

INTERVIEW WITH

Dr. RICH BESSER

H1N1 ORAL HISTORY PROJECT

Interviewed By Sheena Morrison

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Interviewed at Dr. Besser's Office,  
New York, NY, U.S.A.  
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H1N1 Oral History Project  
Interviewed by Sheena Morrison

Dr. Rich Besser: RB  
Sheena Morrison: SM

Sheena Morrison: The following interview was conducted with Dr. Rich Besser. It was conducted on behalf of the National Library of Medicine for the Making History: H1N1 Oral History Project. It took place on May 24<sup>th</sup> at Dr. Besser's office in New York City, and the interviewer is Sheena Morrison.

We'll start with what you ended with on our last interview, and that was the interface between the political and the technical, and meeting with the President and his Cabinet.

Rich Besser: I think that there were a number of factors that were very interesting with this pandemic. One of the things that was really fascinating to me was that this pandemic started at a time when the political layer was not in place in the Department. The Secretary of Health had not

been confirmed yet, though she had been named. So we didn't have a Secretary, we didn't have Deputy Secretaries, Assistant Secretaries; none of that layer was there. All of the positions were filled by acting people who were technical, and that's very different than functioning in a Department with a strong political layer.

It made decision-making at the CDC much quicker. We knew, I knew very well a lot of the people I was working with in the Department, because they'd been in place as the technical layer for a long time. They knew and trusted us as CDC in terms of what we were doing.

But the downside of that was that the policy arm of the Department was not well-hung, and so the relationships between Health and Human Services and the White House and the Department of Education and Commerce and Transportation and Homeland Security, a lot of the Departments that had important roles to play during a pandemic, there wasn't the kind of greased policy side for cross-clearance of documents, for weighing in on guidance, for that whole piece.

So we were able to move very quickly, and in the early days of the pandemic, that was great. It allowed us to post

things on the Web very quickly, make decisions, get them approved in the Department, and go. Usually within 24 hours of finishing a document and approving it at CDC, it was up. And when you're dealing with a rapidly changing situation, you want that kind of speed. It's important. It helps inspire trust. If the public is asking for information or public health professionals are asking for guidance, if you can provide it quickly, that's very reassuring to people.

I guess it was about five days into the pandemic. I think I described a call with the Department the last time, where they asked me how concerned I was.

SM: On a scale of 1 to 10.

RB: On a scale of 1 to 10. So it was the following week - I think it was on Wednesday - I was at home and I got a call from the White House that the President wanted to speak with me. I never had a call like that before. And they said, "Are you available?" Who's not available when the President is on the line?

So I said, "Sure," and they called back a few minutes later. The President, I think, was watching a basketball

game, the Bulls and the Celtics, and got on the line not very happy because I think the Bulls blew it in the last few seconds. But he was on the line, and I think David Axelrod and Rahm Emanuel, and I think someone from HHS, and he wanted me to give him an overview of where we were with the pandemic and what actions we were taking. So I gave a very quick summary.

And then the next day, I was asked to be ready to come to the White House on the Friday to brief the President and the Cabinet, and I did. I worked on my briefing. Arrived that Friday morning at the Department. Secretary Sebelius had been confirmed on Tuesday, so she was in place, and we met in her office. And I remember asking people if anyone had any advice on how do you brief the President and the Cabinet. And I said, "Does anyone have a suggestion about how you do that?" and they all looked around and said, "No." And I said, "Well, any idea how long I should speak for?" and they said, "Well, probably about five to seven minutes, somewhere around there."

So we set off for the White House and arrived in the Cabinet room, and there was the whole Cabinet milling around waiting for the President to arrive. And it was a

bit daunting walking in and seeing all of these figures that I knew from the press and from just following the campaign.

And I noticed Peter Orszag standing off by himself and went over to talk with him. He's about my height. And I said to him, "You know, you sure have a stressful job." And he said that he'd been doing some research, and said the average tenure of someone who is head of OMB, the Office of Management and Budget, was about 18 months. And I said, "My job is stressful when there's a pandemic. It looks like yours is stressful just about every day."

