

Committee on Energy and Commerce
U.S. House of Representatives
Witness Disclosure Requirement - "Truth in Testimony"
Required by House Rule XI, Clause 2(g)(5)

1. Your Name: Daniel M. Sosin, MD, MPH	
2. Your Title: Deputy Director and Chief Medical Officer, OPHPP	
3. The Entity(ies) You are Representing: Centers for Disease Control & Prevention	
4. Are you testifying on behalf of the Federal, or a State or local government entity?	<input checked="" type="radio"/> Yes <input type="radio"/> No
5. Please list any Federal grants or contracts, or contracts or payments originating with a foreign government, that you or the entity(ies) you represent have received on or after January 1, 2013. Only grants, contracts, or payments related to the subject matter of the hearing must be listed. N/A	
6. Please attach your curriculum vitae to your completed disclosure form.	

Signature



Date: 9/19/16

CURRICULUM VITAE

Daniel Marc Sosin, M.D., M.P.H., F.A.C.P.



PROFESSIONAL SUMMARY

My 30-year career with the U.S. Centers for Disease Control and Prevention (CDC), includes 7 years at the level of acting Center Director or Deputy Center Director. I have distinguished myself through science, management, and leadership. Steeped in medical training and analytical sciences, my unique strength derives from my ability to surface ideas drawing from a breadth of perspectives, manage conflict and differences, and identify common ground for collaborative success. My goals have always been to improve the standard of health in this country while optimizing personal and organizational growth. I enjoy leading programs both through deliberative planning and crisis management.

- strong public health science credentials
- strong leadership and management credentials

CURRENT POSITION

Deputy Director and Chief Medical Officer
Office of Public Health Preparedness and Response
Centers for Disease Control and Prevention

UNIVERSITY EDUCATION

9/91-8/92: University of Washington School of Public Health, Seattle, WA; **M.P.H.** (Epidemiology)
9/79-5/83: Yale University School of Medicine, New Haven, CT; **M.D.**
7/75-4/79: University of Michigan, Ann Arbor, MI; **B.S.** (Biology)

POST-GRADUATE TRAINING

2007: National Preparedness Leadership Initiative; Kennedy School of Government, Harvard Univ.
8/99: Program for Senior Managers in Government; Kennedy School of Government, Harvard Univ.
7/87-6/89: Preventive Medicine Residency; Centers for Disease Control and Prevention
7/86-6/88: Epidemic Intelligence Service, Centers for Disease Control and Prevention
7/83-6/86: Internal Medicine Residency; University of Chicago Hospitals and Clinics

EMERGENCY RESPONSE TRAINING

FEMA ICS Courses (100, 200, 300, 400, 700, 800)
6/2005: Principal Federal Official Orientation, Emergency Management Institute

EMERGENCY DEPLOYMENTS

DoD Anthrax Sample Investigation: Incident Manager, 5/26/2015-6/22/2015
Ebola Response: OPHPR Senior Staff, 10/20/2014- present
Deepwater Oil Spill Response: OPHPR acting director to CDC EOC, 4/20/2010-7/31/2010
Haiti Earthquake Response: OPHPR acting director to CDC EOC, 1/13/2010-7/31/2010

Novel H1N1 Influenza Response: OPHPR acting director to CDC EOC, 4/24/2009-4/2010
2007 State-of-the-Union Address: deployed as CDC LNO to HHS SOC, 01/23/2007
Hurricanes Katrina/Rita: deployed as ERT A LNO to the Louisiana State EOC, 09/22-10/05/2005
TOPOFF 3: deployed as Deputy Principal Federal Official (PFO) in New Jersey, 04/03-04/08/2005
Response to Potential Anthrax Mail Incidents at DoD facilities: CDC Incident Manager, 03/14-16/2005

PROFESSIONAL CERTIFICATION

Active Security Clearance at the TS/SCI level
American Board of Preventive Medicine - certified January 1994
American Board of Internal Medicine - certified September 1986
National Board of Medical Examiners - certified 1984
Licensed Physician - State of Georgia

PROFESSIONAL MEMBERSHIPS

American College of Physicians (Fellow)
American Medical Association

UNIFORMED SERVICE AWARDS

PHS Outstanding Service Medal – November 2011
PHS Outstanding Unit Citation – April 2011
PHS Crisis Response Service Award -- October 2010
PHS Outstanding Unit Citation – September 2010
PHS Outstanding Unit Citation – April 2010
PHS Outstanding Unit Citation – April 2008
PHS Unit Commendation – November 2007
PHS Outstanding Unit Citation – January 2007
PHS Unit Commendation – June 2006
PHS Crisis Response Service Award -- January 2006
PHS Unit Commendation – October 2005
PHS Outstanding Unit Citation – January 2004
PHS Outstanding Service Medal – November 2002
PHS Outstanding Unit Citation – December 2001
PHS Bicentennial Unit Commendation – January 1998
PHS Commendation Medal - October 1995
PHS Regular Corps - July 1992
PHS Commendation Medal - December 1990
PHS Citation - May 1990

OTHER AWARDS

HHS Secretary's Award for Distinguished Service, 2006 – for exceptional commitment and teamwork responding to the destruction during the 2005 Atlantic hurricane season
National Highway Traffic Safety Administration Recognition Award, 2003 – for outstanding contribution to traffic safety through research documenting effective community interventions
HHS Secretary's Award for Distinguished Service – group award for Motor Vehicle Injury Research Team, 2001
Outstanding Service Award, 2000 State and Territorial Injury Prevention Director's Association
American Medical Association Physician's Recognition Award - March 1991, March 1996
USPHS Commissioned Officers Association -- J.D. Lane Award, Junior Investigator Category, 1991

