kind of look at this problem in our country.

And I think we kind of do but I couldn't articulate all of it if I had to.

Woman: One last process question. If we were to go ahead in the regular meeting announcement and say you know we're going to hold the meeting in DC on blank date and discuss these topics and we went ahead and in that thing and

said and then we're going to have phone conferences once a month on Fri - on Thursday of whatever for two hours. And we're going to keep doing this until we're done. Would the - do you think the committee would be comfortable with doing that? That way we wouldn't have to go this you know stop and go process where we had to wait four months before we could talk about something again.

Woman: I had one question I guess from Steven. On - are you talking about just electronic CBI's? Or are you talking about electronic tagging of any movement in animals?

Dr. Steven Kappes: I expanded it to records. So in the conversation yesterday it started electronic CBI's and how do we get that technology farther afield for folks to use it. But it goes beyond CBI's to (TB) test charge to wrap in - well those things exist, how do we get them farther afield and more readily useable. For me, there's a dollar savings. The more…

Woman: I'm not arguing with you.

Man: No.

Woman: I just wanting to know if you wanted, if you were trying to include, you know, tagging a national ID system.

Woman: I didn't think we were.

Man: No. I was looking at CVI's and records, (test records).

Woman; Okay.

Man: I have a suggestion too. Perhaps, we've got a pretty good list of things that could go into our agenda but maybe if you give us some time we could actually go back to our stakeholders and, you know, see if they can offer some things up maybe in the next couple of weeks and get that in and have a little bit more to choose from.

Man: Or say here's six items that we as a group thought were priorities. What do you guys think? I mean because there's a big list up there right now that could be a lot longer. And we kind of agreed that maybe we need to dive into one or two things a lot more deeper that gets preference. So you got to be a little bit careful.

((Crosstalk))

Man: Yes, I need to pass on recommendation from my stakeholders, the diagnosticians. And the topic that they would like more on is the national health regulatory network. That network has not completely stood up because of lack of new funding.

If we did have an FMD outbreak, the testing is likely to be through the roof, the testing needs. And so as a capability, a diagnostic system to do that is really important. So in the timeframe I had, I did get that back from stakeholders to AAVLD.

You know, they fully fund that network. I think the money has been authorized in the Farm Bill but it' never been appropriated.

Dr. Elizabeth Wagstrom: Okay, let's see this. We will after this meeting, we'll send that list back out in email to give you a few weeks to (unintelligible) select, suggest if there's any new topics. But also help us prioritize the current topics. So what's

most important and we'll have to rank them, you know, one to seven plus, you know, if you add some more, you know, with those ranks. At least, I mean if there's a Farm Bill Six, do we, is it then a committee discussion?

It sounds like there may need to be more flushing out of what the true partnership is between the USDA and industry in the event that vaccinations to live is used to actually show what that partnership entails and who's bearing what cost.

And, you know, who's dealing with the labor and who's dealing with the disposal. And, you know, where do the costs actually come from? And, to be realistic about, you know, that $1 dose relative to all the rest of the costs that are part of the whole scope of what incorporating vaccinations to live is. And maybe actually delineate that in some ways that the industries could weigh in on.

Woman: Maybe, Liz, I would say I think we'll probably do the same from the veterinary services side as well. You know, we'll go back to our focus again. Diane had come out to our (veterinary) services executive team to reach out for topics as well.

But I think we can take this back because I think we're all, you know, this partnership will go back and prioritize, where do we see the greatest need that we need input on. And I think the FMD questions we can take back as well to see.

I know there's other initiatives. You know, (John) mentioned they're ongoing with meetings on FMD. So whether it needs additional input here or we're getting it through some other routes as well, we can check on that if that would be helpful.

Woman: Thank you. So I suggest a little – oh, (Max).

(Max): I would now like to ask, after this fact, that we got a problem. What and who and how is going to be taking place to handle the problem? You know, somebody is going to have to have a plan and how are you going to handle the problem with the herds that are infected?

Woman: So FMD is a great problem.

(Max): Yes.

Woman: Okay. There is a plan that's on our Web site under (unintelligible). If you Google (unintelligible) you will see the FMD plan.

(Max): Oh, there is a plan?

Woman: Yes, there is a very detailed plan.

(Max): Okay.

((Crosstalk))

Woman: Yes, and that's (here).

Man: Yes, and there's also information obviously in secure (unintelligible).

Woman: So why don't we do this? I think we're at about a good time for a quick break. Let's come back about 3:10 and I'll give you 15 minutes. You can go, you

have some beers. You can buy cake, a few cookies. And then we will be ready to go through some of those recommendations. Thank you.

Woman: Sure.

Woman: The (SOCA) committee is now back in session. I'll turn it over to our chairpersons to continue with the agenda.

Woman: Okay. So we are going to fly through this. Oh no, we switched these so I wouldn't mess up the computer. Okay. Let's give it a minute. Sometimes it takes a moment.

So what I did last night was I took what we had talked about and basically just tried to work, miss is and make it grammatical and make sense. So please read. See if there's anything you disagree. Anything you brought up. It's difficult with specific information.

Woman: Yes, finding it.

Woman: Ah, thank you.

Woman: Locating.

Woman: Yes, that's what I was, a word got left out. Mm-hmm. (Too) many committee meetings, thank you. Okay, so I was a little tired when I was typing this last night.