And so when we sat down at the Cabinet table, I was at the end of the table next to John Brennan and Kathleen Reimer, I think her name is, the head of the Council of Economic Advisors [note to SM: I believe the name is Christina Romer; please check], and she started asking me some questions about flu.

Then the President came in, and he was seated at the middle of the table next to Secretary Clinton and across from the Vice President, and he called the meeting to order. The chairs around the room were all filled with his advisors

and other staff. And he thanked everyone for their hundred days of service. I didn't realize that; I thought the Cabinet met every week - on Thursdays, it's a Cabinet meeting. This was only the second meeting of the Cabinet, and it was the first meeting of the full Cabinet since Secretary Sebelius had just come on board. So he welcomed her, he thanked everyone for a hundred days of service, he told everyone they needed to take more time with their families, that it was hard, he knew, but that they were in it for the long haul and they needed to work with that in mind.

And then he turned to the issue of the day, which was the pandemic. That was why they were meeting. And he set the ground rules, and said that this was important for every Department, that the government needed to act quickly and decisively, that all of the decisions they made had to be based in the best science available, and that he had invited me - I think he called me Dr. Bessler - he invited me to come and give an update on how things were.

So, I basically gave the briefing I give to the press, which is laying out the first principles: that it was a rapidly changing situation; that we were acting quickly and

aggressively because, with a new emerging infection, if you don't do that, you may miss your one opportunity to get it in check; that we were basing our actions on the best available science; that we would change our guidance as we learned more; that we were keeping people informed as we went along; that we were concerned that this was serious. Talked about what was going on in Mexico, that we were learning more, but we were still concerned about that. Talked a little bit about school closure, that we had just issued guidance recommending closure for two weeks. And talked about shared responsibility. That was something that I spoke about every time, that there were things the government needed to do, and communities, families, individuals. And then opened it up to questions.

And the President started in, and he said, "Dr. Besser, that was a perfect briefing." And, after that, I don't remember anything he said. I don't remember his - I know he asked me a few questions, and they were good questions, but I was kind of blown away by the experience, and I don't remember what those two questions were.

But then Secretary Clinton asked the next question. And she said, "What's the difference between pandemic flu and

seasonal flu?" And that was really important, because what it taught me very quickly was that the people in the room, the most powerful people in our country, were really no different than the general public. They were not experts in the flu. Except for the Secretary of Energy, they were not scientists. I was a little worried about him. I kept my eye on him. He had a Nobel Prize, and I knew that he could totally blow me away with a question, which he did afterwards, but he didn't do it during the meeting.

But they were like the general public, and they really needed to be treated in the same way. There were decisions that they needed to make that were policy based, but if you assume that your political leaders are technical experts, you're going to get in big trouble, because if they don't feel comfortable asking the most basic questions, you may end up having them make decisions that are not based on correct information. And so that question really made it easy to continue the discussion. She didn't know; she wanted to know. It was a logical question, but it was the kind of question I'd get at a cocktail party, not that I would get at a scientific meeting or not that I would get from someone who knew much about flu.

So, the meeting went on for another 30 minutes or so of questions and answers, all very basic kinds of things: what were we doing, what could people do to protect themselves, when would we know more. And then the President invited the press corps in, and he said a few things about the hundred days and about the flu.

And then the meeting ended, and as soon as it ended, Secretary Sebelius came over and said, "Rich, we have a call with the governors. We have to go. All of the governors are going to be on for a call so you can give an update, and you can hear their concerns."

And then the Vice President said, "Rich, I have a question for you about the pandemic."

And then John Brennan, who was sitting next to me, said, "Rich, I need you right away in Rahm Emanuel's office to discuss the school closure."

And so there I was faced with my current boss, the Vice President, and the person who was in charge of the response, John Brennan. And I decided I would talk to the Vice President first, for a number of reasons. Number one,

he outranked the other two. But also, the day before, or maybe two days before, he had made a statement to the press about the flu that was incorrect. I think he was doing a press briefing on something, and he was asked, "Mr. Vice President, is it safe to fly?" and he said something along the lines of, "I'm not flying, and I'm telling my family they shouldn't fly either," which was not exactly the message that we were putting forward.