PUBLIC HEALTH PRACTICE EXPERIENCE

(Note: employment as a CDC FTE from 7/86 until present working at least 40 hours/week)

11/15-8/16: Centers for Disease Control and Prevention; **acting Director, Division of Select Agents and Toxins, Office for Public Health Preparedness and Response**, Atlanta, GA

Duties: Leads the Department of Health and Human Services' regulatory programs to ensure that vital research and development on dangerous and potentially deadly biological agents (i.e. select agents and toxins) is conducted as safely and securely as possible and that all U.S. importation of infectious biologic material occurs under the appropriate biosafety conditions. The programs promote laboratory safety and security to minimize the inherent risks that accompany work with dangerous pathogens and toxins through the following activities:

- Develops, implements, and enforces the select agent regulations to help ensure this research is conducted in a safe and secure manner.
- Maintains a registry to ensure that the U.S. government has full awareness of entities in possession of these potentially dangerous biological agents and toxins.
- Conducts inspections and approves registrations in order to make sure that appropriate measures are in place at each entity to prevent the unauthorized access, theft, loss, or release of select agents.
- Approves individual access to select agents and toxins to guard against access to the agents by bioterrorists or any others who may wish to misuse the agents. All individuals who work with select agents and toxins must first undergo a security risk assessment performed by the FBI.
- Receives reports of a theft, loss, or release of a select agent or toxin to understand and help reduce risks posed by the situation, ensure proper action is taken and appropriate authorities have been notified, and help the entity identify ways to prevent it from happening in the future.
- Takes enforcement actions appropriate to the scale of any violations to address the risk and increase future compliance with the regulations.
- Issues permits to entities requesting to import biological materials into the country
- Serves as a resource on the regulations by providing guidance, trainings, and outreach to help entities meet the requirements of the regulations.
- Collaborates with international partners to assist other countries with the development and implementation of appropriate biosafety and biosecurity oversight programs.

Accomplishments:

- Maintained the registration of 250 governmental, academic, and private entities approved to possess, use, and transfer select agents and toxins, including an average of 190 registration amendments/month, 14 inspections/month, and managed the work of 1 suspension and 5 entities entered on a corrective action plan. Ensured coordination with USDA where CDC carried the burden of Federal Select Agent Program leadership and productivity.
- Issued import permits on average of 200/month and conducted 3 inspections/month
- Provided leadership reports and rapid progress on 3 external reviews of the Division and concurrent GAO and IG investigations.
 - Developed a training plan for regulatory departures requiring most judgment
 - Produced quarterly inspection timeliness reports and published an annual report for public review; implemented routine inspection report audits and interim inspection reports
 - Initiated a study of inspection risk assessment
 - Developed a risk-scoring methodology for inspection findings and commissioned an

- external review of risk assessment/risk management in the select agent laboratory
- Implemented a dispute resolution process for regulated entities, a mechanism for regulatory interpretation by the program, and implemented an external review period before publication of new policies and guidance.
- Conducted a workforce assessment to identify staffing, training, and retention priorities
- Assumed leadership to turn-around a failing information system project consuming \$5M/year and missing key project deliverables.
- Led CDC through contested review of the select agent list and drafting of complex new rule changes.

8/10-12/13; 10/14-10/15; 9/16-present: Centers for Disease Control and Prevention; **Deputy Director and Chief Medical Officer, Office for Public Health Preparedness and Response**, Atlanta, GA

Duties: Serves as primary scientific advisor and represents OPHPR as needed for the Director; manages CDC's core portfolios for medical and public health preparedness and response within the homeland security and emergency response enterprise, including: emergency medical countermeasures; emergency assays, diagnostics, and laboratory capacity; medical preparedness; and epidemiology and biosurveillance. Oversees scientific leadership in aforementioned areas and directs the development of policies and their execution by staff.

Accomplishments:

- Led the CDC Internal 90-day Review of the Division of Select Agents and Toxins and represented CDC at a Congressional Oversight Hearing on Biosafety and Biosecurity at Federal Laboratories
- Served as Incident Manager for the CDC activation in response to the DoD release of Bacillus anthracis inadvertently through samples sent to 194 labs in all 50 states and 9 additional countries. Coordinating the CDC role in protecting people, securing agents, and investigating the cause of inactivation failure to prevent future incidents. Also supported CDC response to release of a select agent from an academic institution to include representing CDC at a public meeting in the affected community.
- Provided Center leadership during the Ebola Response of 2014-2016.
- Designed a research initiative that established collaboration with DHS and HHS for risk-based modeling to optimize formulary decisions for the Strategic National Stockpile.
- Developed cross-program coalition to accelerate adoption of Electronic Death Record Systems for emergency response and public health programs. This is now an Agency priority in its Surveillance Strategic Plan.
- Implemented succession-planning and leadership development through the Talent Development Program that combines a forum for rising non-supervisory leaders in the organization to learn leadership and management skills, receive mentoring from Center leadership, and implement a project to improve the work environment in OPHPR.
- Led CDC through medical countermeasure portfolio reviews with DHHS.
- Served as the leadership interface between our regulatory role in the use, transfer, and management of Select Agents and Toxins and the life-sciences research community to support balanced national policies with regard to biological select agents and toxins, including international engagements regarding dual-use research of concern.
- Provided senior leadership for emergency medical countermeasure planning around anthrax, smallpox, and nuclear disasters.
- Led a CDC Senior Staff review of decision processes for the Strategic National Stockpile and implemented corrective actions to increase the Director's confidence in procurement decisions.
- Initiated a cross-agency coordination unit for anthrax, modeled on pandemic influenza planning.
- Led diagnostics collaboration with Department of Defense and co-led DoD-CDC summit on diagnostics.

