Meta-Leadership Lessons from the 2009 H1N1 Pandemic

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

By April 28, confirmed cases were also reported in Canada, Spain, Israel, New Zealand and the United Kingdom indicating the likelihood of global spread of this novel virus. The next day, the World Health Organization (WHO) raised the pandemic threat level from 4 to 5, its second highest. As the CDC stood up its Emergency Operations Center, it found itself in an unusual lack of political leadership. With the change of administrations, the Secretary of Health and Human Services had neither been appointed nor confirmed and, in turn, neither were many permanent assistant secretaries (although the Assistant Secretary for Preparedness and Response had been held over from the previous administration to ensure continuity) or a permanent CDC director in place. Dr. Richard Besser (Cohort II) was acting director of the CDC and found himself reporting on the situation initially to the HHS Chief of Staff, the only political leader from the new administration in place, and ultimately directly to the President and his Cabinet.

Meta-Leadership and the H1N1 Response
Besser said that he intentionally used and integrated all five dimensions of Meta-leadership during the event (for an overview of Meta-leadership on page X). It was, he said, the first time that he used all aspects of himself and his experience as a leader.

Dimension One: The Person of the Leader
Besser said that he was never in the

“basement.” He had done outbreak investigations before. In terms of his resilience, he found three factors to be critical:

✓ Having people he trusts around him and being able to delegate to them (his own deputies). He looks for high levels of emotional intelligence in those he chooses to have on his team;

✓ Finding ways to use humor;

✓ Knowing that his family was coping well.

Dimension Two: The Situation
Besser said that he could not know definitively what was occurring at the beginning and thus put major effort into finding out. Besser added that relationships with officials in Mexico and Canada were crucial and that they were in touch daily.

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

Dimension Three: Leading the Silo
Besser said that it is important to empower people and push decisions down to the experts. For example, he was sure to have some of the decision briefs taken by people other than him. He also emphasized the importance of letting people make mistakes. If you are going to let them make decisions, mistakes will be made. Support them.

Further, he stressed the need to model behavior. “I took a day off and sent a message so that everyone knew it and knew that I was going to spend time with my sons.” He said that this made it possible for others to take time to recoup so that they could pace themselves during the extended response.

Rear Admiral Ann Knebel, Deputy Director for Preparedness Planning in the Office of the Assistant Secretary for Preparedness and Response (ASPR) at the U.S. Department of Health & Human Services (HHS) (Cohort II) said, “It was important to think of H1N1 as a marathon, not a sprint. You have to give people a break.”

Besser also spoke about the importance of proactive internal communication. He said that it was critical to let everyone know what was going on – especially those not directly involved. Only about 15% of the agency was directly involved in the response at any one time but it was top of mind for everyone. “Keeping them informed helps make them part of the team,” he said.

Dimension Four: Leading Up
This was perhaps the most challenging of the dimensions for Besser during the response because there was no permanent Secretary or ASPR in place as it began; there was an Acting Secretary and the ASPR from the previous administration. He said that it was interesting to navigate the
technical-political interface and among the lessons: understanding which decisions are yours to make and which are not. He said that there are some to which you can contribute – such as closing schools or the border – and there were times they (the CDC) “got it wrong” because the political layers, where some of these questions would have been addressed from a policy perspective, were not in place. “Luckily none of these were serious,” Besser said.

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

**Dimension Five: Leading Across**

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

Another strategy was to engage actively with critics. Besser formed Team B – a broad-based expert group with whom Besser would review decisions to be made. He worked with them regularly – he gave them a question to ponder and asked for response back by noon. Besser also called known critics every day or two to ask them what the CDC should be thinking about and how the CDC is doing.

Besser said that it was important to keep people in their lanes: science should not do policy and policy should not do science.

**Making Critical Decisions**

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

**Raising the Alarm**

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

**Closing the Border**

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

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

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

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

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

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

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

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

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

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

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

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

Other Important Ideas

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

- Use repetition;

- Tell them what you know and what you don’t know;

- Explain what you are doing to close the knowledge gap;
Tell them what they should do – give the public responsibility in the event;

Foreshadow changes in recommendations;

Allow for flexible local decision making.

**Staying in Lanes**

As noted above, staying in lanes is important and requires not just staying in one’s own purview but also informing others that you expect them to take care of what is in theirs and have confidence in their ability to do so. You have to know what is going on in the other lanes even as you are careful to stay in yours.

**Maintaining Appropriate Staffing**

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

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

**Key Take Aways**

The five dimensions of Meta-leadership can be effective lenses for intentionally examining and processing decisions during a crisis;

Incidents rarely conform exactly to response plans. It is important to remain flexible and curious so as to be able to diagnose the situation correctly and adapt plans accordingly;

Staying in your lane and helping others stay in theirs helps minimize confusion, gaps, and overlaps in information and action.
About the National Preparedness Leadership Initiative

The NPLI, a joint program of the Harvard School of Public Health and Harvard’s Kennedy School of Government, was established in 2004 to help ensure that public officials are prepared to meet the challenge of mass casualty terrorist attacks through training and research. The initiative is supported by the Centers for Disease Control and Prevention.

About Meta-Leadership

The meta-leadership framework and practice method is part of the initiative’s curricula and was developed by Drs. Leonard Marcus and Barry Dorn, co-director and associate director of the NPLI, respectively; Colonel (Ret.) Isaac Ashkenazi, formerly Surgeon General of the Israel Defense Forces Home Front Command; and Joseph Henderson, formerly director of the CDC Office of Terrorism Preparedness and Emergency Response.

“Graduates of the NPLI executive education program report that this framework has made a significant difference when applied in their real world,” said Marcus. “For example, several related that what they learned through the NPLI had informed their response to Hurricane Gustav and preparations for the Obama inauguration. They reached out to each other and coordinated their actions more pro-actively than they otherwise would have. This sort of meta-leadership in a crisis or other major event has important public health impact insofar as agencies are better able to serve the population and reduce the loss of life.”

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

1) personal self-knowledge and awareness;
2) diagnosis of the situation;
3) leading one’s organizational base;
4) leading up, or understanding and delivering on the expectations of one’s superiors; and
5) leading connectivity among people and organizations over which the leader does not have direct control.

The meta-leadership framework and vocabulary have become common across a swath of the government preparedness and public health communities. Marcus and Dorn have led more than 400 training sessions including efforts with the leadership at the CDC, DHHS, and the National Security Council of the White House. A national series of seminars for business, non-profit, philanthropic, and public leaders — the Meta-Leadership Summits for Preparedness sponsored by the CDC Foundation and Robert Wood Johnson Foundation — is also under way.

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