I think two to three minutes after he made that statement, my phone rang in Atlanta, and it was someone from either the Department or the White House. He said, "Rich, we need you on the air right away to correct some misinformation," and I think it was MSNBC where it went on, and they played the Vice President's comments. And I said, "Well, this is what we call, in public health, a teachable moment. What the Vice President was trying to convey is that there are things that put people at risk. You need to know what those are and take action. And if you have the flu, you should not get on an airplane because that puts others at risk. But if you don't have the flu, it's safe to fly."

So he had a question after the meeting, and I wanted to make sure I addressed it. And he asked me - they were

supposed to go either that day or the next day to the University of Delaware, his alma mater, to launch an economic program, and it was going to be a big meeting with the student body, and he wanted to know whether that was a good idea. And we had been working on and we may have already issued guidance for universities about big gatherings, and had recommended against large gatherings if there was flu activity on campus, and I think there was some already in Delaware. So he ended up going and having a very private, closed meeting with some of the university leadership and I think some student leaders, but he didn't do the big student gathering.

So I finished that, and Secretary Sebelius and I both retired to Rahm Emanuel's office, and we head in there. As soon as I go in, I bump into, physically, the President. And he turns and looks at me and said, "Rich, you're a lot taller than you look on TV."

And I said, "Yeah."

And he said, "Do you play basketball?"

And I said, "Mr. President" - there had been a profile of me in the *New York Times* the week before where my brothers had made fun of the fact that I am the most

pathetic basketball player ever. I said, "Mr. President, I can't shoot."

And he said, "That's okay. You can crowd the link. You're big. Put your arms up and you can crowd the link." And he turned to Arne Duncan, who was there, and he said, "Hey, what do you think about this guy for a basketball team?"

And then he withdrew and we sat down at the table, and it was Arne Duncan, the Secretary of Education; Janet Napolitano, the Secretary of Homeland Security; and Kathleen Sebelius, the Secretary of HHS; David Axelrod; Rahm Emanuel; and I think the Deputy Communications Director was there. And they said, "Okay, Rich, we need to talk about the guidance you all just put up about school closure. It's not gonna fly."

I just came out of this meeting where they said that science was going to drive guidance, and I'm looking around the table and I'm thinking, I'm the only scientist at this table.

And Rahm says, "Let me take a stab at rewriting it."

And so he has a pad and he starts writing some guidance. And I'm sitting next to Secretary Sebelius, and

I say, "Madam Secretary, I'm not real comfortable with this."

And she says, "It's okay, just wait."

And so Rahm writes some guidance. Some parts of it he didn't like, and he says, "Okay, how about this?" and he starts to read it.

And David Axelrod says, "You know, Rahm, I don't think it's a good idea for you to be writing scientific guidance."

So Rahm balls up this piece of paper and throws it into the corner, says a few words that he's been known to say, and then starts eating his lunch.

The meeting continues, and Arne Duncan expressed the fact that they really hadn't been consulted when we were developing this guidance, and a guidance that says children should be out of school for two weeks has major implications. The goal of the Department of Education is to keep kids in chairs learning as much as possible, and they should have been consulted as we were developing the guidance. I think they were at a very low level, but not high-level signoff on this policy. There's a large percentage of children in this country who get their school lunches, get two of their three meals at school, and for

some it's their only meals, breakfast and lunch, and had we factored that in? Well, there had been a lot of work during the pre-pandemic period on trying to get the Department of Agriculture and Education to really move forward aggressively to look at alternative ways of getting food to kids who are dependent, maybe using buses to, rather than bring kids in, bring food out. But it had to move forward very swiftly, and so Education was very upset with the guidance, and they wanted to work on a way around it.

So Kathleen Sebelius and I left and went to our governors' call and fielded questions there for a while, and about a half-hour into that call, the Deputy Communications Director came in and handed me the guidance with some changes on it. And he said, "Rich, I want you to look at this and see if it's consistent with the science." And I read through it, and they'd made a couple of changes. One was that, instead of saying schools will be closed for two weeks, it said they would be closed for one week, at which time there would be a reassessment. And he said, "Can you live with that?" and I said, "Yeah." I said, "I fully expect that within the next few days, we're going to learn a lot more and we'll be able to refine our guidance so that

it's much more accurate. I can live with that." And so the guidance was changed, and it went forward.