- Identified promising homeland security projects for inter-agency collaboration.
- Transitioned new Director for OPHPR, August 2010 and January 2015.

1/14-10/5/14: Centers for Disease Control and Prevention; **acting Director, National Center for Injury Prevention and Control, Atlanta, GA**

Duties: Responsible for providing leadership in developing and executing a national program for non-occupational injury prevention and control with federal, state and local agencies, voluntary and private sector organizations. Provides the vision and direction to accomplish CDC's strategic imperatives and goals management program as they relate to injury prevention and control, including priorities in prescription drug overdose prevention, motor vehicle injury prevention, traumatic brain injury prevention, and the prevention of child and youth violence. Responsible for leading and managing the performance of NCIPC to align with and attain agency goals and organizational objectives and advances the state of science through extramural and intramural research and development. Continuously improves public health programs through innovation, program development, and rigorous performance management and evaluation. Operates through a variety of operational components whose staff is from a wide range of disciplines such as behavioral science, health science, medicine, epidemiology, mathematical statistics and informatics. Partners with state and local health and transportation agencies, voluntary associations, private organizations, and other Federal agencies to reduce violence and monitor injury related health issues. Assures nondiscriminatory practices and affirmative action for the Center.

Accomplishments:

- Strengthened staff morale and confidence in leadership through numerous forms of staff engagement and servant leadership style. Providing leadership stability through period of extreme turnover of leadership staff. Mentored over 50 staff at all organizational levels during this time.
- Advanced budget initiatives for 2015 and 2016 with high potential (based on President's budget and early Congressional budget plans) to increase funding for prevention of prescription drug overdose and surveillance of injuries and violence.
- Established needed transparency and inclusiveness in discretionary funding decisions for research and programs.
- Created an environment of scientific inquiry and critical exchange that is strengthening agency leadership in priority areas shared with other governmental and non-governmental partners, including: prescription drug overdose, fall prevention, global violence against children prevention, traumatic brain injury surveillance, and gun violence research.
- Responded vigorously to negative climate assessments and employee surveys before my arrival to investigate causes and implement strategic ("Top 5") priorities, opening staff communication channels, and implementing delegation and performance management training for leadership staff.
- Strengthened Congressional and partner outreach through effective meetings and briefings.

1/09-7/10 (excluding June 8-August 14, 2009 when reverted to Deputy/CMO): Centers for Disease Control and Prevention; **Acting Director, Coordinating Office for Terrorism Preparedness and Emergency Response/Office of Public Health Preparedness and Response, Atlanta, GA**

Duties: responsible for all of CDC's public health emergency preparedness and emergency response activities. Coordinate, manage, and direct five divisions (685 personnel and annual budget of \$1.5B): (1) Division of Strategic National Stockpile; (2) Division of Select Agents and Toxins; (3) Division of State and Local Readiness; (4) Division of Emergency Operations (5) Division of Business Services; and six offices: (1) Enterprise Communications; (2) Science; (3) Strategy and Innovation Office; (4) Workforce and Career Development Office; (5) Learning Office for Preparedness and Response; and

(6) Department of Defense Liaison. COTPER (now OPHPR) is the primary CDC/ATSDR organization tasked with oversight of terrorism preparedness, response and protection for the nation from biological, chemical, radiological, and naturally occurring emergencies.

Accomplishments: leadership of the CDC platform for emergency response was exemplified through the 2009 novel H1N1 Influenza outbreak where I led the:

- Division of Emergency Operations (DEO) running an impressive command center that during the peak of the response had 524 CDC personnel working at one time to gather, analyze and disseminate information. More than 150 CDC personnel were deployed to the field, supporting six states, three countries, and several quarantine stations. Those numbers included 136 COTPER staff members who were headquartered in the EOC during the response, four COTPER staff members who were deployed to the field, and 26 Career Epidemiology Field Officers, who served as subject matter experts in public health practice discussions in 23 U.S. health departments.
- Division of Strategic National Stockpile delivered approximately 11 million regimens of antiviral drugs, 25 million N95 respirators, and 12.5 million surgical masks plus gloves, gowns, and face shields to all 62 Public Health Emergency Preparedness project areas to bolster their response – all within seven days. We also deployed 400,000 regimens of antiviral drugs to Mexico and provided a subject matter expert. CDC clearly demonstrated that we can deliver – and states can accept – critical medicines and medical supplies in preparation for extreme demand.
- Division of State and Local Readiness created and managed the state health desk in the EOC, fielding technical assistance questions from state and local health departments. In addition, I led daily conference calls with state and local health officials, in partnership with the Association of State and Territorial Health Officials and the National Association of City and County Health Officials, to field questions, resolve issues, and address concerns.
- The Etiologic Import Permit Program located within the Division of Select Agents and Toxins aided the lab testing process by issuing import permits to laboratories located outside the United States to allow them to transfer clinical and diagnostic samples suspected of containing H1N1 virus to CDC for further testing.
- The coordinated response to the 2009-H1N1 outbreak, on all levels, marks a great improvement in our public health response capabilities from just a few short years ago. And the public seems to agree with this. According to the results of a research poll released by the Harvard School of Public Health, 83 percent of Americans said they were satisfied with the way that federal, state, and local public health officials managed the response to the H1N1 outbreak, and 88 percent were satisfied with the information public health officials provided.

