Lessons from the Intelligence Community

For Federal Public Health Leaders

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Sophie

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While there are many lessons to be learned from our experience of the COVID 19 pandemic, two things we already know to be true. There will be additional crises, and none of them will look exactly like the last. But by examining precedent from other industries, we can identify structural changes and new processes for the U.S. federal government to consider in its efforts towards institutionalizing preparedness. In this discussion, we consider lessons learned from the intelligence community, which has evolved as we have faced new security crises. We look at this community's preparedness practices as well as the ways in which they have successfully affected change following a crisis.

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We then consider how these are relevant to the field of public health, the barriers to implementation and possible pathways to success. I'm Sophie Stern, host of Framing Health's Future, an initiative from the federal health leaders at KPMG.

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I'm delighted to have with me today General Jim Clapper, a renowned leader in the intelligence community. And former director of national intelligence will begin by discussing how the intelligence community has adapted and changed over time, and how those lessons might be applicable to public health.

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After that, I'll be joined by Karen Jackson, who has over 25 years of federal experience serving in various senior executive positions. Most recently, the former Chief Operating Officer of Centers for Medicare and Medicaid Services, although I will note that she is no longer with the federal government and is speaking today in a personal capacity, as well as Maggie Davis, Director of State Health Policy at the Association of State and Territorial Health Officials.

[00:01:47]
Karen, Maggie, and I will discuss General Clapper's remarks as well as recent trends in state and legislative policy, what this all means for how we prevent. and mitigate future public health crises. General Clapper, thank you for joining me.

General Clapper **[00:02:04]**
Thanks for having me.

Sophie **[00:02:06]**
There are many parallels between public health emergencies and security threats.

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They are both sometimes unpredictable, demand rapid mobilization of diverse resources And require a coordinated response among different agencies and levels of government. How does the intelligence community generally approach thinking about crisis preparedness?

General Clapper **[00:02:29]**
First point I would make is that the intelligence community is kind of in a constant state of Um, crisis management, uh, it tries to cover the globe for all, uh, potential intelligence problems, uh, whether be they regional, meaning nation state based or transnational, which is probably closer to.

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The challenge faced by the public health sector. We don't really have a, uh, rote checklist, um, for dealing with crises. It, a lot of it is, it's very situational dependent. We, you know, we've done it. The intelligence community has done it time and time again, sometimes successfully, sometimes not. The challenge we have like the public health sector, I think is an being anticipatory and timely.

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And trying to foresee, um, threats, you know, kind of over the horizon, not, not necessarily the ones that are, uh, immediately staring us, uh, in the face. So, you know, depending on how localized a, um, uh, a crisis is, whether it could be handled by, intelligence staff of one of the unified commands and the military divides the earth up geographically into four or five unified commands that focus on things regional or whether it's a so called transnational threat, one of which for the intelligence community is, is disease.

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I will tell you, in thinking about this, one thing that I think we share in common, the intelligence community and the public health sector is, uh, and I'll use a little of our history as a case in point, is after the 9 11 attacks, uh, there was a, uh, Blue Ribbon Commission that was stood up to, uh, as often happens when we have an intelligence failure, to dissect what happened, analyze it, and, uh, make recommendations for, uh, uh, improvement.

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And so, one of the things the intelligence community was faulted for after 9 11 was a, a quote, lack of imagination. The intelligence community has a great sense, a great imagination. It can imagine and does all kinds of scary scenarios. The challenge the intelligence community has, which I think is somewhat similar to what the public health sector, a challenge it has as well, it's not so much thinking up what could happen, it is convincing people.

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That there is a real threat. Or there is a looming public health crisis. And then getting something, getting people, particularly those who are decision makers, to do something about it.

Sophie [00:05:29]
Yep. And

General Clapper [00:05:30]
I do think that's something we, uh, we have in common with the intelligence community and the public health sector is, you know, we can imagine lots of threats out there.

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And I'm, Sort of categorizing disease as a threat and the issue though is, uh, being sufficiently persuasive for people to, to induce some sort of action.

Sophie [00:05:56]
That's, um, a very strong parallel between the two different communities. And actually, in a previous conversation, we were talking with Dr. Georges Benjamin from the American Public Health Association, and Some of his commentary was that we need an emergency room mindset, um, that everything is a threat until proven otherwise, but absolutely it is getting people to react and take something seriously that they can't see or even imagine, um, is definitely a challenge that has crossed over and into the public health sector and, and most definitely during COVID 19.

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So, so I know that you touched on the fact that there is no checklist, right? It's years of experience, you know, every, um, threat or emergency potentially can be new or different. And it's that experience that helps inform how you react. But I am curious if there are any processes and tools that you have relied on in your career to help maybe not only identify these threats, um, but prioritize future threats.

General Clapper [00:06:56]
Obviously, uh, one of the tools that the intelligence community, uh, strives to employ is technology. You know, when I first got in the intelligence committee in the early 60s, uh, automation was, uh, acetate and grease pencil and two corporals. And, uh, you know, we've come a long way in, in, in the portrayal, depiction of information in an automated way.