(David): You might want to clarify that last sentence a little bit too there, about ensuring the staff were able to speak...

((Crosstalk))

(David): ...as a group.

Woman: I couldn't think how to phrase it last night. So suggestions on how to rephrase that. That's the point. I can't remember (Stephen) if it was your point but sort of make sure we're not shutdown while we're ensuring that messages are consistent, that they're free to speak.

Woman: Right.

(David): Yes, we are very fortunate to have an exceptional Veterinary Medical Officer in New Hampshire who goes out with my staff and on her own all the time to farms. Generally she's welcomed. And a lot of that is because she is very competent and capable of just chatting with producers.

I don't want her to have to have a regulator or a (cell) drawn during those conversations. The hard part about, I think a lot of that is personality dependent and on the person.

But yes, that was my idea and I want her to be able to speak freely with them but also not get too far out of line with the general agency.

Woman: (Unintelligible).

(David): Messages.

Woman (David), last sentence better? Does that solve it?

(David): You might use the word empowered staff. Staff are empowered to speak really with producers.

Woman: I like that.

Man: Microphone.

Woman: Consistent messages. Information.

Man: Yes.

Woman: All happy with the first round? Any questions? Okay. So then we got into, this one I kept in bullet point because it seemed the only decent way to put it. So I'll slowly scroll through the list. Oops. Okay. Here's what we're going to do. We're going to do that. That way it won't keep doing that. That readable for everyone? It's still a little small, isn't it? There we go. There we go.

Man: Judith, in the bullet that says venue, one of the communities I thought about, having worked with those communities are religious communities, Amish specifically.

So if you could put something in there just to, because sometimes you have to communicate with those through elders or, you know, religious leaders in order to really communicate with them. So if we capture it that would be good.

Judith McGeary: (Unintelligible).

Man: Well, regardless, I just wanted to make sure that that's maybe captured.

Woman: I just wanted to comment that recently, the accreditation process for veterinarians has kind of been updated and requires training. And requires like veterinarians attend ten live or online modules.

And I think that's helping address some of the lack of knowledge for this kind of preparedness on the part of veterinarians. So I see accredited veterinarian training efforts improving the knowledge of practicing veterinarians for preparedness issues.

(Max): Okay. Can you elaborate a little bit more in the lack of preparedness?

Woman: Yes, so one of my comments and I asked Dan if he shared that is I think that veterinarians like myself that are in academic or public fields tend to be more aware of USDA activities than the average practicing livestock veterinarian.

And we need to continue to make inroads in regards to getting the veterinarians, the livestock producers, up-to-speed on issues. And I do see the efforts that training accredited veterinarians as being positive in that regard.

((Crosstalk))

Woman: Okay. Veterinary accreditation. So take a look at what I'm typing here because I'm wondering it may or may not have a place here. But as you were saying, I didn't want to lose it so maybe work with veterinary accreditation to (assemble) information on the veterinarian which can be, you know, passed onto their clients. Would that be...

Man: Maybe I misinterpreted but I wanted to say is actually what they're doing with that is good.

Woman: Yes.

Man: It's improving veterinarian knowledge and so maybe I'll look at that model assembling information.

Woman: And so that's what I'm, so okay. So that may, my phrasing is bad. Because what I'm hoping, what I was trying to do is say well you can continue.

((Crosstalk))

Man: One of the things I...

Woman: Okay so maybe that belongs in the first bullet, first thing more than here. Okay.

Man: Just a question. Does the USDA have a mechanism whereby a category two accredited veterinarians could get mass emailing or mass notification if there was something of significance? But, I mean, there's a part of...

((Crosstalk))

Woman: The veterinarian accreditation database has the email for nearly all the accredited veterinarians. And they send out, you know, accreditation (unintelligible) reminders. And they could send out other types of messages as well.

Woman: We'll take a look at it. So this has gotten moved to what we think they're doing right but also anybody can sign up for the stakeholder registry and get emailed things in your (stakeholder) boxes, if there are things you'd like to

get. And so maybe we need to advertise that better? Have more links on it? Or I don't know.

Man: I would really encourage that. I mean and I almost think, I guess I'm taking a stance on this and that especially for category two accredited veterinarians. There should be some mechanism that you can get contacted if there's something significant that's going on that you need to know about right away.

And although you probably will read about it in the news or something else, we try, we've been trying to get this done in Arizona, to get at least a Fax or emails for every rural or livestock veterinarian and we've got a lot of resistance from the Board of Examiners.

But it seems like in this day and age, you know, we get notified about...

((Crosstalk))

Man: ...in Arizona you know, I...

Woman: So in District 1 where I am, the accredited veterinarians, we get regular quarterly notifications and presumably if there was an outbreak or something, they could just use those same lists.

So they have all the accredited vets in the database for your state and they could access that at any point.

Man: I don't know. It does not happen in Arizona or New Mexico.

Woman: That may be something you want to put on the list here that you recommend that the veterinary accreditation list be used to convey certain messages.

Man: Does this sound like there's differences. I'm assuming you're talking about USDA VS District. Sounds like there may be differences. That's interesting. Maybe something to look into Diane, I don't know.

Diane Sutton: Likewise. You could recommend that the wonderful District 1 accredited veterinarian newsletter be expanded nationwide but it's specifically up to you whether you'd like to recommend something like that.

