

Strategic Assessment Memo

Keeping an Open Mind in an Emergency

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MEMORANDUM

TO: Julie Gerberding, Director of Center for Disease Control
FROM: SFSU Student, ID#905996525
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SUBJECT: Keeping an Open Mind in an Emergency, Tackling Issues with Team B

Introduction

The Center for Disease Control (CDC) is currently facing tremendous public management issues to utilize the potential benefits of Team B and to maintain a healthy relationship with and among members of Team B. Team B involves professionals in the public health and medical arena to provide their expertise to identify possible causes and solutions to an epidemic. However, challenges experienced by CDC exacerbate the need to visit the center's organizational, management, leadership and communication issues with Team B.

Background

One of the most important roles of the Center for Disease Control is to investigate and contain sudden disease epidemics. As global travel and trade become popular in the 1980s and 1990s, infectious diseases spread rapidly and easily throughout the continents along with the emergence of drug-resistant pathogens (Varley 2008). In order to respond to possible public health emergencies, the center begins to consider consulting with outside experts regarding the possible

causes and recommendations to prevent and cure a sudden or unusual disease outbreak. This concept later developed into a feature called “Team B,” which is comprised of members of the center and outside professionals with expertise in the topic on hand.

Prior to the existence of Team B, the Center for Disease Control experienced two specific cases which could have been better resolved if an official Team B was established. In 1999, a West Nile virus outbreak occurred in New York and CDC investigators believed the outbreak was a type of encephalitis and was not willing to investigate other theories. In 2001, the center made another severe misjudgment with the Anthrax case that resulted in the death of two postal workers (Varley 2008). In both cases, if CDC had investigated or consulted with professionals who were familiar with the topic on hand, the center would have been able to identify the causes and remedy of the situation quicker without making incorrect assumptions.

The first official Team B was formed in response to the summer 2002 West Niles outbreak. Another Team B was formed in May 2003 in response to the SARS (Severe Acute Respiratory Syndrome) outbreak in Asia. The teams was led by Hughes, director of CDC’s National Center for Infectious Diseases, Mitch Cohen, director of CDC’s Division of Bacterial and Mycotic Diseases, Butler, director of the Arctic Investigations Program, and Kaplan, Director of the Division of STD, HIV and TB Laboratory Research, who were all well renowned experts in their respected fields. Both CDC and outside members of Team B thought the discussions were

extremely helpful in learning about the rapid movement of the outbreak. However, it was unsure if Team B was to consult, oversee, or challenge CDC's own investigations or if the team had an impact on any of the CDC's operations (Varley 2008).

In 2003 – 2004, CDC formed another Team B to discuss the anticipated influenza vaccine shortage and a possible flu epidemic. Butler and Cohen participated in the team but had mixed reviews about the discussions. Team members this time around simply were not too interested in the subject and were hesitant to share ideas that might be rejected (Varley 2008).

In September 2004, Suzanne Smith was appointed as the first permanent Team B coordinator. Smith assembled a Team B to help with the 2004 influenza vaccine shortage but had difficulty recruiting and engaging members. Most members prefer to speak directly to Butler and Cohen and felt that Smith may not be able to take their findings to influence CDC's decision making. Smith presented the discussions at the daily emergency operations briefing and did not receive much response from CDC. Smith felt she could no longer use the time of the outside professionals and shortly disbanded the team (Varley 2008).

Issues and Recommendations

In order to prepare for any new and sudden epidemics or possible bio-terrorism threats, the Center for Disease Control must re-evaluate the traditional approach with their investigations and determine how best to incorporate the Team

B feature into their operations. In addition, CDC must find ways to resolve the various issues that weaken the performance of Team B. The following section provides critical analysis of the problems involved and provides specific recommendations to tackle these issues.