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And certainly, uh, with the advent of artificial intelligence, uh, that capability will be even further enhanced. So over time, we've gotten, um, better at timeliness. Where oftentimes intelligence was history and it wasn't, uh, current and certainly wasn't anticipatory. Well, we've gotten much better at that because of the wonders of technology and automation.

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Uh, technology represented an internet. And, uh, you know, I spent much of my career in the intelligence committee prior to the advent of the internet and its related technology. Of course, that poses a new set of challenges for us. So I think, uh, as far as tools are concerned, I think that is, uh, the major one we we've come to rely on is automation, depiction of information, automating information, correlating it in an automated way, as opposed to manual.

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And I think that's. It's kind of universal throughout the intelligence community and that to me is the, uh, was what occasion the tools and processes and again, there is no one set template or textbook checklist on on, you know, how we try to manage cope with and understand, uh, what's going on during our crisis.

Sophie [00:08:48]
Absolutely. And I, I think that the Intelligent automation. Absolutely. And you know, AI is all the rage right now. Everyone's talking about it. Um, and I think absolutely it's being embedded into the defense and intelligence community as well as, you know, starting to in the public health sector. But I'm curious.

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Even as you're looking at technologies changes hard, it takes a minute to get these embedded into just the ways of working. And so when, when you have a tool or a process that is used in one part of a community, how do you make sure that it's repeatable? and scalable across many different divisions in government.

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We have

General Clapper [00:09:26]
a lot of standards increasing and the intelligence community is coming together on more and more, um, it's architecture, IT architecture is, is, uh, more and more compatible than it used to be, certainly before it was, before 9 11. So we're better able to share, uh, data and share, uh, tactics, techniques, and procedures, uh, to use the bar on the military term, uh, throughout intelligence.

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And there are some universal standards in terms of classification of information. It's handling analytic standards, which are, for example, which are, are, are pretty standard throughout, uh, throughout the intelligence community. Obviously, if one part of the intelligence community through its own RD uh, efforts develops a particular analytic tool, um, generally speaking, that tool would be made available to the, uh, the analytic family, the collection analytic family that deals with that particular problem.

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I don't know that we have a, um, you know, a big body of governance, uh, in terms of regulations, um, there are some general policy outlines, uh, that are laid out for the community. And, and then, uh, you know, people encouraged to be innovative on their own. And then of course. where possible share with their colleagues across across the intelligence community.

Sophie [00:11:00]
I think that that's maybe something that the public health sector can do better. Um, I think you often see innovation in spots, but it's not necessarily then taken and translated to help advance. Kind of a best practice. So,

General Clapper [00:11:13]
well, one of the major recommendations that the Blue Ribbon, aforementioned Blue Ribbon Commission made was to establish a, a director of national intelligence.

General Clapper [00:11:24]

So that position now it's coming up on its 20th anniversary this December when was called the Intelligence Reform and Terrorism Prevention Act. Was signed into law by President Bush specifically on 17th of December, 2004. One of the aspects of that reason, one of the motivations for it was to have someone who was not burdened with the day to day challenges of running an agency who could oversee the entirety of the intelligence community with its, uh, now, I don't know, 18 components.

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And promote, uh, collaboration, integration, cooperation, which, you know, is not typically a natural bureaucratic act. And that has been, I think, the main reason for having a DNI, Director of National Intelligence, is to foster That integration, cooperation, and collaboration, you know, people have done it with varying degrees of success, but that, that's the idea and that, that was a major takeaway from, uh, the critique done by the Blue Ribbon Commission of the 9 11 attack.

Sophie [00:12:41]

I want to switch gears a little bit, you know, large scale crises tend to expand or shift. The Overton window, um, increasing the options for change. But one of the challenges is making sense of the crisis and our response while still in its immediate aftermath. We don't have the luxury of waiting to see how history will judge it.

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Can you talk about the post crisis learning process in the intelligence community? And you did a little bit with the Blue Ribbon Commission, but I'm just curious, how do you balance the need to act quickly with the study required to get it right?

General Clapper [00:13:14]

That's always a dilemma in intelligence. People want intelligence fast, they want it quickly, and they want it accurate.

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That's, there is no, uh, again, there's no panacea for that. Other than, uh, I think the Intelligence Committee is sensitive to that fact. And, of course, the old saw about first reports are never quite right. Which certainly was, uh, my experience, uh, in the 50, 55 years I spent in Intel. People understand that first instance reporting may not be fully accurate, and then you have the, you know, you have this time honored dilemma.

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Well, do we wait till we're 100 percent sure? Of something before we report it, or do we report what we have with the understanding that more to follow that may amplify and clarify as a given situation unfolds when you're monitoring a situation in real time, you're dealing with. You know, actors, or you're watching actors whose own decision making isn't complete.