Woman: So the last question yesterday when we got to how can veterinary services improve cooperation with other agencies, the response yesterday was, we don't know. It's your problem.

So Mary Ann came back with a suggestion from her stakeholders that was slightly more useful than it's your problem. And so please take a look at that language.

Continue interagency working groups with defined action items for collaboration on key issues. And the increased use, and I suppose it would be an increase use of cooperative agreements and memorandums of understanding to better utilize the expertise. Everyone good with that?

Woman: (Probably interagency cooperation).

Woman: Interagency (cooperation). Can be with a (unintelligible).

Woman: (Doesn't apply to agencies).

Woman: Oh it doesn't?

Woman: (Unintelligible).

Woman: Interagency agreements and memorandums of understanding.

Woman: Okay. I think we're good. Can I accept all changes? Going once. Going twice. I can't really wait to get rid of all this highlighting. Okay.

((Crosstalk))

Woman: Now saved.

Woman: Okay. I had the chair back over to Liz.

((Crosstalk))

Dr. Elizabeth Wagstrom: Yes, so we have comprehensive integrated surveillance screens that should be fairly straightforward. Here we go. You should have received this last night. Let me get this big enough for you, right there. And basically this begins with a paragraph, the background.

The paragraph that we discussed yesterday that our discussion and recommendations are focused on how federal agencies, state agencies and licensed laboratories manage their data. Sorry. I'm trying to get this to (Larry) to actually get to review. Oh this is, okay. (Unintelligible). Here we go.

Sorry. (Unintelligible) with each other and provide data to the public. Committee considers improving these internal and interactive aspects a high priority. This can and should be accomplished without imposing any new requirements on producers or private accredited veterinarians.

Then we come to our first recommendation. I'll let you read that and see if it needs any editing of it. Priority two. We recommended that USDA prioritize taking action based on risk analysis. Or recommendation three, that (NR) add services, surveillance screens for comprehensive integrated surveillance.

And that summary reports should be made publically available because they are key to making funding available. Not only because that they are key to making funding available.

Man: Can I...

Dr. Elizabeth Wagstrom: Jump in here anywhere, yes.

Man: Number two and I may be two days of reading stuff and I'm confusing myself. We recommend USDA prioritize taking action. We recommend that they take action based on what they find.

Dr. Elizabeth Wagstrom: People okay with just getting ready to prioritize?

(Jim): I think the reason we had prioritized is because sometimes they're getting so many thing coming at them that, you know, they can't take action every day and so they need to prioritize what they take action on based on risk analysis.

Then I think that was part of why we have prioritize in there. So okay the way but I think that's where the discussion was yesterday.

((Crosstalk))

Dr. Elizabeth Wagstrom: (Steve), what do you think of (Jim)'s suggestion?

(Steve): I mean I guess I understand it but I still like suggesting that they take action. And when appropriate I think helps that.

(Jim): That's fine (Steve). I just think that's where the prioritize came from yesterday. I think what you suggest is fine too.

(Steve): I'd forgotten that. Thanks.

Dr. Elizabeth Wagstrom: Point three. Servicing as a screen for comprehensive integrated surveillance. Recommendation for that we institute the changes for all reporting systems to report across systems. I know that sounds duplicative but if there's anything we should add to that to clarify, I'm open for suggestions.

All right. Three will be Web sites you go on just to look up reports. And then we can generate bi-directional reporting realistically.

(Jim): Okay.

Dr. Elizabeth Wagstrom: Is that appropriate?

Woman: Yes.

Man: Just EMRS is E-M-R-S. There's no E in the middle of it.

Dr. Elizabeth Wagstrom: Great thank you. That phonetics gets me. And then point five. I know you scrolled down really quick but in the...

Woman: Sure.

Dr. Elizabeth Wagstrom: ...I think it was in point two or three above when you said that the data was reports are key to make funding available, control, treatment, management, I would add research.

USDA data is quoted in every single grant application to getting any research done anywhere in the United States. And it's critical to making a case for research dollar spending. Everybody okay with that?

Oops, point five, this is where we talked about not only I think the last sentence here, we talked about what they're already doing with the (unintelligible) group. Talked about the need to outreach to non-traditional stakeholders that they need to establish that.

But then our final recommendation on that point was that we urge USDA, states, veterinarians and industries to move forward and implement the recommendation of data sharing.

And then finally, we recommended increased, well, this is actually a recommendation. We can change it to say we recommend increase transparency. And I think that the language is a little awkward and when we say what will be done with the data, (use of share).

(Steve): I think we need to add something there about an outreach effort as well because you can't make it transparent y putting it on a Web page. Nobody knows it's there. Nobody knows to even think about it. They're not going to feel like the process is transparent.

You know, you (click on a Web site, sometime). (Click on a Web site). You got to tell people what you're going to do with it. They're not going to buy into it.

Dr. Elizabeth Wagstrom: How does that look? You've got one space too many there. We haven't really addressed the last question as to the frequency and detail, desire and reports and data.

Woman: Yes, and we've got something up here on, you said something about reporting being, maybe that's, so on point three, we talked about them being made publically available.

We didn't talk about, at one point we said timely in our discussion but then we worried about the, we didn't want just data dumps without analysis. So does anyone have any suggestions here, in the publically available, if we want to add some timelines around that?

Man: In a timely fashion, kind of suggest?

