

# **2013 Annual EIS Conference**

## **Dr. Tom Frieden's Opening Remarks**

Well, good morning. It's great to be here. I want to first welcome the incoming EIS officers. It is a remarkable time – two years of fun, important, interesting learning, doing things that really matter and make a difference, so enjoy it. It's really a great experience and I think, for all of us who've been through it, something that we look back at very fondly with, and I think you should be looking forward to with great excitement. So, congratulations for those of you who are coming into EIS; it's a very special program and a very special time.

I want to thank all of the people – Denise and all of the staff who've made this week possible. I know how much work goes into it for the officers and their supervisors and all of the work that happens, not only at CDC, but around state and local governments to reach the level of high quality, impactful, effective presentations and work that gets done, so thank you all very much.

It's been a busy year for CDC and for EIS. CDC works 24-7 keeping Americans safe from threats, whether they're infectious or environmental or chronic or injury, whether they're from this country or overseas. On average, we start about one new investigation per day and on average, we identify about one new microbe per year. So there's a lot that happens that goes into keeping Americans safe and those of you in this room are central to that.

Since its inception in 1951, EIS has trained more than 3,200 officers and continues to attract terrific candidates from around the country and around the world. We also have been expanding our partnerships with other parts of the government, other parts of society in areas such as the VA, the Center for Medicare and Medicaid Services, our country offices around the world, and of course, state and local health departments – our key partners.

Since the last EIS conference, there've been more than 80 epi aides, including things such as hurricane Sandy, organ transplant-associated rabies, and, of course, quite a bit on the fungal meningitis outbreak. Just to give you a sense of the centrality of EIS in that program, Dr. Marion Kainer, the epidemiologist in the state of Tennessee who was central to recognition of the outbreak, is an EIS alum. Her staff is largely funded by CDC through our program. We then had EIS officers, current and former, on a series of daily or more than daily, when needed, conference calls to come up with the best way to diagnose and treat patients with fungal meningitis. In our own laboratories, we had a new real-time PCR to detect fungal meningitis and that's been done about a thousand times to help patients and doctors throughout the country. We worked with 23 states to notify 14,000 patients – also many EIS officers, current and former, involved - that they were exposed, and you can see the severity of illness fall as people came in sooner in that outbreak. And of course, getting the contaminated product off the shelves rapidly protected people, as well. So, you can really see through that one episode, how important and central our work is in so many different ways.

As I think about the coming period, there're three key challenges that we face. One of them is continuing to improve health security, both at home and abroad. And there's a lot more that we need to do to be able to respond more quickly to detect outbreaks in new and more powerful ways and to work with other countries to ensure that they're able to be safer so that not only can they be safer, but we will be safer as well.

Second is the key challenge of addressing the leading causes of illness, injury, disability, and death. And fundamentally, what we want to make sure in this country and around the world, is that we can answer the simple question – and you know, I’ve always – for me, the EIS conference has always been quite special because at EIS conference, at Tuesday morning seminar, it’s really never considered impolite, in fact, it’s honoring our tradition to stand up and ask why is this important? So what? Now, if your teenager says ‘so what?’ to you, that may not be polite, but in our culture, in our culture, it actually is the question that we have to ask ourselves constantly – why is our work relevant, why is it important, how can we make the biggest difference through the work that we do?

And third is strengthening the collaboration between public health and clinical care. There’s a lot that we do to strengthen that collaboration, but with the Affordable Care Act, we’re going to see millions more people having access to insurance that are important changes to how both Medicaid and Medicare are structured, there are important changes to how the private insurance market is working. And if we’re going to be maximally effective, we have to engage effectively with health care. So I think these are key challenges and we have lots of ways that we’ll be able to work to address those challenges going forward.

Just to talk for a minute about health security. I think we have some amazingly powerful new and traditional epidemiologic tools going forward. The future of disease detection is going to be, in many ways, like the past in that it will rely on alert clinicians, it will rely on being able to look at data thoughtfully and extract from it information, it will rely on shoe leather epidemiology, but it’s going to be changed in important ways, as well. We have big data. We have the continued validation of Moore’s Law with computing power increasing dramatically and costs decreasing dramatically on a regular basis. And we have some promising new molecular technologies, which we refer to as advanced molecular detection, where with just a little bit of specimen we’re able to probe now and perhaps go in and look at predictors of resistance, predictors of transmissibility, hyper variable regions that can help us identify outbreaks sooner or outbreaks we’re missing now or stop them faster or identify modes of transmission that were invisible before and I think this is an important new area, and these two fundamental changes are going to be very important to EIS, both current officers, graduates, and incoming officers. One is the ability to use new tools in epidemiology, including the linkage of laboratory and traditional epidemiology, human analysis and laboratory analysis, bringing those together with real-time molecular detection. And second, our engagement with health care and figuring out how we can ensure that the 2.7 trillion dollars that the US spends each year on health care is actually used to generate maximum benefit so that we can share a little bit of that impudent ‘so what?’ question with the health care world in terms of how can we have maximal difference because we know that a lot more can be achieved for the investments that are getting made.

So that’s what I wanted to say for introduction but most of all, I wanted to thank you all for the terrific work that you’ve done and congratulate you for the work that you’ve done that will be celebrated and reviewed and critiqued in this week’s important session. But we’re also here to celebrate and pay tribute to a truly great epidemiologist and a great person – Dr. Steve Thacker. Steve served as a mentor and role model for many people here. He embodied, not just the best of CDC; for many of us, he embodied CDC itself. He cared so deeply about CDC and the CDC community; he’s someone that I think many of us try and emulate. His e-mail sign-off was characteristic of how he lived his life. It was, “Here to serve.” And I think that really is the concept that we live at CDC and that Steve’s life exemplified. He made exceptional broad and lasting contributions to epidemiology and to public health. He was a visionary leader who changed, really, both the science and the practice of public health, the concept that science should be in service of action, not just knowledge, and that science should be in the service of service –

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really making a difference. Much of what we do at CDC today is the result of his work. He was instrumental to shaping the agency, supporting the agency. Steve loved CDC and I think we at CDC loved him back. He'll always be part of CDC in the thousands of people he touched and trained and his legacy will be present for many generations. Because of this, starting this year and forever more, and this is something that we discussed with Steve and I think he was very happy to hear it, that the opening session is now the Stephen B. Thacker opening session in his honor and we've established two awards in his name. The first is the Stephen B. Thacker Science and Social Justice award for, annually, to someone who makes the best use of science to identify inequities in health or health care or to evaluate and implement interventions that address these inequities and promote social justice. We announced this in February and announced that we would confer the first of these on Steve in recognition of his longstanding commitment to social justice. And to recognize Steve's tremendous influence as a mentor, the second award is the Stephen B. Thacker Excellence in Mentoring award sponsored by the EIS Alumni Association, awarded each year at the EIS conference to an individual who's an inspiration to the CDC community and exhibits unwavering commitment to the EIS program and CDC more generally. And what I'll do now is turn it over to Denise.