Engagement & Communication for Enhanced PPP Research

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Background - Local Oversight

- Chair, Cambridge Biosafety Committee since 1996 (City oversight dates to 1977)
- Member Boston Biosafety Committee (advisory) with oversight of NEIDL (BSL-4 lab)
- Driving concern for Cambridge City Council in 1976/77 was <u>local accountability</u> through <u>enforceable regulations</u> (vs. guidelines)
- Oversight of <u>private sector</u> research and development has been the primary result
- Harvard and MIT are also subject to Ordinance



Background - Local Oversight

- 2006 Boston allows BSL-4, imposes DURC review requirement
- 2009 Cambridge extends oversight to higher risk non-rDNA/non-synthetic research
- Local oversight mechanisms tied to <u>biosafety</u> (not global biosecurity) via NIH Guidelines
- Adherence to safety, occ health, public health concerns has kept the purpose of oversight clear
- Does <u>not</u> address all ethical and policy concerns of our residents



Public evaluation of risks and benefits?

- <u>Motive Matters</u>: Perception of purpose/benefit influenced by assumed profit motive, ambition, government secrecy
- <u>Public Risk</u>: Most do not clearly understand the mechanisms of biological risk posed by pathogen research. Perception is that proximity = risk
- <u>Credibility and Trust</u>: Faith in oversight system is built over time and relies on the broader reputation of the company, university, local/state/federal agencies



DURC concerns secondary to community biosafety

- DURC issues not likely to be the most amplified public concern, though topic has been raised
- Environmental releases, lab-acquired infections lead public perception of risk
- PPP and other higher risk research receives greater scrutiny while facility is being proposed
- Ongoing acceptance of facility is independent of specific research protocols



Over/under-estimation of risk

- Risk of environmental releases overestimated
- Conversely, direct transmission risk is probably underestimated
- Public in Boston/Cambridge makes assumption of stringent oversight, but do not know specifics
- Wide range of concern/apathy among residents
- Small number of engaged residents drive both biosafety and global biosecurity concerns
- Strength of clinical public health system



Good Communication Strategy?

- RANGE-FIND: Consider specific concerns, level of detail sought by community most directly impacted
- Range-finding to meet the appropriate level of technical discourse is necessary and useful task
- EARLY INPUT: Asking for input early on from public members who are engaged by the process
- PURPOSE/BENEFIT: Emphasize the purpose and timely need for the research proposed
- BUILD CREDIBILITY: Subject knowledge, candor about missteps, reinforce legitimacy of public right-to-know, public participation on IBCs