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They may not know what they're going to do next. And as a consequence, it's a little difficult for us to anticipate or foresee what they're going to do when they don't, the actors themselves, haven't made up their minds yet. So, generally speaking, my experience in policymakers or commanders, diplomats, whomever, would rather have the reporting that we have.

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and our accompanying assessment, of course, with the understanding that as time goes on, hopefully the situation will clarify, we'll know more facts about it, and we can share that, uh, with those who follow what we do.

Sophie **[00:15:10]**
Absolutely. So kind of on that same thread, you know, any inquiry following a crisis runs the risk of revealing multiple and overlapping failures, but we can't boil the ocean.

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How do you select which challenges are most urgent to tackle? And how can you know which are the root causes?

General Clapper **[00:15:30]**
We don't always get a choice. The adversary, the target nations, uh, make that selection for us. So the trick is, how do we be agile enough to switch, to move resources around from within the intelligence community to address A newly detected threat.

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Um, again, there's no set rule book for recognizing what's the threshold when you have to do that. Uh, it's very situational dependent. So it's, uh, it sounds kind of wishy washy, but it's just hard. To write down the Ten Commandments of Intelligence that you can look to and abide by and without fail, it just doesn't work that way.

Sophie **[00:16:19]**
So in those moments, who is kind of making sure that people are coordinating, collaborating, know whose job it is to do what? So that you're as efficient as possible.

General Clapper **[00:16:32]**
That's the main function. I, I think of, you know, the director of national intelligence. That's why that was, that position was established. I hesitate to use the term czar or autocrat or king of intelligence or queen of intelligence.

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It doesn't, it doesn't work that way. It never does in the government, but there is a, uh, uh, by the creation of that position, uh, but now a single senior position that oversees the entirety of the intelligence community. And it is the job of the director of national intelligence and his or her staff to ensure that the components of the intelligence community are contributing what they can.

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The intelligence committee is often accused of being a series of silos or stovepipes. which, uh, a term that's generally considered pejorative. Well, those stovepipes or silos are also the home of the unique tradecraft involved in conduct of various aspects of intelligence. So it takes certain unique skill sets to do signal intelligence.

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It takes certain unique skill sets to do human intelligence. It takes certain unique skill sets to do geospatial intelligence. The trick is to ensure that you nurture that, those tradecraft, and that's why those silos are as manifested institutionally in the form of agencies. are using, uh, exploiting that tradecraft, but doing it in a complimentary way.

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So for us, um, multiple sources of intelligence are always better than one source of intelligence. So the challenge is how do you ensure that those sort, those various stovepipes, silos, whatever you want to call them, are contributing and in a complimentary way, because this is a, uh, An example of where the sum is, is truly greater than the parts.

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And that's why we have a director of national intelligence. You

Sophie **[00:18:44]**

know, as you're talking, and I know we'll get to this with, with Karen and Maggie, but, you know, similarly, if you're looking at HHS, you think about the insight that the centers for disease control is collecting versus the food and drug administration versus the national institutes of health versus the centers for Medicare and Medicaid services.

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They all have their distinct. roles, very important roles, and they can all learn from and leverage insights from each other to then react in a crisis and, and post crisis. So, fascinating. General Clapper and I, I,

General Clapper **[00:19:15]**

I have to say one more, uh, make one more point here is the intelligence community in and of, all by itself would never have conjured up a Director of National Intelligence.

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Uh, no one in the intelligence community prior to 9 11, wanted or was a serious advocate of having such a position. This was something that was, um, foisted on us. We were directed to do it by the Congress, and now we have it. And I think, by and large, the history shows that we're better for having a coordinator, integrator, collaborator, whatever you want to call that entity that ensures that to the maximum extent possible, all the parts are, are behaving and contributing as they should.

Sophie **[00:20:03]**

And I mean, that's exactly where I want to go next is, um, you know, change is hard. And I think particularly in bureaucracy, um, it often doesn't happen absent congressional action or at least political appointee leadership. And so, you know, how well was that? that position received initially under the Bush administration.

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So obviously it was a directive, so it had to be done, but I'm curious, um, kind of what you faced.

General Clapper **[00:20:28]**

Nobody wanted it. Most of all, uh, I think the central intelligence agency, uh, Did not particularly want a layer, if you will, over them and, and with the president. Uh, the prior arrangement in the intelligence community was that the director of the Central Intelligence Agency was dual hatted as the director of Central Intelligence.

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This actually traces its origins from the National Security Act of 1947. My own personal observations, uh, watching DCIs, Directors of Central Intelligence, who were also performing as the Director of CIA, was that sooner or later, mostly sooner, they got consumed with agency centric issues, which is quite understandable.

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I was Director of two of the agencies for almost nine years. And those positions are all consuming seven by 24 jobs in and of themselves. So the notion of having a second hat where, um, on a part time basis, I'm going to run the entire intelligence community is, is a pretty tall order. And with a couple of exceptions, most people in that position devolved to worrying more about.