Organizational Issues: Lack of organizational capability awareness: Making decisions with a tunnel vision and not knowing when to consult professionals

The Center for Disease Control's traditional investigation approach focused on using assumptions based on pre-existing information to make decisions quickly. There was no protocol as to when it is necessary to seek opinions or to investigate outside theories. As demonstrated in the case of the 1999 West Nile outbreak and the 2001 Anthrax exposure, CDC was making decisions with a tunnel vision and failed to realize the need to consult with outside professionals. An organization must realize its own capability and consider all available information in order to make correct judgment call (Borkowski 2009, Lee & Mongan 2009 and McKinsey & Company 2001). If CDC paid more attention to outside theories or consulted with outside experts, they could have identified the cause and the remedy of the outbreak sooner.

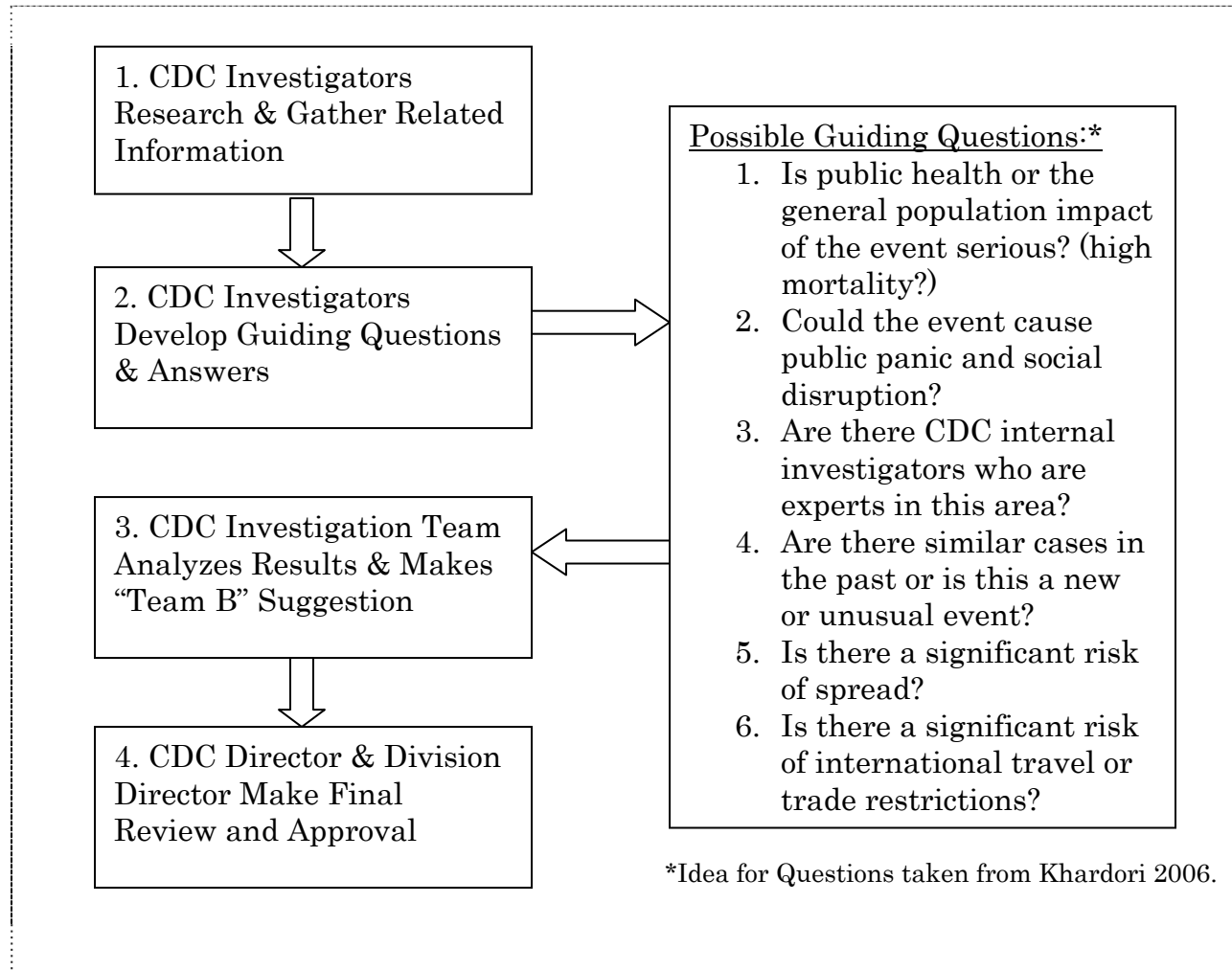
Recommendation: Establish guidelines to determine when assistance from outside expertise (Team B) is necessary