Additional accomplishments of note include aligning CDC preparedness efforts with 2 CDC Directors and the outside world including Congress, the White House, state/local government leaders, professional organizations and NGOs, and Departments and Agencies across the USG. For example, assuring thoughtful and thorough public health perspective on Presidential Directives for biological select agents and toxins and for rapid delivery of emergency medical countermeasures; influencing legislation on homeland security through Congressional briefings and hearings; serving as a public health liaison to senior executives and the intelligence community; and helping to guide Departmental doctrine such as the National Health Security Strategy. Additional large scale responses coordinated during this time were to the Haiti Earthquake and the Deepwater Horizon oil spill.

1/08-12/08: Centers for Disease Control and Prevention; Detail as **Director, Biosurveillance Coordination Unit, Coordinating Office for Terrorism Preparedness and Emergency Response**, Atlanta, GA

Duties: led a USG-wide effort to develop and implement the next-generation biosurveillance system that will generate timely, comprehensive, all-source, analyzed, and accessible information related to human health for Federal decision-making by improving the capability and capacity of State, Local,

Tribal, and Territorial (SLTT) governments and the medical care community to do the same.

Accomplishments:

- Based on extensive professional and inter-governmental engagement published the National Biosurveillance Strategy for Human Health version 1.0
- Established the National Biosurveillance Advisory Subcommittee comprised of prominent public and private biosurveillance stakeholders and contributors and chaired by Dr. Larry Brilliant to provide counsel to the federal government regarding the broad range of issues impacting the development and implementation of a nationwide biosurveillance strategy for human health
- Supported completion of the Report to the Advisory Committee to the Director, CDC “Improving the Nation’s Ability to Detect and Respond to 21st Century Urgent Health Threats: First Report of the National Biosurveillance Advisory Subcommittee”
- Provided leadership for CDC on the integration of biosurveillance activities and presentation of them to Congressional, White House, professional, and public audiences.

1/04-12/07: Centers for Disease Control and Prevention; Senior Advisor for Science and Public Health Practice, Coordinating Office for Terrorism Preparedness and Emergency Response, Atlanta, GA

Duties:

- Lead medical and science advisor regarding terrorism (chemical, biological, nuclear, radiological, and trauma) and emergency response: includes representing the Agency in external meetings and presentations, advocating for science in planning activities, and serving as a special resource for early detection and situational awareness systems
- Research and science planning and implementation for terrorism and emergency response: includes guiding the research investments for the \$1.5 billion COTPER budget and organizational excellence assessment to establish accountability for contributions to new knowledge and the application of science knowledge into programmatic efforts
- Scientific leadership for emergency response and recovery from health crises: including roles in response planning and serving as needed during operation of the CDC Emergency Operations Center
- Indirect responsibility for the direction and scientific standards of 128 scientists in COTPER across 4 Divisions.
- Promotion of science policies and procedures of the Agency and upholding the highest standards for scientific engagement (e.g., human subjects review, scientific protocol development, clearance, and peer review)

Accomplishments:

- Led the development of Preparedness and Emergency Response Research Centers for public health preparedness systems research through schools of public health (9 Centers funded to a total of \$13M/year)
- Developed science performance measures for organizational excellence in terrorism preparedness and emergency response and directed the development of a Board of Scientific Counselors and their standard operating procedures for external peer review of science in COTPER programs.
- Directed and expanded the Career Epidemiology Field Officer Program in support of direct epidemiology assistance for public health preparedness at the state and local levels
- Supported Agency deployment coordination by serving as CDC lead to the HHS Katrina Lessons Learned Transformation Planning WG where CDC roles and responsibilities were negotiated among the interagency staffing roles in public health and medical response. Co-founded the Deployment Coordination Steering Committee at CDC to map the personnel supply requirements and plan for the personnel needs of large-scale deployments. This group also

integrated the USPHS Applied Public Health Teams within the CDC deployment concept of operations.