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There are the Central Intelligence Agency, their own, their own agency, which is a huge organization, globally deployed, doing very complex. Risky, uh, sensitive things, but you just naturally get consumed with

Sophie

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that. Yeah, that double hatting is, is often, or maybe sometimes not effective. And so going back to the, so the, there was a directive from Congress, from this commission to establish this position.

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Even when there is a directive, it doesn't necessarily mean that there will be meaningful change or culture change within an institution. So there are many ways that you can superficially honor that directive. And so, in my experience, it takes a very skilled leader to come in and and motivate individuals or inspire individuals to see the importance of that position and ultimately change culture, behavior, and attitude.

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And so I would ask you if, what are the characteristics of that type of leadership that are required once a directive has been established.

General Clapper

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You know, at risk of blowing smoke on myself, I, I do think that, um, experience helps. Uh, I think, uh, learning the ABCs of intelligence as the position, if you, as DNI is pretty hard.

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Um, having spent a half century, uh, in the intelligence profession and having served as a director of a couple, twice as an agency director. And of course I spent, uh, 32 years in the air force, all in intelligence positions. And I, I taught it at the graduate level, I've done it in industry, uh, you know, I, I, I kind of, I kind of thought I understood intelligence fairly well when I became the DNI and, and on 2010, and I think people, uh, recognize that.

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And the thing that I, uh, charged my own staff, the ODNI, the Office of the Director of National Intelligence staff, was okay, what, what is it we can bring that's to the intelligence community that's value added, that we're not trying to micromanage the components, because they don't need micromanaging. And I remember how When I was a director twice, I found sometimes the external management and direction I got was kind of irritating.

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I didn't need it. So having remembered that experience, my challenge to the staff, my staff was, well, what can, what can we do to make the intelligence community better, to make it work better as a community? And, um, I think, you know, people. Took that on. So you're quite right. You can't legislate culture change.

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That requires some leadership, I guess, um, on the part of those people pointed to, uh, to that position.

Sophie

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I think, um, General Clapper, that sentiment applies not just to the intelligence community. I think that we see that across any organization and the need for leaders to think in that way. So thank you for sharing that, that insight and experience.

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So as we. come to a close. Uh, I'm curious if there were any questions that you wished I would have asked that I didn't as we're thinking about this broader issue. I

General Clapper

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General Clapper: do think there are a few parallels perhaps between, uh, the intelligence community and, and the public health sector, I guess, if you consider C's as a threat, which I certainly do.

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And by the way, I believe the intelligence committee has a role to play there. As, you know, still an issue of controversy is, uh, the early detection of COVID and its origins in China and all that. Well, intelligence community has a role to play there.

Sophie

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Absolutely.

General Clapper

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And there are parallels and similarities between, um, detection of a threat and then conveying that threat convincingly to policymakers in such a way that will induce them to take some action.

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If it's needed, that's all you can do. That's all the intelligence community can do. So I do think there are parallels there. And I also think. That profound organizational changes rarely come from within. Uh, they normally are an outside stimulus prompted by something, 9 11 attack, Pearl Harbor, whatever you want to, whatever event it is.

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And certainly. I wouldn't want to leave anyone the impression that, uh, the intelligence committee works perfectly and it's a well, well synchronized machine because it isn't, it never will be because of its size and complexity. But I, I do think we've made a lot of progress over the last 20 years. And, uh, generating a, both a substance and this spirit of a true community.

Sophie

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Well, thank you, General Clapper. This was absolutely wonderful.

General Clapper

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Thank you.

Sophie

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We just heard from General Jim Clapper, who discussed some of the critical processes and tactics the intelligence community relies on for identifying risk, as well as some of the processes through which it has affected change over time.

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Now, to apply his insights to the public health sector, I will be joined by Karen Jackson and Maggie Davis. Maggie and Karen, thank you for joining me today. Happy to be here.

Karen:

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Thank you.

Sophie

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So before we build on the conversation I just had with General Clapper, let's start with the big picture. COVID 19 caught us relatively unprepared, despite many warnings from respected voices.

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Why do you think that is? And let's actually start with Maggie on this one.

Maggie

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The thing that comes to my mind is a quote from 2020 from Dr. Fauci, which was, if it looks like you're overreacting, you're probably doing the right thing. So we've spent a lot of time preparing for pandemics, having these plans, but the actual implementation of some of these plans, some of the, I have more restrictive non medical interventions to control the spread of disease are things that our generation had never really seen.

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COVID 19 was the first time we had a declared emergency for the same disaster in every state and territory in the country. We just weren't prepared for how big it felt. And for a lot of folks, I think coming to terms with what we were actually facing, uh, to what General Clapper was talking about is, it might not be that, like, lack of imagination what's out there.

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But like making sure people know the threat's real. And so when he started talking about that, it really reminded me of those early days of we knew the rulebook, but we never really knew when do you pull the trigger. Uh, so it just all felt really disjointed and stressful. And it, for a lot of folks, it was trying to make that leadership assessment of when in the data do you take what seems like an overreaction to the general public that hasn't, really understood the threat.