The Center for Disease Control must be aware of its capability and be able to decide when it is necessary to establish a formal team of outside experts to aid with

its investigations. As in any situation, admitting to self limitations and seeking help is crucial in ensuring desirable results can be reached (Jreisa 1997). CDC must establish a systematic protocol to assess if the help of outside professionals is necessary during a possible emergency. Developing guidelines and protocols are an important part of an organization's operations. Without creating a systematic approach, an organization may not function correctly during unexpected situations. (Sims 2002).

The protocol should first begin with the center's investigation team gathering any available background information regarding the epidemic. Second, the CDC internal team should use the information on hand to develop and answer a list of guiding questions to suggest if a formal Team B is necessary. These guiding questions must be able to assess the possible impact and severity of an emergency to properly decide if outside opinions are needed. Figure 1 on the following page shows the protocol in detail and presents a list of possible assessment questions. Last, CDC's general director along with the director of the specific division that pertains to the case on hand should decide if the team's assessment is valid and officially determine if Team B should be established. The directors' final approval serves as a safeguard for the decision making process to make sure the questions and answers developed were suitable to the matter on hand and that the suggestion made is appropriate (Noble 1998).

Figure 1: Assessment Protocol



Issues with Role and Authority: Lack of explicit declaration regarding the purpose, responsibility and involvement of Team B in CDC investigations

If it is determined that Team B is necessary as part of CDC's epidemic response, the Center for Disease Control must be able to clarify Team B's jurisdiction. As demonstrated by the Team B experience in the 2003 SARS case and the 2004 influenza case, it was uncertain if the team was to consult, oversee, or

challenge CDC's own investigations. In other words, Team B's responsibility and jurisdiction is unclear.

Recommendation: Define explicit goals in order to determine responsibility & involvement of Team B

Without goals being defined, it is impossible to determine the responsibility, authority or involvement of a group (Normann & Rhenman 1975). Once a team is established, the Center for Disease Control must explicitly define the team's goals with respect to the case on hand. CDC's own investigation team may wish to take part in this process and work with the division director to review and approve suggested goals and jurisdiction. This way, the decision is made horizontally, where CDC investigators (frontline staff dealing with the issue) have the opportunity to voice their opinions regarding their working relationship with Team B. This balanced process would help to prevent any working conflicts between CDC investigators and Team B's assigned jurisdiction (Risher 2007).

Setting goals for Team B allows both team members and the center to realize the purpose of the team and what types of actions are necessary in order to accomplish the goals. This also creates a framework for the type of authority the team requires in order to achieve the goals. As with any situation involving the cooperation of multiple teams or organizations, it is necessary to have clear roles and authority defined to avoid fuzzy boundaries which may create conflicts among teams and add further complications to the case on hand (Patton & Sawaki 1993 and Kettl 2002).

The goals and jurisdiction of each Team B would differ with respect to the incident on hand. For example, if there is an epidemic caused by an unknown source, the goal of Team B could be to aid with CDC's investigation to identify the pathogen. The responsibility of Team B would be to generate ideas regarding the possible source and to challenge any CDC investigation or theories that might seem inappropriate in identifying the pathogen. The following table (Figure 2) suggests goals, responsibilities and jurisdiction for two other possible emergencies faced by the Center for Disease Control:

Figure 2: Table for Team B Goal(s), Responsibilities & Jurisdiction

CDC Case Type	For Team B:		
	Goal(s)	Responsibilities	Jurisdiction
Diseases outbreak (known cause)	To identify viable outbreak control measures	Suggest remedy; provide expertise on cost & benefits for different types of solutions	Consultation only: does not interfere with CDC's own investigation
Vaccine shortage	Create system to distribute limited supply on hand to at-risk groups	Analyze vaccine needs of different geographic area or age groups; suggest means of distribution	Consultation and oversee CDC's response; challenge and/or over-rule inappropriate distribution

Not only does goal setting help to define the responsibilities and jurisdiction of Team B, it also helps to keep team members motivated. Goal setting is crucial in a team environment because it gives team members a sense of purpose and it allows members to work toward a common objective (Bolman & Deal 2003). Furthermore, goal setting allows the team to remain focused with the matter on hand without

steering into other directions that may prevent the team from accomplishing it targeted goals (Denhardt & Denhardt 2006)

Management, Human Resources and Leadership Issues: Lack of appropriate CDC personnel to manage, lead and participate in Team B activities

Smith, the appointed Team B organizer, tried to coordinate with Team B members but found it difficult to approach potential members to formally establish a team. The major problems here are management, human resources, and leadership issues.

In terms of management issues, CDC relies on the director's personal connection to form and manage a Team B. This limits the pools of potential team members. If the director is not involved a specific project, potential members are hesitant to join the team. In terms of human resources issues, CDC appointed Smith, someone who does not have sufficient experience and skills, to be the Team B coordinator and nobody else from CDC is involved in any of the Team B activities or communications. Team B activities lack the involvement of senior CDC staff members, the people potential Team B members want to work with. This made Team B members feel that they were either not being respected or that CDC did not have enough staff members to coordinate and communicate with them. In Terms of leadership issues, Smith lacks the leadership skills necessary to make Team B members feel that their participation would impact CDC's operations. Team

members were not assured that Smith was able to successfully present their findings to CDC for consideration.

Recommendations: To tackle these issues, the center should: 1) form a collaborative network of professionals, 2) Engage senior CDC personnel to participate in Team B activities and 3) provide opportunities for Smith to improve leadership skills.

Recommendation 1: Form a collaborative network of professionals

Instead of relying on the director's limited personal relationship to recruit members, the Center for Disease Control should create a collaborative network with other agencies to establish a potential pool of Team B members. A collaborative network allows snowballing connections to be formed with the professionals' contacts and would create a bigger pool of potential Team B members (O'Sullivan, Rassel & Berner 2008). Furthermore, networking partnerships are essential to today's public agencies to ensure effective response to sudden issues and epidemics (Kapucu 2006). Such partnership allows CDC to establish a team quicker and it would help to identify and approach members that might be more appropriate to the matter on hand (Goldsmith & Eggers 2004).

Forming a collaborative network of professionals allows CDC to tackle the member recruitment issue that would otherwise be difficult to accomplish by the center alone (Brooks, Liebman & Schelling 1984). The network should include experts from other public agencies, research institutes, universities and private entities, such as pharmaceutical companies. CDC should first approach these entities and introduce the concept of Team B. With the help of these entities, CDC

should try to identify any potential Team B members. Then, a communication channel, such as an email list, should be formed with potential members or the partnered entities to keep them informed of any anticipating Team B needs. If there is a sudden need for a Team B, the email list can be used to reach a large pool of potential members and these professionals can also forward the announcement to their colleagues who might be experts in the relative field.

Recommendation 2: Engage senior CDC personnel to participate in Team B activities

Although Smith serves as the Team B coordinator to organize the team activities, she does not have any advanced knowledge in the subject on hand and cannot contribute knowledgably regarding diseases or pathogens. Since most of the Team B members are well renowned experts in their respected field, they expect to have intellectual conversations with other members regarding the subject on hand. CDC must have someone knowledgeable in the subject to moderate the Team B activities. To do so, at least one director-level CDC personnel should be involved in each of Team B's conference or activities. The senior CDC personnel serves as a bridge to connect or clarify knowledge-specific questions regarding the subject matter. The involvement of a senior representative also reinforces Team B member's attitude toward their participation. Being greeted by CDC experts would allow team members to feel loyal, respected and honored to be a part of the taskforce (Goncalves 2006).