Woman: I mean I think the (unintelligible) could be as frequently as weekly. But, you know, because it's a rhetorical format that could be resolved that way. But some data will require analysis. And so, you know, timely does capture it. Or, you know, as close (to live) as is practical.

Man: How about as it practicable?

Man: What about possible?

((Crosstalk))

Dr. Elizabeth Wagstrom: No, I need a T in there. Are we okay with these findings or these recommendations? Have a consensus? I'm going to...

Man: (Unintelligible).

Dr. Elizabeth Wagstrom: This one, or? Are the...

Woman: (Unintelligible). (I'm sorry).

((Crosstalk))

Dr. Elizabeth Wagstrom: Okay. Does that work for everybody? Okay. (Max) is on a roll here. Randy.

Randy MacMillan: I'm just wondering if I was a fish farmer, most of this stuff doesn't pertain to us because we don't have much of (assistance). But if I was a fish farmer looking at some of these comments, I'd probably be concerned about, very concerned about providing any information even my (unintelligible) to veterinary services.

Ultimately veterinary services because the information, that data could be really embarrassing. And so I just wonder if we wouldn't want to ask the various industries that are engaged in this how do they, before making this recommendation, whether they'd want that data publically available. Is that what we're talking about here, I mean publically?

Man: Yes, you have two things that go on there. First of all, the federal government doesn't release things that will identify you individually like that. It gets summarized. You know, if you look on census data, you'll see like a D because we have fewer than X number of farmers and so we can't publish that information because you'd be individually identified.

And, you know, at least, if you're going to ship fish out of state, you have to go to a Cert Lab.

Man: You do.

Man: And so that's the kind of data that would be submitted to Vet Services to the (unintelligible) there who says, yes you have or no you don't.

((Crosstalk))

Man: Right. And so you've got some of that information that could be used as part of this program.

Man: So no need to go back to that industry and say all right, what do you think?

Man: You should always go back to the industry and ask what do you think?

Man: Well that's what I think.

Woman: So the industry was actually given the chance to comment, for example, on reportable disease lists for the industry and was and so presumably, once it's reported, it makes it to this database.

Man: So this is only reportable diseases?

Woman: Not necessarily.

Woman: Not necessarily. But that was, is one example of...

Woman: And I think maybe if you consider, yes, maybe up here where we say that, you know, in the first point, one of the first points where, actually point five where, you know, you have to identify gaps that meet animal health

surveillance goals that, as we talked about them, have been developed with the industries, continue to work and identify priorities, (unintelligible) streams, ongoing partnerships with industries organizations.

I think that, you know, in some of the larger, you know, some of the, you know, I'm going to speak from the (unintelligible) industry. That we've been working on comprehensive surveillance for a decade to, you know, come to what our goals, what do we want to look for, what can we, you know, what can we learn, those sorts of things.

But, you know, we're in a different spot than other industries that have not had those discussions. And so I don't know if we want to, you know, strengthen this to say if you've had ongoing partnerships with industry organizations, you should continue.

And then outreach to nontraditional stakeholders, if there's another sentence in there that says you need to get buy-in from perhaps whether it's agriculture or, you know, whomever that has not developed surveillance goals.

Man: Well, and don't get me wrong. I think a comprehensive surveillance program would be good, really good. Beneficial for each of the agriculture sectors, catfish, trout, whatever it is. I would (stress that).

That would be a good thing. But we're probably, I don't know 100 years away from that. Maybe not quite that optimistic but I'm just, I guess a red flag for me. If we don't have industry involvement in some of this stuff, we're not going to get by. And so...

Woman: Okay. Just to say, to determine what data. You might need to change this around to say, ongoing partnerships with industry organizations should

continue and these other non-traditional ones should be established. And then the goal of that is to determine your animal health.

Man: I think that's really good. Thank you.

((Crosstalk))

Woman: Okay. I'll get this sentence done first. How do I put it, whether it's a minor species or other, I know we've got ongoing industry organizations as a partnership with – help me word this.

There are non-traditional stakeholders but then we have in other industry organizations partnerships should be developed? Or how about other industry organizations and non-traditional stakeholders?

Woman: And outreach to them. Okay. The established, okay. I can do this when I'm looking in this screen.

Woman: No, I was just trying to say, you've got, I think kind of reached (unintelligible) defined as non-traditional stakeholders. Maybe they homestead or, you know, (farm). But we're also hearing that there are other industry organizations in agriculture that may also be in a different place and may not necessarily consider that non-traditional stakeholders.

Woman: (Unintelligible). It's more like (unintelligible) around this table. (I don't know anything about…

((Crosstalk))

Woman: So if you take a look at what we've done there, we've (unintelligible) to point number one. And when we get into there, urging USDA, states, (tribes), veterinarians, et cetera to move forward on the implementation of data sharing, I did add common goals for comprehensive integrated surveillance have been agreed upon. Is that what...

((Crosstalk))

Woman: Okay. Great point Randy. Now if I push accept all, let's take a look and see how people feel about it.

((Crosstalk))

Woman: I think we need to...

((Crosstalk))

Woman: ...determine. I think we need to also set goals first.

Woman: (Unintelligible).

Woman: Which data?

Woman: (Unintelligible).

Woman: We comfortable?