- Served as coordinating focus for CDC subject matter participation in the emergency medical countermeasures enterprise during the evolution to BARDA at HHS, assuring appropriate input and counsel on threat agent scenarios and stockpiling concept of operations. Additionally supported the Agency input to 3 Homeland Security Presidential Directives under development for emergency medical countermeasures, public health and medical response, and chemical terrorism.
- On behalf of the Chief Science Officer of CDC, headed a cross-Agency collaboration to define the field of environmental microbiology for public health, evaluate the activities of the Agency, and set a strategy for the Agency to address the science needs of this field as they play out for public health emergencies (e.g., detection and characterization, virulence and transmissibility, and personal protection and decontamination). In 3 months of intense work we developed a highly successful review and strategic plan (with no resources other than participant commitment to the importance of the work as framed) that evolved on two important fronts for the Agency: 1) provided direction for CDC participation in Federal collaboration for biodefense at Ft. Detrick, MD, and 2) supported specific collaborations with EPA that validated the CDC research agenda and interagency efforts in support of mutual research gaps. This effort led to my co-leadership with EPA in an effort to guide the development of an environmental laboratory response network in collaboration with the CDC Laboratory Response Network (LRN) which was identified by the White House as a model. I was asked to assist the Homeland Security Council in developing the CDC-EPA laboratory response collaboration into an inter-Departmental coordination effort we called the Integrated Consortium of Laboratory Networks (ICLN). The ICLN, established through a Memorandum of Understanding between 12 Departments and Independent Agencies of the U.S. Government, supports a U.S. homeland security infrastructure with a coordinated and operational system of laboratory networks that provide timely, high quality, and interpretable results for early detection and effective consequence management of acts of terrorism and other events requiring an integrated laboratory response.
- Represented public health in the large-scale terrorism exercise TOPOFF 3 as the Deputy Principal Federal Official in the New Jersey bioterrorism exercise. This role reflects the cultivation of interagency and state public health partnerships in terrorism preparedness, particularly with the Department of Homeland Security. Have additionally served other deployment roles as requested by CDC and HHS (Katrina-Rita 2005, State-of-the-Union Address 2007)
- Led the CDC response to presumed anthrax in Department of Defense facilities in the Capitol area in 2005. Before this was identified as laboratory contamination, CDC was called to provide medical and public health response guidance for local health jurisdictions and the U.S. government over an intense 3-day period. I served as the spokesperson on inter-governmental calls and helped coordinate the development and communication of Agency expertise. This activity drew on work with the U.S. Postal Service on anthrax response plans, but required strong collaboration within and outside the Agency to utilize the best available information and quickly establish the best course of action. There were many lessons learned in this response, but CDC was seen as ably meeting its roles and responsibilities.
- Brokered the resolution of numerous implementation concerns for the Biohazard Detection System (BDS) by working effectively with the U.S. Postal Service, CDC scientists, other federal stakeholders, and state and local public health. This was part of a larger role in supporting public health implementation planning around environmental monitoring for exposure detection in collaboration with HHS, DHS, DoD, and USPS.
- Initiated a series of Preparedness seminars to disseminate results of funded projects, engage agency staff in hot topics in preparedness, and to expose staff to new scientific disciplines that

may contribute to preparedness in novel ways. Also helped to initiate a new Modeling Unit at CDC directed to support planning and response to urgent threats.

- Facilitated the recruitment of senior scientists in the Divisions and relationships to support the 128 scientists across COTPER to infuse science principles and knowledge into programs.

5/01-12/03: Centers for Disease Control and Prevention; Director, Division of Public Health Surveillance and Informatics, Epidemiology Program Office, Atlanta, GA

Duties:

- planning, managing, and evaluating the programs (75 staff & \$7 million annual budget) of the Division (National Electronic Telecommunications System for Surveillance, National Notifiable Disease Surveillance System, 122 Cities Mortality Reporting System, Public Health Informatics Fellowship, Assessment Initiative for state capacity, web-based access to CDC data sets, CDC WONDER, Epi Info software development and training, technical assistance for the National Electronic Disease Surveillance System, Medical Examiner and Coroner Information Sharing Program)
- advise Director, EPO and others in the Agency regarding surveillance and informatics policy, research, and programmatic direction
- work with external partners (ASTHO, NACCHO, CSTE, NAPHSIS, NAHDO) and agencies (CMS, HRSA, FDA) to set policies, standards, and data sharing agreements
- agency leadership in early outbreak detection and systems evaluation; liaison from CDC to the Department of Homeland Security for biosurveillance
- 11/03-12/03: additionally served as Acting Director, Division of Prevention Research and Analytic Methods (52 staff supporting the Guide to Community Preventive Services and prevention effectiveness and economic methods)

Accomplishments:

- Terrorism Preparedness: published papers on evaluating innovative systems of surveillance for outbreaks; developed a web-based bibliography on syndromic surveillance to share scientific understanding of and research in surveillance innovation; co-chaired the 2003 National Syndromic Surveillance Conference with cutting edge surveillance methods and nearly 500 attendees and countless others via web-boards and other Internet materials; developed a framework for evaluation of surveillance systems for outbreak detection that has driven the discussion of how to assess performance and compare the varied methods available to detect terrorism and natural outbreaks as early as possible; provided numerous presentations on surveillance for terrorism at national meetings, through congressional and senior staff briefings, and news media interviews; supported a rapid assessment of CDC surveillance capacity for terrorism that guided senior management in the development of the BioSense Initiative and conducted a rapid assessment and technical assistance program for major metropolitan areas to enhance terrorism detection in the wake of war in Iraq.
- Maintained national notifiable disease surveillance during the transition to a new model of integrated surveillance at CDC (NEDSS) and supported the pilot deployments of NEDSS in three states, including the conversion of historical data into the new data structure, data sharing agreements with state partners, and specification of conditions under surveillance
- Oversaw development and full implementation of an electronic disease surveillance system for Egypt that was subsequently name-requested by the Department of Defense for implementation in countries in central Asia and Iraq
- Assured stable development and enhancements of Epi Info, the leading software program for applied epidemiology in the world
- Improved the timely reporting and data quality for the 122 Cities Mortality Reporting System that supports influenza surveillance and epidemic respiratory disease surveillance for SARS

- Fostered development of best practices for community health assessment and web-based data dissemination through the Assessment Initiative and implemented state-to-state technical assistance to extend the dissemination of methods from 7 funded states to an additional 12 states and New York City.