Recommendation 3: Provide opportunities for Smith to improve knowledge & skills

As Smith would continue to coordinate with Team B members, it is important for CDC to provide the necessary training and opportunities for her to be a leader. Smith requires two different types of skill sets to excel in this job. First is general knowledge in diseases and pathogens and second is lobbying and leadership skills.

Since Smith must deal with activities that involve scientific communication on epidemics and diseases, Smith must develop her knowledge in this area. CDC should sponsor her to attend workshops or conferences on related topics, such as virology and immunology, to broaden her scientific knowledge. Even though it may not be possible for Smith to be knowledgeable about every emergency CDC might encounter, such training would allow her to quickly grasp the content and suggestions of Team B members and have a better overall understanding of the case on hand. She would also be able to relay the information more precisely back to CDC. Having a novice person dealing with a specific subject matter is asking for many possibilities for errors and denial by team members (Fisher 1993 and Topchik 2007). In order for Smith to coordinate and lead Team B activities, CDC must ensure she continues to develop her scientific knowledge in diseases control.

In addition to gaining the scientific knowledge, Smith must also develop her communication and lobbying skills. A leader must be able to effectively communicate with and represent team members (Penson, Kyriakou, Zuckerman, Chabner & Lynch 2006). Smith must be able to engage members in the activities and be able to present their findings back to CDC for review. Some Team B

members lost their interest in the team activities because they thought Smith failed to persuade their suggestions for CDC's acceptance. CDC should establish a specific briefing session to allow Smith to provide results after each Team B activity and the center must offer formal feedback. The briefing sessions should be attended by senior CDC personnel and division directors. The sessions provide opportunities for Smith to develop her communication and lobbying skills. The session further forces CDC to be informed of Team B activity updates and to provide feedback to Smith to communicate with Team B members. This way, Team B members would feel that Smith had an impact in CDC and their opinions were heard.

Communication Issues: Lack of proper communication channel to allow Team B members to communicate with each other efficiently and effectively

Since Team B composed of members from across the nation and even across the world, it would be time and cost consuming for them to meet in person. The only existing communication channel is teleconferencing. CDC often found it difficult to arrange a teleconference that would work for the busy schedule of all team members. A conference call would only last for a short period of time, around 30 minutes or so, forcing team members to quickly discuss the one or two major questions regarding the issue. Further, some of these respected professionals might share opposite viewpoints on some established scientific theories and they would hesitate to express their opinions in order to avoid immediate confrontation or rejection during the phone call (Varley 2008). In another words, idea exchange

during these teleconferences were limited. CDC must create a flexible and comfortable communication channel for members of Team B to communicate with each other. Setting the right communication channel and atmosphere would allow improved discussions and idea exchanges (O'Hara-Devereaux & Johansen 1994).

Recommendation: Incorporate a flexible internet blogging website as a communication channel

In addition to having regularly scheduled teleconferences, the use of a private internet blogging site can greatly improve the efficiency and effectiveness of Team B communications. In this age, the internet serves as a great mean of communication. The internet is accessible to all professionals practically at any time or place at their convenience. Incorporating the appropriate type of communication channel allows a team to achieve better results, both effectively and efficiently (Garnett 1992).

CDC should establish a new blogging section per each Team B on a private website that allows for exclusive access to members only. The Team B coordinator should first introduce the subject on hand and asks team members to brainstorm any ideas the come to mind. Members can provide feedback or comments either openly with their signature or anonymously as “another team member.” Ideas or questions generated can help to narrow down the more important points that may require teleconferencing. Members can also post comments after a teleconference should there be additional questions or concerns, or simply if there was not enough time to discuss all topics during the teleconference. The use of a blogging website

creates opportunities for members to contribute follow up comments or to continue specific discussion without the need of everyone present at the same time. The website allows for great flexibility, honest idea exchange and helps to avoid any unnecessary direct confrontation.