Sophie

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Absolutely. And I, Karen, I'm curious as being inside the government in an executive leadership role, one, if that resonates with you, but then also if you have any additional or contrary thoughts to why potentially we were caught off guard.

Karen:

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Yes. Thank you. So, um, I spent much of my, well, I spent my career at the centers for Medicare and services.

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And much of the work that, that CMS was doing, Involved in was, um, Being able to respond to disasters. Um, we had a playbook for for hurricanes and for wildfires and for tornadoes and knew how to manage those kinds of things. And we were had practiced on, um, what we thought a pandemic response would be.

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But I think where we were surprised when the word came that it, it really was, uh, a world health emergency, The response plan that we had in place was really a, a regionally based or locally based plan. And while much of the work that CMS was prepared to do, we did, um, I think Maggie's point about the scale is an important one to, to reflect on.

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In my career at CMS, we had nothing. Uh, that compared, uh, in terms of the bringing the entirety of the agency to bear and setting aside a lot of work that was ongoing priority activities in order to enable a response to the public health emergency.

Sophie **[00:30:57]**
And so Karen, tragically, we lost over. You know, a million lives.

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We shut down society, deprioritize things within, um, CMS across government to your point. And, you know, honestly, COVID 19 really brought the economy to a halt. Karen, from your perspective, what was the biggest learning from COVID 19 in terms of preparedness?

Karen: **[00:31:18]**
The biggest learning, speaking from my perspective, is, is, um, an inside the agency enabler of the workforce and, uh, the budget and IT processes and all of those things was the, the need to keep it top of mind in terms of bringing all of those pieces together and being ready to adapt.

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And to, uh, be responsive to the, the, the needs as they were evolving as information was coming in. And I think the, the other thing that, that I would say, uh, just in terms of immediate learnings and, and General Clapper, uh, spoke to this as well. Really Bringing expertise to bear, being open to information evolving and changing over time and adapting one's response to, uh, to the, the facts as they were becoming clearer.

Sophie **[00:32:21]**
And I, I think, Karen, that is a beautiful response and almost so much easier said than done. And so I will have questions for you in terms of how you actually made that, that happen in real time. But before I do, Maggie. You know, the government, both at the state and federal level, was learning in real time and was able to pivot relatively successfully.

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I'm curious to hear from you what changes states made, um, that you thought were effective. What were the successes, especially with regard to what some might consider unorthodox or out of the box of approaching the response?

Maggie **[00:32:57]**
It's interesting because the timeline of response, I think, was longer than a lot of people had initially planned for.

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Um, so when you think of normal emergency response, you're usually talking a few weeks, a few months. We were in COVID response for about three years. Uh, and that is a difficult state to be in, um, because it no longer feels like an emergency. It feels like you're just kind of operating in this new parallel universe.

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of the early response that I saw happen really well is we had a few states that really have a great emergency response system. Um, so one that comes to mind is the state of Mississippi. They They know how to handle an emergency, whether it's a hurricane or something else, and they very distinctly have said, like, we have an ICS structure, public health is the lead, this is how we're going to work together, and kind of used a structure that people kind of understood and were comfortable with to navigate the novel challenges of this response.

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We saw some other states that really use this as an opportunity to address some challenges that emerged in creative ways. Uh, so one of the collaborations that I think was successful in a lot of states was public health and in parts of the education system. Um, for example, earlier in the pandemic, I was supporting a local jurisdiction and we had a great collaboration between the local school district.

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And public health and making sure that we made food still accessible so that the school lunch program and snap benefits would not be interrupted in those early days of trying to navigate kind of virtual schooling and not having the students physically come. Uh, to the school for lunch, and I should also mention there were some great federal collaborations there too, uh, to enable the local jurisdiction to do that.

Sophie
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Of course. Karen, anything you'd like to add to

Karen:
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that? If I can just add to that, I, I think that, that the, the collaboration, uh, at the state level or with the states was, was, uh, uh, a really significant part of CMS's response overall. And one of the things that, that is, uh, critical in responding to any kind of, uh, Emergency is looking at the kinds of of legal authorities or regulatory authorities that can be uh waived once a an emergency is declared and that declaration is really important.

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There's a lot that that an agency and certainly that CMS did in preparation for for, uh, an emergency to be declared. And then, uh, just the sheer volume of, uh, waiver requests that were coming in at the state level on Medicaid program waivers, uh, on the Medicare side, um, as well, uh, being very quick to respond to those required CMS to really shift resources around, get the experts together and focused on, uh, Those responses so that states could continue to innovate and make sure that their, their population was getting care, getting food, all of those things.

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And it, it really did require an all hands on deck response, particularly, um, from a CMS perspective, our program areas in Medicare and Medicaid were just there. They were nonstop around the clock and I agree it did evolve over time. Um, that first few months was. Uh, just it, it was, it was remarkable what, what my colleagues were, were putting together and putting in place, uh, to support the response across the country.

Sophie [00:36:30]

I think, you know, that statutory regulatory authority in terms of what you can and can't do is maybe underappreciated because it's absolutely critical to then govern and execute both at the federal and state levels. And so you can prepare for it, but until it's real, you might not know what exactly is needed.