((Crosstalk))

Woman: Okay. And with that, I think we did not change anything else. We're still recommending that we can electronically message. We are recommending we take action based on risk analysis. We're recommending the (NLS) surveillance stream. And that reports be made available as soon as practicable.

And that we have a change if necessary for reporting systems to report across systems. And increase transparency and outreach on how data that are collected will be used and shared. Are we comfortable? Because now we're going to get real uncomfortable.

We're going to go back to emerging diseases. Yes. So, you know what we saved this as?

Diane Sutton: (Unintelligible).

Woman; No I saved that. What we saved emerging diseases as. That was what I was asking Diane.

Diane Sutton: It should be emerging diseases. (Actually I should take that back).

Woman: It's probably the volume. (Unintelligible).

Diane Sutton: Okay. I'll let you.

Woman: I have such a (complicated) file system on my computer. Nobody's able to find anything. I hope you didn't save this (by topic). I thought maybe that would happen. Please, no. (Unintelligible).

Woman: We could certainly do that. And also I tried to save two copies of the original on my file. Would you email them and let them know we're going over to emerging diseases. I told you that this should be prepared.

Woman: It doesn't say (it can) go email. That one would have come from – all right. How does your email (unintelligible)? I'll do it by date instead, I'll do it. There it is. (Unintelligible) save it. Date it.

Okay. This is a test. How many people remember what we did this morning because I think most of it is gone, yes, no, it's all gone. Everything for emerging diseases is gone.

Woman: All the new stuff.

Woman: All the new stuff we did this morning for emerging diseases is gone.

Woman: It's all in the transcript.

((Crosstalk))

Woman: The problem though is if we don't get it down now then we'll have to have another official open meeting in order to consider and approve the recommendations. But I think we were, I mean I did think we were thinking of having at least one more conference call, I mean given some other stuff, so.

Woman: Right. I'm just saying, I would go ahead and finalize whatever you can today so we can go ahead and pass that on. And then we can consider additional information at a subsequent meeting.

But it will take at least two to three months to organize another meeting, official open public meeting. Maybe four months even with the holidays coming up because we have to get all kinds of approval.

((Crosstalk))

Woman: I know. So we, if I recall, we were fine with the case definition. Roles and responsibilities, you know, it got renamed. I mean, something else got typed over it and it was renamed. I mean as far as I can tell it's nowhere.

Because the June recommendations that were it ended up being, we ended up putting the communications stuff under that. So roles and responsibilities, we had several.

Man: And I don't have the language written down but there was, in the introductory sentence under that, there was some expansion beyond animal industries to other stakeholders. I think language to that but I don't remember. I didn't write it down. But there was an expansion beyond. I don't remember the language but I remember there was something there.

Woman: Okay. Well why don't we do this? Let's look at, let's go back because I think we've done a pretty good job at going through roles and responsibilities. And remember we added tribal in a few places.

We added some other things. If we could have them go back to the transcript and email, I mean we should be able to email what it is we wanted to add to those sections. And then that left us with two questions.

One was that, are the triggers defined in Appendix A and Appendix B, Part 1? Are those triggers that have been identified, are they clear enough? We also

wanted to talk about when does something become endemic and stop being an emerging disease?

And then also, are we comfortable with chapter four on communications? So let's just, you know, go back and we'll say we'll look through the transcript. Operator would you make sure that our speakers can talk.

Coordinator: One moment.

Woman: They've got Dana and...

Coordinator: All lines are open.

Woman: I don't know, maybe Dana and Lee Ann?

Woman: Yes.

Woman: I mean did they write down our suggestions by any chance? And Dana, are you there?

Lee Ann Thomas: Yes. And I was trying to capture the comments as we were going earlier. But honestly, I was hoping that you all were, that you all had captured them. Do I understand that the draft that you all were working on has vanished?

Woman: You're correct. It's gone Lee Ann.

Lee Ann Thomas: Okay. So the, we can go through and do a state and tribal animal health official. And then there was this about the non-traditional stakeholders. And there were three or four words included in a parenthetical. Does anybody recall those and we can get those captured?

Woman: Well I do remember that we talked about industry, that we would be developing, yes.

((Crosstalk))

Woman: Yes, okay.

Woman: But were there other changes besides those?

Woman: Yes and then in industry, under industry we talked about that industry, previously established communications links with industry organizations will be used to develop and communicate information. So it was not just communicate but also to develop.

Lee Ann Thomas: Got that. And there was also the comment about timely.

Woman: Okay.

Woman: I'm worried about time. I mean, we're going to forget.

Woman: Why don't we do this? If we can have Lee Ann kind of and Dana put what they have into an email with the information that they collected, we can check it against the transcript and, you know, just, can we take care of this via email?

Woman: I'll check on the rules and see if we're allowed to do it by email or not.

Woman: Okay.

Dr. Elizabeth Wagstrom: But to get back to the outstanding questions, the triggers that were defined in Appendix A and Appendix B, either Dana or Lee Ann, do you want to further clarify exactly what you're looking for, which triggers you're looking for or should we just open it up for discussion?

Lee Ann Thomas: I think just open it up for discussion, Liz.

Woman: So I like the triggers that we had outlined previously for consideration for endemic, domestic diseases. That may have changed. So clearly the international diseases that are transboundary diseases that appear to be emerging, a single case of those can be, you don't need much of a trigger for cases of foot and mouth disease, for example.

