

Engagement & Communication for Enhanced PPP Research

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Cambridge
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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 local accountability through enforceable regulations (vs. guidelines)**
- **Oversight of private sector 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 biosafety (not global biosecurity) via NIH Guidelines
- Adherence to safety, occ health, public health concerns has kept the purpose of oversight clear
- Does not address all ethical and policy concerns of our residents

Public evaluation of risks and benefits?

- **Motive Matters**: Perception of purpose/benefit influenced by assumed profit motive, ambition, government secrecy
- **Public Risk**: Most do not clearly understand the mechanisms of biological risk posed by pathogen research. Perception is that proximity = risk
- **Credibility and Trust**: 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