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And so it does require that. Very real time evaluation analysis.

Karen: [00:36:52]

Yeah. And that's where it's particularly important for good relationships with organizations like Maggie's and others like that, where, uh, where we can, can do some, some thinking about how to work together, both in advance of, uh, these kinds of circumstances and also in looking after what we can do to, to improve communication and collaboration overall.

Sophie [00:37:19]

Yeah, absolutely. So I, I do want to turn to, you know, some of your initial reactions from my conversation with General Jim Clapper because, you know, I think I was mentioning, I just see so many parallels. So very excited to, um, to hear your thoughts. So both of you with with General Jim Clapper, we discussed how the intelligence community approaches crisis preparedness.

[00:37:40]

And so I'll ask you, did either of you learn anything new or see immediate applications to public health. And Maggie, we can start with you.

Maggie [00:37:48]

I was really struck by General Clapper's comments about the 9 11 Blue Ribbon Commission and that he had taken away the feedback that the intelligence community had lack of imagination and that not kind of ringing true.

[00:38:02]

And I feel like there's a lot of translations to public health, especially in like pandemic preparedness of there's a lot of folks in public health, uh, emergency preparedness that have a great amount of imagination. And it's how do you communicate that risk to the public into leadership? And that's something that I think.

[00:38:21]

We're now starting to struggle with is we just came out of this hopefully once in a lifetime pandemic and are already seeing, you know, some restrictions and steps back away from public health funding underfunding and that's preparedness area and almost like we're going to kind of say we already went through this once in a lifetime.

[00:38:41]

We don't need to be as prepared. And I think that is one of the things where General Clapper's comments of, you know, it's not for the lack of imagination. It's how do you get that buy in to be prepared for what seems like the unthinkable, seems like the low risk, high impact scenario. Uh, and that was something that really struck me as something that we really have as a challenge in public health, and how do we communicate that risk and kind of allocate resources appropriately.

Karen: [00:39:11]
Karen? Yeah, I really agree with Maggie's point. I, I think that, um, communication and keeping this at the top of, of the priority list is really important. And, uh, The, the public health organizations, HHS broadly, FEMA, other of those organizations, you know, there's constant pressure on budgets, there's significant increase in workloads and making sure that the, the appropriate attention is paid to preparedness, um, it, it's a real challenge, uh, for, for the, the leadership of the organizations, I think, and keeping it.

[00:39:51]
There, keeping it top of mind, uh, not catastrophizing, but being very clear about what could happen and how to respond to it, I think, is is an ongoing challenge.

Sophie [00:40:04]
It was interesting. I think, you know, General Clapper said that, you know, often it takes an external stimulus to affect change. And, you know, reference Pearl Harbor and 9 11 and I think as a country, those who were unifying events in terms of kind of coming together and responding appropriately for whatever reason, COVID 19 has been divisive and has been almost counter to that.

[00:40:31]
And so I'm going to ask you a really hard question, Karen. I admit that this is maybe not possible to answer, but how do you institutionalize this mindset of preparedness, understanding that. We've now gotten through COVID 19, people are fatigued, they're tired, they want to move on, they have other priorities.

[00:40:53]
How do you maintain that focus and attention while kind of continuing on with government operations? That's tough. Um,

Karen: [00:41:03]
and I, I can speak to the structural, um, programs that are, I think, in place. Um, and, and I, I also want to say, I think that public health, um, and, and certainly the healthcare space generally, I don't want to use the word benefited, but, but I will say tough.

[00:41:24]
took lessons from the intelligence issues, uh, 9 11, the blue ribbon commission findings. And it was as a result of that, that, that agencies were required to develop pandemic response plans and build out emergency preparedness functions. And I would say that those are not were not perfect. They couldn't be perfect because it's really hard to predict the unknown.

[00:41:52]
But using those structures and, uh, establishing a regular cadence of reporting of engagement among leadership across the organizations, developing a, a level of trust within the organizations, um, around information that is. coming, uh, both externally and internally. Um, I think all of those are things that can serve to support the goal.

[00:42:25]
But I will also say, I think that there isn't a single solution on this, and it just isn't. requires continued attention.

Sophie

[00:42:34]
I guess my last question before I turn to Maggie on some of the state issues we're observing is General Clapper talked about the establishment of what was his role as the director of intelligence.

[00:42:45]
Do you see a similar role currently within HHS or The need for a similar type of role.

Karen:

[00:42:53]
Well, I think there's a couple of ways to, to, to look at that. Uh, certainly as one of the recommendations, um, that the inspector general and, and, uh, I think, uh, the Senate Homeland Security and Government Affairs Committee, uh, said there needed to be an organization.

[00:43:12]
I think in response to that, or. perhaps independently. HHS organized the administration for strategic preparedness and response as the entity within HHS for coordinating responses. The challenge is that it's not just HHS that, that runs a response on these kinds of things. It requires government Coordination.