But for changing morbidity or mortality, I thought the clarifications that had been provided previously were useful. I'm sorry. Here's the triggers that we came up with on our conference call in June. Are you comfortable with those? Okay. So is everybody good with deleting that?

I think that this was at one point in time the catchall for, you know, anything. You know, not just the endemic currently known diseases so. Okay. I sense we're getting to the end of the day and people are just losing energy.

Woman: I'm going to just take a moment and maybe point out what I think is just a typo.

Woman: Okay.

Woman: And if it's not, I'd just like to understand. In Appendix A under host range significance, I think USDA meant to say two or more agricultural commodities as opposed to one or more agricultural commodities. Because in

moderate we're already dealing with a single commodity. So I would guess under significant you're dealing with two or more? I'm waiting for a comment from...

Dr. Elizabeth Wagstrom: Lee Ann or Dana, that's for you.

Dr. Dana Cole: Yes. Sorry, this is Dana. I was pausing to read it again and rethink what we were (thinking). The single agricultural commodity again, this was a problem with wordsmithing. The, what we're currently considering, a moderate sort of risk is a single agricultural commodity.

And what's not here is sort of a, that getting in back of that transmission issue that we feel like is a single agricultural commodity with little opportunity for, you know, a fairly minor, you know, it's affecting an agricultural commodity but it's a minor effect. But we don't have that stated here.

And then we left one in the significant because we're thinking okay, you know, widespread or major impact to the agricultural commodity so that's a problem. And maybe the best bet is just to go back and put, you know, as we've been talking about, you know, during this meeting in transmission.

And maybe we just throw in another transmission, another column for transmission specifically even though, as I mentioned this morning, I was worried, we didn't initially include it because we feel like in early stages if we only have, you know, you know, we thought the geographic range sort of captured that transmission potential.

And if it's, you know, we mentioned transmission there. And we also talked about inter-animal transmission pathogenicity. But it comes into play again in a single agricultural commodity. We were just thinking okay, an agricultural

commodity is affected. It doesn't really feel like it's going to be, you know, have high impact. But I see that it's a problem. I need to say I'm still really, now I think I may be more confused.

Woman: Maybe it's just feedback for you.

Woman: My understanding of it was there can be some severe, diseases that are so severe that even if one commodity is affected, that's sufficient to make significant (impact). For example if you have classical swine fever, that would be, you know, significant.

But why is that significant? But I mean one of the things I like about this chart is that it breaks things down. So you have what you're looking at for host range, what you're looking at for pathogenicity.

What you're looking at for, so I mean, yes, I can see that certainly there will be things that are in the red zone that are only one commodity. But if you're looking at what's significant in terms of host range, I have trouble understanding what you're listing moderate and what you're listing significant.

I meant, you know, just how you're deciding if you're looking at host range, whether something's moderate or significant. To me, I can't understand how you'd classify one or the other.

Woman: No, you're right. And the other input, I don't know who that was, is that that was articulated better than I did as far as what our thinking was.

Woman: Right.

Woman: Was that we're rolling up impact in that a little bit. But you're right. As stated, as it is there, it's not clear. We're talking about, you know, a single agricultural commodity of minor impact versus one or more agricultural commodities in the one being that's having such a significant impact on that. So the interpretation, somebody read it right as we were thinking but I can see that that's not clear.

Woman: Can I ask, what's a single commodity? So when chickens are dying with AI ad there's meat and there's breeders and there's eggs, are those three commodities or are chickens one commodity?

Woman: That's exactly where we would define it. So if it was just, say, you know, if it was affecting multiple sectors of a poultry commodity that would definitely be the significant, you know. So that would be one or more agricultural commodities versus if it's affecting a single or a single minor commodity, we would put it under moderate.

Man: It depends if you're lumping or splitting poultry right. If it's a, you know, normally we kind of see them as compartments or sectors. You know, like different sectors of the poultry, you know...

Woman: Right.

Man: ...industry. Normally the same companies are not involved in those three things. And you've got turkeys too. You've got meat chickens. You've got (broiler) chickens. You got the genetic stock geese and you've got turkeys.

Dr. Dana Cole: That would be four commodities.

Man: Well I don't know. Possibly four commodities but four sectors in the poultry commodity. I would say that. Depends. We're getting in the just language and you know, I don't know the words you want to choose but I guess the words you choose are important Dana.

So you know, commodities is a big, is a much broader term than the broiler sector. Or, you know, it's like cattle, right. You've got dairy cattle. You've got beef cattle. You've got and you've got the breeders, you know, the (unintelligible) places. And, so what would you call that? You know, three commodities or?

Dr. Dana Cole: So you're right. At this point it's the splitting of commodities, too broad of a term. And maybe that's what the issue is between moderate and significant. Maybe we need to replace with a different word like sectors. Single agricultural commodity sector or something like that versus multiple...

Man: Or an animal production sector maybe or.

Dr. Dana Cole: Yes.

Man: You know, something like that.

Dr. Dana Cole: Yes.

Dr. Elizabeth Wagstrom: Is there any other discussion around the triggers? If not, Dana and Lee Ann, in going back through the plan last night I had some questions on Chapter three. Or suggestions. And some were under risk level one and two where it talked about developing industry communication materials to relevant agency and non-agency partners.