2/98- 4/01: Centers for Disease Control and Prevention, **Associate Director for Science, NCIPC**

8/97-1/98: Centers for Disease Control and Prevention; **Acting Associate Director for Science, Office of the Director, National Center for Injury Prevention and Control (NCIPC), Atlanta, GA**

Duties:

- consultation to senior staff regarding surveillance and research activities
- oversight and consultation for the Office of Research Grants (extramural grant program) and the Office for Statistics and Programming
- pursue improvements in the work environment and quality of work for scientists in the Center
- scientific and policy clearance for all NCIPC publications
- Center point-of-contact for protection of human subjects in research
- leadership in planning and implementation of efforts to develop national surveillance for injuries, including the costs of injury
- leadership in planning and implementation of efforts to improve the effectiveness of our programmatic support through quality improvement methods
- represent NCIPC in agency-wide efforts in guideline development, information systems integration, and excellence in science
- coordination and oversight of Epidemic Intelligence Service training in NCIPC
- represent NCIPC for managed care issues and activities
- liaison to the Institute of Medicine for new study on Injury Prevention and Control

Accomplishments:

- directed the development of the CDC Injury Research Agenda which was used to focus \$45 million of research funding to curb the nation's top killer of our young people. The agenda aligned research to national priorities and strengthened relationships to the scientific and practice communities
- directed NCIPC working groups for surveillance and research in developing management plans with emphasis on emergency department and risk factor surveillance and improving the transparency of our intramural and extramural research processes
- developed a Center-wide competition to fund surveillance projects to support staff scientist involvement in surveillance that improved the development of integrated, electronic surveillance of injuries
- led development of a revised policy for solicitation and review of extramural grants with extramural participation; directed development of extramural research priorities; initiated development of a model for phases of injury prevention research to classify and clarify needs for prevention research
- prepared summary and briefing materials to inform Center and Agency response to the Institute of Medicine report on Injury Prevention and Treatment: Reducing the Burden
- organized the review of proposals and managed projects for emergency department surveillance in three states
- organized 4 training workshops in continuous quality improvement with the Institute for Healthcare Improvement, including half day training at our national conference; helped to establish applications for CQI in 13 state intervention projects
- established procedures for protocol development and human subjects protection in the Center and provided staff training; reviewed and cleared research protocols
- co-led development of a collaborative project on cost-of-injury surveillance with the Milbank Foundation and state partners

- provided review of manuscripts and MMWR reports from the Center
- prepared responses to 2 IOM surveys on injury prevention and coordinated responses to other requests for information

10/96-7/97: Centers for Disease Control and Prevention; **Special Assistant for Scientific Affairs, Office of the Director, National Center for Injury Prevention and Control (NCIPC), Atlanta, GA**

Duties:

- scientific consultation and oversight of quality for the Office of the Director, NCIPC
- represent NCIPC and participate in the development of a Guide to Community Preventive Services, acting as the technical lead for guidelines on motor vehicle injury prevention and violence prevention
- represent NCIPC for managed care issues and activities
- leadership in planning and implementation of efforts to develop national surveillance for injuries
- liaison to the Institute of Medicine for new study on Injury Prevention and Control
- CDC technical lead for the development and implementation of a state-wide traumatic brain injury follow-up registry in Colorado
- coordination and oversight of Epidemic Intelligence Service training and recruiting in NCIPC

Accomplishments:

- helped establish methods and processes for the Guide to Community Preventive Services and co-ordinated development of the chapter on unintentional injury prevention; coordinated with an Injury Control Research Center project on Cochrane Collaboration, helped establish methods for evidence-based reviews and screened articles
- assisted in planning for the CDC Managed Care Conference, worked with managed care organizations to address injury coding and surveillance, participated in planning support for state Medicaid-managed care contracts, provided performance measurement consultation to the Foundation for Accountability
- prepared program announcement for state-wide emergency department surveillance projects; initiated development of a violence surveillance module with WHO; presented surveillance plans to Agency Director and senior staff in program review
- provided NCIPC input to IOM as they began their new study on Injury in America; organized presentation by NCIPC to IOM Committee at their first meeting; supported site visit by IOM staff to review NCIPC history and activities
- provided monthly consultation on TBI disability surveillance; participated in a workshop to develop disability surveillance tools
- provided a sounding board for EIS Officers and supervisors to improve assignments; coordinated a successful recruiting effort that doubled assignments to the Center; developed orientation materials for new Officers

5/94-9/96: Centers for Disease Control and Prevention; **Medical Epidemiologist, Division of Acute Care, Rehabilitation Research, and Disability Prevention, National Center for Injury Prevention and Control (NCIPC), Atlanta, GA**

Duties:

- apply medical and epidemiologic expertise to the design, development, and conduct of surveillance and research into the incidence, causes, risk factors and treatment efficacy of injury, secondary disability, and rehabilitation of the injured
- work with state and local health agencies in the development and implementation of programs for injury control and disability prevention
- NCIPC lead for managed care and development of community preventive services guidelines

Accomplishments:

- analyzed national and state data on traumatic brain injury, resulting in 3 primary publications and an MMWR
- CDC project lead for a cooperative agreement with Colorado Department of Public Health and Environment that developed and piloted a follow-up surveillance instrument to capture disability statistics following traumatic brain injury
- provided epidemiologic support to 7 state Disability Prevention Programs
- participated in grant reviews
- worked with managed care organizations to promote CDC guidelines and recommendations during part-time detail to the Office of the Managed Care Coordinator, coordinated meetings between managed care organizations and NCIPC researchers, and developed speaking points for NCIPC response to managed care issues
- drafted 4 chapters on guidelines methodology for CDC Guidelines Methodology Working Group
- drafted methodology for assessing quality of evidence for the Guide to Community Preventive Services

9/92-4/94: Centers for Disease Control; Chief, Mid-Atlantic Section, Division of Field Epidemiology, Epidemiology Program Office, Atlanta, GA

Duties:

- Division lead for efforts to assist state health departments epidemiology capacity building
- supervision, training, and career development of 14 EIS Officers, Preventive Medicine Residents, and career staff assigned to state health departments to conduct surveillance and investigations of local public health problems
- coordination and supervision of Federal Epidemic Aid assistance to states
- review of state resources for applied epidemiology and suitability for EIS assignees

Accomplishments:

- assisted assignees on over 50 epidemiologic investigations resulting in numerous internal reports and 10 MMWR reports and 6 secondary journal publications
- developed working definition of epidemiologic capacity and established a protocol for evaluation that was transferred to the Council of State and Territorial Epidemiologists for further development and implementation
- taught in courses on prevention effectiveness and surveillance
- served as editor for one edition of the MMWR
- coordinated 2 EPI-AIDS and made 10 site visits to state health departments
- participated in grant and abstract reviews

9/91-8/92: Centers for Disease Control; Medical Epidemiologist, Epidemiology Program Office assigned to the University of Washington School of Community Medicine and Public Health for Extramural Long-Term Training, Seattle, WA

Duties: masters degree student

Accomplishments:

- completed courses in epidemiology, biostatistics, health services, and environmental health and obtained a Masters Degree in Public Health (MPH)
- conducted original research in adolescent behavioral epidemiology suitable as a masters thesis and later published in the medical literature, and completed 2 additional publications
- organized a seminar series on advanced epidemiologic methods
- established professional relationships with faculty and students in the School of Public Health

7/89-8/91: Centers for Disease Control; Chief, Midwest Section, Division of Field Epidemiology, Epidemiology Program Office, Atlanta, GA

Duties:

- supervision, training, and career development of nine EIS Officers assigned to state health departments to conduct surveillance and investigations of local public health problems
- coordination and supervision of Federal Epi Aid assistance to states
- review of state resources for applied epidemiology and suitability for EIS assignees
- pursuit of research interests in injury epidemiology

Accomplishments:

- assisted assignees on 114 epidemiologic investigations resulting in numerous internal reports and 15 MMWR reports and 8 secondary journal publications
- reviewed and edited abstracts for the EIS Conference, interviewed EIS candidates, and served on an EIS recruitment committee
- organized and taught the EIS Fall Surveillance Course
- coordinated 6 EPI-AIDS and made 14 site visits to state health departments
- completed 2 primary publications on injury epidemiology

7/88-6/89: Centers for Disease Control; **Preventive Medicine Resident assigned to the Division of Injury Epidemiology and Control, Atlanta, GA**Duties:

- develop analytic research skills and conduct epidemiologic investigations of unintentional injuries
- support national injury control activities through technical consultation in extramural programs
- complete second of two years of residency training in General Preventive Medicine

Accomplishments:

- analyzed national data sets and initiated 4 studies later published in the medical literature
- obtained residency certification in Preventive Medicine

7/86-6/88: Centers for Disease Control; **Epidemic Intelligence Service Officer (EIS) assigned to the Kentucky Department for Health Services, Frankfort, KY**Duties:

- conduct investigations of epidemic disease and health problems of local concern and provide recommendations for disease prevention and control
- provide consultation on public health practice for state and local government and local health professionals
- instruct local staff in the application of epidemiologic methods

Accomplishments:

- conducted 25 epidemiologic investigations resulting in numerous internal reports, newsletter articles, an MMWR, and 2 journal publications
- coordinated surveillance for influenza and AIDS
- handled 300+ telephone consultations from clinicians, public health practitioners, and the public
- gave lectures and taught courses on outbreak investigation and epidemiology to state and local health department staff
- completed requirements of the Epidemic Intelligence Service

CLINICAL MEDICINE EXPERIENCE

2/93-12/2007: Attending Physician - General Medicine Clinic, Grady Memorial Hospital, Atlanta, GA

7/15-26/91: Ready Reserve Assignment - Internal Medicine; through the National Health Service Corps -- Columbia Basin Health Assoc., Othello, WA

9/4-18/90: Ready Reserve Assignment - Internal Medicine; through the National Health Service Corps -- Centro Medico del Valle, El Paso, TX

EDUCATION - TEACHING

1993-2007: Attending Physician for Emory Medical Residents in the General Medicine Clinic, Grady Memorial Hospital (Clinical Assistant Professor – Emory University School of Medicine)

1992: Epidemiologic Methods Seminar organized as a graduate student, University of Washington

1990: Fall Epidemic Intelligence Service Surveillance Course Co-Coordinator

7/89-8/91 and 9/92-4/94: Supervised Epidemic Intelligence Service trainees (see Positions, above)

1989: Preceptor for Clinical Methods for Emory University Sophomore Medical Students, Atlanta VAMC