Another advantage of a private internet blogging website is that it could prevent the possible ethical issue of members spilling conversation details to the press. Since CDC investigations deal with many sensitive matter, discussions or findings cannot be made public until all information are confirmed. This is especially true when a mis-phrased announcement about epidemic findings could create unnecessary public fear. Using a private website could reinforce members' standpoint in protecting the discussions. When members have to log on to a restricted platform that is password-protected, they automatically increase their sense of confidentiality in the subject matter (James 2003). The process of logging on to a confidential website reminds them to treat any messages on the forum to be sensitive information that should only be available to other members. In addition, a pop-up message can be created on the top of the message board to remind members of the need to keep all discussions confidential. A private internet blogging website could prevent unethical information spills by participating Team B members.

Program Evaluation Issues: Lack of assessment to determine Team B's costs & benefits to CDC operations

The last issue to look at is whether or not Team B is beneficial to CDC's operations in emergency prevention or management. As mentioned earlier, some

Team B members were not convinced that their findings made an impact on CDC's operations. Some were not even sure if their findings or suggestions were being considered at all. Without any evaluating mechanisms, there is no way to assess if Team B actually made a difference in improving CDC's operations. An evaluation is needed to further determine if resources and time were used appropriately. CDC lacks any type of outcome measure to assess the job of Team B. In today's public sector, evaluation is essential to assess the cost and benefits of a program (McDavid & Hawthorn 2006). Without doing a formal evaluation, it is also difficult to determine how a program can improve (Deshler 1984).

Recommendation: Create a Formal Team B Evaluation Program

CDC must establish formal outcome-based evaluating mechanisms to determine the performance of Team B and whether it is beneficial to CDC operations. The evaluation program should look at two outcomes: 1) if Team B goals and responsibilities are accomplished and 2) if Team B findings and suggestions impact CDC operations with regard to the particular emergency on hand.

At the end of each specific Team B project, CDC should request members to submit their comments regarding their Team B experience and whether they thought their goals were accomplished. Members can either have a direct conversation with the Team B coordinator or they could submit their feedback via the internet web-blog. Feedback from participating members is critical in

understanding if the team was being managed effectively and efficiently and how to improve processes within the team itself (John & Eeckhout 2006).

Once member feedback is received, CDC division directors should have a formal meeting regarding their overall thought on the specific Team B project. CDC should also prepare a written report that states the findings of Team B, the reason(s) why CDC choose to use or not use Team B's suggestions, and the results of the crisis management. CDC should compare the results of the internal operations with that of Team B's involvement in the matter. This method allows CDC to determine if Team B is beneficial to their operations or if Team B was used appropriate in a specific case (Block 2006). The formal evaluation should also be made available to Team B members as a way to acknowledge their participation.

Conclusion:

In order to allow Team B to provide effective assistance in managing sudden disease outbreaks, CDC must be able to reach conclusions quickly with an open mind, define roles and authority of Team B, lead and approach members to maintain a collaborative network of professionals, better manage the use of such intellectual resources, and set up a formal evaluation program. CDC must be aware of its organizational capabilities by establishing guidelines to determine if Team B involvement is necessary. If Team B is needed, their goals, responsibilities and jurisdiction must be explicitly stated. CDC should form a collaborative network to increase the pool of potential members. CDC should further revise its Team B

management by developing Smith's leadership skills and incorporate a more effective communication channel. Lastly, a formal evaluation program is necessary to measure Team B outcomes. If CDC can tackle these issues by following the above recommendations, the Team B feature may be an invaluable tool in preventing and managing the increasingly complicated epidemics that may occur.