Belinda Thompson: That was on risk level one. And risk level two it talked about providing guidance. And this is just tentative. It again seemed very one way instead of collaborative on, you know, your developing and distributing two (unintelligible) rather than developing and distributing (unintelligible).

And so that's just a, I don't think it's (going to) our recommendations but just (unintelligible). But the one that I did have a question on is, you know, it looks like we may have a case definition where reporting happens at risk level three.

And then you don't start conducting active surveillance until risk level four. So if you're not actually doing surveillance, actively looking for something, why do we have to have a case definition on reporting before we start looking for it.

And so we didn't know if maybe either one needs to move up or the other one needs to move down.

Woman: So Linda bear with me a minute. What page are you on?

Belinda Thompson: I'm sorry. I'm on page 12.

Woman: Okay.

Belinda Thompson: It says possible responses to emerging domestic threats. (It's kind of new). It's under risk level four. You talk about conducting active surveillance. Developing a surveillance plan. But we've developed a case definition for reporting on three and it kind of seems odd to me that I don't know if we're just going to happenstance, to come on something that we should report on level three instead of active.

I mean to me they kind of should go hand in hand, your case definition for reporting and surveillance should kind of be tied together in some way.

Woman: Sure.

Woman: And so the way...

(John): Yes, if I could just interrupt for a minute and I apologize. This is not for the record but...

Woman: (John), are you still there?

(John): I am. I'm resigning my spot on the committee. I've got to run and catch a plane and so I was just thanking the group for all the work together and letting them know how much I enjoyed it. And I will continue until you have your next committee put together. But it's been an honor to serve with all of you and it's been a great experience. Sorry I have to cut and run. Let me know how I can help because I'm always glad to. Thank you.

Woman: Thank you (John).

Woman: Okay Lee Ann.

Lee Ann Thomas: Yes, sorry. So I think Linda that the way this table is setup is that in regard to the question to me seems to be as you stated is that conducting active surveillance under three and moving it there. Each subsequent level includes all the activities in the previous level. So it's not necessarily moving something down. It's moving something up.

Belinda Thompson: Yes, okay. And to me I think if we are seeing something as an impending risk, active surveillance ought to be a potential option.

Lee Ann Thomas: So let me show, Linda that gets to a question. Do you actually see any difference between impending and current risk?

Dr. Elizabeth Wagstrom: In my view I would think impending, if we have an active surveillance program, gives us a chance to stop something before it gets going whereas current risk I almost feel like we're already identifying something that we may be trying to get ahead of but the impending risk gives us that additional opportunity to get ahead of something. That's just my personal opinion here.

(Dave Smith): I'll support Liz on that. This is (Dave Smith). I think that if you're thinking that there's about to be a problem, that's the time to start doing the surveillance to look for it. Rather than waiting to say, no it's here now, we ought to start looking for it. So it does make sense to me that you'd start your active surveillance as you thought the threat was impending.

((Crosstalk))

Woman: Nobody's getting any fire in the belly yet because this topic, currently Lee Ann and Dana. I think that's a current risk.

((Crosstalk))

Woman: So I have a question that I, as I was trying to review this that came to mind. I know we had something about this but I don't remember where it ended up. At our January meeting, you know, they gave us the list of 13 factors and we

were talking about that we actually have a couple of additional factors that they should look at.

And I couldn't remember how that now plays into this. So is that host Appendix D?

Woman: There's a little yellow box in Appendix D where they assign the risk and it would be based on all of those factors near as I can tell. That's implied in that box somehow.

Woman: They list them though.

Man: I think the 13 factors, the 13 factors I think are listed in (Appendix B) I just counted them. Chapter three response, second paragraph on page 11, the last sentence of the second paragraph. Aspects to be considered to be include...

Woman: Okay you're right.

((Crosstalk))

Woman: Okay, can I suggest. My notes that were we were just including two others. One was contagiousness and one was impact on genetics particular heritage or region. That's what I have from my notes from January. There.

((Crosstalk))

Man: Chapter three, response coordination? Second paragraph of it. The last sentence. Aspects to be considered include and rather that a bullet point list, it's just a long sentence with semicolons in it.

Woman: Yes, it is.

Woman: (Unintelligible).

Woman: People okay with...

(Besson): Okay, Dana, Lee Ann, this is (Besson). Relation to that question and again you can get in active surveillance but when we were at risk for the Schmallenberg virus, we actually and Lee Ann, I think Dana you weren't here.

But we developed I guess I would call it a case definition to say, be sure to report these things. You know, and it, the criteria that we wanted them to report from abortion cases sort of the (unintelligible) cases to make sure we followed-up on those even though we knew we had Cache Valley virus and other things that could look like that.

But we did at that time because we felt I guess I would say, you know, potentially whether it was in the potential category or impending risk we were concerned and we wanted to make sure people knew what to report to us.

We would take samples and follow-up and look after these kinds of cases so don't in the past you might have just assumed Cache Valley if you didn't have that diagnosis. But now we wanted to look at them further.

Woman: And to me I think that actually to me, what I would consider active surveillance. Actively looking for it. So I think that makes a lot of sense, you know.

Dr. Dana Cole: So this is Dana. Just as a point of clarification when the other 13 factors that are outlined on page 11 come into play, you know, relative to the flow diagram in Appendix B. That would be in part two. The part one is just very preliminary information or we don't know, have enough information to feel confident, to confidently assign it using Appendix B. A, sorry.