[00:43:40]
And I think that there may still be a need to think about how best to organize that going forward. I was very taken by his comment around the need or the benefit of having expertise, having experience and also recognizing that there's expertise across the federal government and leveraging that in a way to be able to enable a response to an emergency on the scale of, of the pandemic, I think is, is something that, that has to be considered.

Sophie

[00:44:13]
Um, absolutely.

Karen:

[00:44:15]
Yeah.

Sophie

[00:44:15]
Um, no, that's great. I have so, so Maggie curious, um, to talk a little bit about the state and local perspective, because I think as we all can appreciate that, um, healthcare is, is, is local. To baseline for our listeners, can you help us understand how municipalities and states think about crisis response and the role of federal government?

[00:44:36]
So at what point is it helpful for federal authorities to get involved? When does federal and state collaboration work best?

Maggie

[00:44:43]
Federal and state collaboration works best when it's continuous, that you have that collaboration early, as Karen was saying, having those conversations, being able to make sure that you have The right planning assumptions, uh, understand kind of parameters of programs that are available to you.

[00:44:59]
But at the heart of emergency responses, every emergency starts as a local response, and the system is really designed to scale from local to maybe regional to state. To maybe interstate or a broader region to then federal. So we've really set up a system where we want to make sure that the local government that really knows kind of their community, their boots on the ground, are able to kind of address the needs of their communities they know and get the appropriate support at the next level of government.

[00:45:33]
And so a lot of this is related to, you know. Once a local community is overwhelmed, they ask for a broader declaration at the state. If the state's resources overwhelmed, they're looking for a federal declaration. But again, having that communication throughout is really critical because there'll be times where there might be a response that's really happening in a local community.

[00:45:57]
And the state is really there to provide background resources, to help provide maybe some funding for the locals to respond. effectively or some other resources, but it's not the state coming in and taking over. It's really maintaining that locus of control. But again, as you scale, you have more and more people involved.

[00:46:18]
So that communication is so critical to make sure everyone knows. Who is working on what, who is kind of in charge, uh, and it, it's just so important to have those relationships set before an emergency, uh, so you can work better when you do have that emergency situation.

Sophie

[00:46:36]
Absolutely. Relationships and trust are everything.

[00:46:39]
Um, absolutely. So Maggie, you've warned about some of the recent trends at the state level in terms of restricting authority of public health bodies and even gubernatorial authority to issue emergency orders. How will this lead to differences in state responses to health crises and what should the federal government be aware of in working with states in the future?

Maggie

[00:47:00]
Yeah, so this has been one of the more alarming trends that we've seen since the COVID 19 pandemic. So a number of state legislatures kind of in response to what they saw as, you know, massive government Uh, actions and to address the pandemic, the legislature passing laws to restrain the executive branch broadly, and then some particular efforts to limit the role of public health.

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Uh, for example, there are a number of states that pass laws that now have prohibit the application of certain, um, social distancing measures, such as, uh, the gathering restrictions we saw can no longer, uh, be applied to houses of worship within their state. That changes how the state emergency planners will need to plan for response in the future.

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In short, we just did this massive response with one set of rules or one playbook, and the states are passing laws to really alter what playbook states are working through. So now states might not be able to say, uh, issue a stay at home order. They might be time limited and how long they might be able to say, close a business, um, to, uh, increase social distancing.

[00:48:15]
There might be additional requirements for say, even issuing an isolation or quarantine order at, um, a more localized level. So we're really seeing a shift of what authorities are available to public health. And the biggest, I think, risk and thing for our federal partners to be aware of is that there is a lot of variation now between state laws.

[00:48:40]
There's always is variation. Um, but even more so now in some actions states were able to take during COVID, they might not be able to in the next public health emergency.

Sophie

[00:48:52]
So that collaboration, communication, I think is probably more important now. for that, Maggie. Um, so, Karen, turning back to you, um, many agency leaders, I think, as you mentioned, and we know, are thinking broadly about structural changes needed to adapt to public health crises.

[00:49:11]
You mentioned ASPR, for example, and I'm curious, based on your background, um, In operations in government, what are the levers they should be thinking about from a people process roles? Resource policy perspective.

Karen:

[00:49:25]
So I think that's such a good question. I think that a really critical piece on this is continuing to it sort of goes to this point of communication, collaboration, building trust.

[00:49:38]
There are absolutely structural limitations and change doesn't come quickly as. As as General Clapper was saying internally, it typically for something like this, it just it won't happen from inside and so recognizing that I think that it is really important for leaders who have roles and responsibilities in this space to make sure that that they understand, uh, the limitations of their authority and also how to partner effectively with other organizations with complementary responsibilities.

[00:50:18]
I think that one of the, the real positives, uh, from, from an HHS, uh, operations perspective, that came from the HHS response, for example, Was a much, much stronger collaboration across the operating divisions on issues related, for example, to workforce flexibilities and, uh, general administration and management issues across, uh, you know, a 70, 000 person organization.