EDUCATION - JOURNALS

2006-2008: Associate Editor, *Advances in Disease Surveillance*

2003-2004: Co-Editor, Special Volume of MMWR, Syndromic Surveillance: Reports from the 2003 National Conference

2001-2003: Associate Editor, CDC Surveillance Summaries

Scientific Reviewer for: *Am J Industr Health, Am J Prev Med, Am J Public Health, Ann Emerg Med, Emerg Infect Dis, Epidemiol Rev, Injury Prev, J Adolesc Health, JAMA, N Engl J Med, West J Med*

COMMITTEES

2016-present: CDC Health and Well-being Council

2015-present: Occupational Health Committee

2014: Working Capital Fund Board, member

2014-2015: Surveillance Leadership Board, member

2010-2013: Enterprise Executive Committee, CDC lead representative; Portfolio Advisory Committee, Diagnostics co-Chair, Public Health Emergency Medical Countermeasures Enterprise, HHS

2009-2010: IOM Forum on Medical and Public Health Preparedness for Catastrophic Events

2009-2010: CDC Liaison, National Biodefense Science Board, advisory to HHS

2009-2010: Executive Leadership Board/Senior Leadership Meeting, to CDC Director

2008: Designated Federal Official, Board of Scientific Counselors, COTPER, CDC

2008: Designated Federal Official, National Biosurveillance Advisory Subcommittee, Advisory Committee to the Director, CDC

2008-2009: Chair, Federal HSPD-21 Biosurveillance Working Group, HHS

2006-present: Enterprise Steering Committee/Enterprise Executive Committee; Public Health Emergency Medical Countermeasures Enterprise, HHS

2006-2007: Advisory Committee, Alberta Real Time Syndromic Surveillance Net (ARTSSN)

2006-2007: Center Leadership Council, CDC

2006-2007: WMD Countermeasure Strategy and Implementation Planning Work Group, HHS

2006: HHS Preparedness Transformation Work Group

2005-2009: Member, Joint Leadership Council, Laboratory Response Network (LRN)

2005-2007: Board of Directors, International Society for Disease Surveillance

2004-2007: CDC Medical Advisory Board

2004-2006: Subcommittee on Disaster Reduction, National Science and Technology Council

2003: Co-Chair, 2003 National Syndromic Surveillance Conference

2001-2003: CDC Information Council

2001: Co-chair EIS Conference Scientific Program Committee

1997-2001: Health Information and Surveillance Systems Board (alternate)

1996-2001: Excellence in Science Committee

1996-2000: Epidemiology Advisory Committee

1996-1998: CDC Internal Working Group for the Guide to Community Preventive Services

(Chair, Subgroup for Methods to Evaluate Quality of Evidence)
 1995-1998: Managed Care Working Group (NCIPC Coordinator, since 1996)
 1998: Prevention Research Working Group
 1996-1998: Genetics Oversight Group
 1995-1996: CDC Guidelines Methodology Working Group
 1991 EIS Conference Scientific Program Committee
 1989-1991 Equal Employment Opportunity Advisory Council, CDC/ATSDR,
 Co-chair, Employee Development Committee
 1989 Recruitment Committee, Epidemic Intelligence Service, Epidemiology Program Office, CDC

PUBLICATIONS

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- Sosin DM**, Hopkins RS. Public Health Surveillance for Preparedness and Emergency Response: Biosurveillance for Human Health. In: Lee LL, Teutsch SM, Thacker SB, St. Louis ME, eds. *Principles and Practice of Public Health Surveillance, Third Edition*. New York, NY: Oxford University Press; 2010:306-320.
- Sosin DM**, Besser RE. Terrorism Preparedness and Response: Issues for the Field Epidemiologist. In: Gregg MB, ed. *Field Epidemiology, Third Edition*. New York, NY: Oxford University Press; 2008:439-58.
- Sosin DM**. Detection of an Infectious Disease Outbreak. In: Farmer JC, Badley AD, Poland GA, eds. *Pandemic Point-of-Care Guide*. Oakbrook Terrace, IL: Joint Commission Resources; 2007:31-4.
- Sosin DM**, Hopkins RS. Monitoring disease and risk factors: Surveillance. In: Pencheon D, Guest C, Meltzer D, Gray JAM, eds. *Oxford Handbook of Public Health Practice, Second Edition*. Oxford, UK: Oxford University Press; 2006:112-8.
- Sosin DM**, DeThomasis J. Evaluation Challenges for Syndromic Surveillance: Making Incremental Progress. In: Syndromic Surveillance: Reports from a National Conference, 2003. *MMWR* 2004;53 (Suppl):125-129.
- Sosin DM**. Syndromic Surveillance: The Case for Skillful Investment. *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* 2003;1(4):1-7.
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- Sosin DM**, Keller P, Sacks JJ, Kresnow M, van Dyck PC. Surface-specific fall injury rates on Utah school playgrounds. *Am J Public Health* 1993;83:733-735.
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- Sosin DM**, Nelson DE, Sacks JJ. Head injury deaths: The enormity of firearms. [Letter] *JAMA* 1992;268:791.
- Sosin DM**, Sacks JJ. Motorcycle helmet-use laws and head injury prevention. *JAMA* 1992;267:1649-

1651.

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- Sosin DM**, Gunn RA. Furunculosis outbreak prevention and control [letter]. *Am J Sports Med* 1990;18:219-220.
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