So you know, we don't have a lot of information. It's just a first pass at looking, at throwing a disease through the matrix in Appendix A, assigning it a category or deciding we don't have enough information to assign it to a category and then having that initial discussion with the VS liaisons in part one based on the risk level assigned.

And then part two when we're doing a valuation characterization is when we really bring in all the other factors because it really requires a lot more input across VS. It includes that part two is sort of an expansion of the, you know, VS POCs, the activities across veterinary services.

And so we get a lot more subject matter expertise at the table and we can start to address, you know, all 13 of those areas where that first sort of pass at it, we're talking about a fairly small group of people, small unit of subject matter experts and we just don't have the expertise at the table to address all 13 of those factors. So it is sort of a tiered approach to it.

Woman: That makes a lot of sense. So I mean, I just didn't, I haven't gotten clear on where funding, how it was (done). But I think they approach you guys have developed with this chart, you know, sort of a nine piece chart makes a lot of sense. And it actually makes more sense to me to bring in all that list of factors afterwards.

Because I think what we struggled with actually in January or February in Dallas was, good heavens, this is a lot of different factors. It kind of covers everything. Where do you even start, was part of conversation. So I think actually having the stage two makes a lot of sense.

Woman: Oh, we're asked the questions about, when does it become, go from emerging to endemic? And I find that almost the same as trying to decide the response. Before you know it, the diseases. I really think that's going to have to be addressed on a case-by-case basis.

You know, somebody decides we've lost the battle based on everything above. And then they declare it endemic. And, you know, if it's (vectorable), it might be harder to control. Or if it has a wild live reservoir that may be harder to control.

Or if it gets into more than one species or whatever. Or whatever that is, I don't see without knowing the disease in advance that you can draw those conclusions. I think we have to say that we have subject matter experts.

They're going to use all the information that they have to be on it. And they need to consult with the stakeholders as well to get input on when everybody thinks you know, the jig is up.

Man: Excuse me but are there OIE definitions on when the disease transitions from emerging in specific countries to endemic or?

Woman: I look for them.

Man: Or should I rephrase the question. Or, are the definitions based on a disease by disease basis in terms of how OIE classifies the status of that disease?

Woman: I believe those are, I mean I believe when a country declares it endemic, the OIE considers it endemic. But I tried to look that up. Well so a couple of diseases that became endemic RPD and West Nile virus. And there was a declaration from the government.

I mean, you know, I remember when we got the thing that said, okay, West Nile virus is now endemic. It's no longer an emerging disease. And we were not given any, you know, you must, because it got to this point kind of rules.

Woman: Anybody else have any further suggestions about when the disease becomes endemic. I do like the idea that stakeholders and subject matter experts together should make that determination.

Man: I really think that's the best we can do. It's just so variable. I don't know where you set the bar and I don't think this committee can adequately do that.

Woman: So are we comfortable with where we are with this? Are we going to go back and we accept the definition of emerging disease is acceptable? We're going to go back and look through the transcript of the roles and responsibilities although I think that Dana and Lee Ann have said most of those suggestions we've made are ready.

But for our report we will get (unintelligible) in. We have our triggers when considering an endemic disease is an emerging disease situation dependent and included those unexpected increases over the previous (unintelligible) range. And then other epidemiological patterns of production impact that are unexpected.

And then we had the discussion that we capture around Appendix A the difference between a single commodity versus what was significant versus moderate. So, you know, we, they'll go back and look at that but, you know, we'll capture that in a report.

And we considered recommending active surveillance be implemented when an impending risk is identified. And then finally, not finally. We also suggested adding contagiousness and impact on rare and heritage genetics to go to the first not the first, the 15 criteria on page 11.

And that these 15 criteria would then be used in Appendix B, Part 2 to evaluate and characterize the emerging disease threat. And that moving a disease from emerging to endemic would be situation dependent and subject matter experts and stakeholders should make that determination.

Do we have consensus that that's where we, our recommendations around this plan? Excellent. I'm going to push save. Just tell me it's going to save.

(David): I'm good with that. I have a – is there anything in here, and I read it but that talks about now? How to define when a disease becomes endemic? So where does it talk about leaving it silent then? With that recommendation? Or are we talking about adding something?

Woman: No, I think we're going to leave it silent (David).

(David): Okay just so I understood.

((Crosstalk))

Woman: ...to consider that.

Woman: I suspect we're going to leave it silent.

(David): Okay.

Woman: Okay. With that I think that, you know, we have wrapped up business for the meeting. I'll let you go through the final, you know, logistics. Just want your concurrence that we did reach consensus on all of the topics discussed during this two day meeting. Is this correct?

Man: Yes.

Woman: Very good. What we'll do is we'll go ahead and adjourn the meeting in just a moment and then we'll talk a little bit about business and administrative stuff. So I want to thank each and every member for your participation during these two days. Your thoughts and ideas have been very thoughtful and helpful.

We really appreciate this opportunity to engage with you. And we appreciate the work you've done and the work you'll probably end up doing in the future for us. So I want to thank you very much, particularly those members of the committee who may not be returning for the next session.

So with that, I adjourn the (SOCA) meeting. Thank you all. Operator, you can go ahead and terminate the recording.

Coordinator: Thank you ma'am.

Woman: Thank you.

END