[00:50:48]
I think that continuing to build on those kinds of, of good things, um, is, is really just continues to be very, very important for the organizations.

Sophie [00:51:00]
And actually, that's interesting, Karen, because you faced an enormous challenge at CMS with workforce turnover in the midst of a crisis. Can you talk a little bit about how you adapted on the fly and ended up using maybe this to your advantage in your crisis

Karen: [00:51:15]
response?

[00:51:16]
Oh, I'm glad to have an opportunity to talk about this one. had a, over the course of the three and a half year public health emergency pandemic response. Um, we had a changeover of our staffing of about 25 percent of our employee base. And that was just because people were changing jobs. We also had a lot of people coming in, uh, we, we had some additional hiring authority to be able to support the agency's response.

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And we had a largely in person based, uh, employee hiring and onboarding. process and procedures and, uh, quickly realized that that wasn't going to work. And, uh, we were able to very, very quickly use some of our technology to, uh, enable our workforce to, uh, onboard remotely. work remotely. And as part of the implementation of a remote onboarding process, we were able then to use that as a leverage point to make some pretty significant improvements in terms of technology support for employee experience improvements and, um, created a lot of mechanisms for self service that hadn't been there before.

[00:52:37]
Um, in part because we didn't think we could do it, and in part because we didn't know that we could do it. And, uh, when those pieces came together, I think that, um, uh, coming out of, uh, that first year or so, uh, we were much, much better, uh, positioned to be able to support a, a fully remote workforce.

Sophie [00:52:59]
And so, Karen, in this example, it kind of, um, brings me back to some of your original comments in terms of, uh, How you affect change within government are kind of what needs to be true.

[00:53:09]
And so in this instance, you weren't directed to do this necessarily. You just knew it needed to be done. And so how did you organize within government to make this possible? Can you give us a little bit of insight in terms of the tactics of how you actually did this? Because again, It worked well and it was effective, but it's really hard to do.

[00:53:33]
And so I, I just want to know a little bit more in terms of how you affected that change.

Karen: [00:53:38]
I think that this was, this, this is an example of where it, it really matters to have, uh, have good people, uh, very devoted, mission oriented people in positions across the organization and CMS is blessed with that.

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Um, And the other thing that is really, I think, very important here is leadership in the organization sort of posing the questions, not of why can't we do this, but how do we do this? And the circumstances were such that we had to bring in a lot of new people. Um, and we couldn't wait until we were able to bring them on, uh, on site to the agency's various locations.

[00:54:28]
And so, uh, we really challenged ourselves to, to think a little bit more creatively about how to use existing resources or to shift resources to be able to implement this significant internal change in operating procedures, uh, with the goal of sort of improving overall employee experience and getting the right people into the organization at such a critical time.

Sophie

[00:54:55]
So I'm going to ask you both the same question I asked General Clapper as we were coming to a close, but is there one question that you wish I would have asked, but that I didn't?

Maggie

[00:55:04]
I think one thing is giving people a action of what to do from here, of how do we take this conversation about communication and collaboration.

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and put it into action. And I think the one thing I'd like to emphasize to people is to see, you need to stay aware of kind of all levels of government, um, that impact your daily life. So being aware of kind of the conversations happening in your state, in your community is really helpful to see the bigger picture because in an emergency, all levels of government need to be working together.

[00:55:39]
There isn't a singular solution. Um, so making sure that you know, kind of what are the conversations happening within your state and potential changes to that policy landscape on things you're interested in. So if you're interested in pandemic preparedness, There are a lot of conversations happening about vaccines and vaccine technology and other critical public health authorities at all levels of government, um, and it's important to stay aware of them.

Sophie

[00:56:08]
Thank you. Karen.

Karen:

[00:56:09]
Yeah. I, I really love that. And I agree. I think that's an incredibly important point. I think the one thing that, that I would add and maybe amplify a little bit is, um, How the responses to these kinds of circumstances can be more proactive, and I'm sorry, I'm not saying this as, as, as articulately as I want to, but what I want to try and convey here is creativity is an unappreciated value in government response.

[00:56:45]
There's a lot That can be addressed within the regulatory and legal framework if one looks at risk and looks at options in a way that that doesn't just count on what we've always done or what we think our limitations are. And I think there's a lot of opportunity for that going forward. That being, uh, applying more creative.

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processes in risk management, risk identification, risk amelioration. Um, as we move forward with pandemic preparedness or emergency preparedness going forward, you can't eliminate every risk. Um, And there are some opportunities that come out of, uh, risks being embraced and, and managed.

Sophie

[00:57:39]

Great. I think that's a wonderful closing thought.

[00:57:42]

Absolutely. Um, I want to thank you both for your time today. It's just been absolutely wonderful hearing and learning from you both. Um, I wish you the best and we'll, we'll talk soon. Thank you. Thank you.

Tom

[00:57:55]

For more on how KPMG is exploring how we can be better prepared for the next health crisis, as well as how we can partner with your federal agency.

[00:58:03]

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