References:

- Block, D. J. (2006). *Healthcare outcomes management: Strategies for planning and evaluation*. Sudbury, Mass: Jones and Bartlett.
- Bloman, L. & Deal, T. (2003). *Reframing organizations: Artistry, choice, and leadership*. San Francisco: Jossey-Bass.
- Borkowski, N. (2009). *Organizational behavior, theory, and design in health care*. Sudbury, Mass: Jones and Bartlett.
- Brooks, H., Liebman, L., & Schelling, C. S. (1984). *Public-Private Partnership: New Opportunities for Meeting Social Needs*. Boston: American Academy of Arts and Sciences.
- Denhardt, R. B. & Denhardt, J. (2006) *Public Administration: An action orientation*. Belmont, CA: Thomson Wadsworth.
- Deshler, D. (1984). *Evaluation for program improvement*. San Francisco: Jossey-Bass.
- Fisher, K. (1993). *Leading self-directed work teams: A guide to developing new team leadership skills*. New York: McGraw-Hill.
- Garnett, J. L. (1992). *Communicating for results in government: A strategic approach for public managers*. The Jossey-Bass public administration series. San Francisco: Jossey-Bass.
- Goldsmith, S. & Eggers, W. D. (2004). *Governing by Network: The New Shape of the Public Sector*. Brookings Institution Press.
- Goncalves, M. (2006). *Team building*. New York: ASME Press.
- James B. (2003). Information system concepts for quality measurement. *Medical Care*. 41 (1), 71-9.
- John, L. K., & Eeckhout, L. (2006). *Performance evaluation and benchmarking*. Boca Raton, FL: CRC Press.
- Jreisat, J. E. (1997). *Public organization and human resources management: The development of theory and process*. Westport, Conn: Quorum.
- Kapucu, N. (2006). Public-nonprofit partnerships for collective action in dynamic context of emergencies. *Public Administration*, 84(1) 205-220.
- Kettl, D. (2002). *The Transformation of Governance: Public Administration for Twenty-First Century America*. The John Hopkins University Press: Baltimore and London.

- Khadori, N. (2006). *Bioterrorism and bioterrorism preparedness*. Infectious disease clinics of North America, v. 20, no. 2. Philadelphia, PA: Saunders.
- Lee, T. H., & Mongan, J. J. (2009). *Chaos and organization in health care*. Cambridge, MA: The MIT Press.
- McDavid, J. C., & Hawthorn, L. R. L. (2006). *Program evaluation & performance measurement: An introduction to practice*. Thousand Oaks: SAGE Publications.
- McKinsey & Company (2001). *Effective capacity building in nonprofit organizations*. Washington, DC: Venture Philanthropy Partners. Retrieved April 19, 2009 from <http://vpppartners.org/learning/reports/capacity/capactiy.html>
- Noble, Audrey J. (1998). *Shared Decision Making*. Retrieved April 18, 2009 from University of Delaware Library Institutional Repository at <http://dspace.udel.edu:8080/dspace/handle/19716/2451>
- Normann, R., & Rhenman, E. (1975). *Formulation of goals and measurement of effectiveness in the public administration*. SIAR-E, 29. Stockholm: SIAR.
- O'Hara-Devereaux, M., & Johansen, R. (1994). *Globalwork: Bridging distance, culture, and time*. The Jossey-Bass management series. San Francisco: Jossey-Bass.
- O'Sullivan, E., Rassel, G., & Berner, M. (2008) *Research Methods for Public Administrators*. 5th edition. San Francisco: Longman.
- Patton, C. & Sawicki, D. (1993). *Basic Methods of Policy Analysis and Planning*. Upper Saddle River: Prentice Hall.
- Penson, R.T., Kyriakou, H., Zuckerman, D., Chabner, B.A., & Lynch, T.J. Jr. (2006). Teams: communication in multidisciplinary care. *The Oncologist*. 11 (5), 520-6.
- Risher, H. (2007). Fostering a performance-driven culture in the public sector. *Public Manager*, 36(3), 51-56.
- Sims, R. R. (2002). *Managing organizational behavior*. Westport, Conn: Quorum Books.
- Topchik, G. S. (2007). *The first-time manager's guide to team building*. New York: AMACOM.
- Varley, Pamela (2008) *Keeping an Open Mind in an Emergency: CDC Experiments with 'Team B'*. Harvard: Boston. Retrieved February 1, 2009 from <http://www.ksgcase.harvard.edu>.