And it demonstrated for me the critical importance of not just having an isolated technical group. We had based that guidance on the fact that children can shed influenza in their secretions or in their stool for 10 to 12 days, and so closing schools for 14 days made sense. Well, yeah, it made sense from a biological standpoint, but the number of kids who shed goes down over time, and if you're not symptomatic, you're less likely to make other people sick, and so you can factor in science and policy and other factors. And the idea of a child not getting food for those days, you really need to make sure you're right if you're going to close those schools.

So it was very reassuring to me. It taught me the importance of having the policy and the technical working together. They need to work swiftly. But people elect a government to make decisions on their behalf, and you need to allow that to take place, especially when it's not a decision of how long do you treat someone with the flu. That's a pure science decision. But something that's policy is important that you engage those groups.

The President went on the radio that day in his radio address and talked about shared responsibility. He used a lot of the talking points I'd used in this Cabinet meeting the day before, and he went on his radio address on Saturday, and it was really very satisfying to hear that what we had developed at CDC as the talking points were now being used by the President.

Interestingly, the following day - I think it was Saturday - after the President's address, we got a lot of information back from Mexico that was very reassuring. Instead of Mexico being this very highly virulent flu that was killing and hospitalizing a large percentage of the population, what we were learning from teams that were in the field was that there was widespread flu. Most of it was mild. Yes, there were people hospitalized, but the vast majority was mild. And so rather than being at a very high severity, the flu was likely not that high severity, and we quickly decided that we could start backing off on school closure.

I was hearing from a number of leaders across the country that school closure was not working, that children were

being deposited at the mall, at the library, at community centers. The idea of social isolation wasn't working because the systems weren't in place to support it. People couldn't take a day off from their job and not get paid; they wouldn't be able to buy food. Some people would lose their jobs. The safety net wasn't in place. The safety net that HHS had been pushing for very hard to the interdepartmental process really had not been put in place, and so we were hearing that this is not working and should be abandoned or scaled way back.

And so we had a call that Saturday - I think it was that Saturday evening - with the White House, with David Axelrod, and I said, "Good news. We've learned a lot more from Mexico. It's not as severe there as we thought. We can start adjusting our guidelines. We can back off on closing schools for so long. We want to change the guidance."

And he said, "Are you nuts?" He said, "This morning, the President just told people about sacrifice and that the schools were being closed. Do you want to lose all credibility, and within 24 hours you have the pendulum swing all the way over?" He said, "How sure are you of this

information?" I said, "Well, we're getting more information every day. We're pretty comfortable. We'll know more tomorrow. Every day we're learning more."

He said, "Well, we want to see information for at least two more days that shows that you're right, because if you take the American public 180 degrees, you're going to lose them and they won't trust you." And it was really smart because it was, again, putting a political lens on what we were doing, and credibility was essential.

And so I spent the next two days foreshadowing what we were going to be doing to make sure that we didn't lose the public health community, who were calling me saying, "This isn't working. You've got to move away from the school closure."

And so I started saying that, I had been saying all along that you'd see different things in different parts of the country. We learned from that. That was to give permission to state health departments who decided to do something else from what we were saying. And I started foreshadowing that what we were seeing in Mexico was not looking as

severe. If this continued, we might be able to ease school restrictions within the next two days.

I got a little flak from the Department that I was foreshadowing too hard and in a sense tying their hands, that there would be a shift. But what I was hearing from a number of leaders was that we had to move that way, and I was trying to hold them in check so they wouldn't go on the TV talk shows and start slamming what we were doing in response. That was an important part of the communication strategy, were these very frequent conversations with thought leaders.

And I remember it was the Saturday I had told everyone at work that everyone needed to take one day off that weekend. This is 10 days into the pandemic. Most people will not voluntarily take a day off because it's a crisis situation. I said, "This is a marathon." I said, "I'm taking Saturday off. Everyone's gonna take a day off, and I don't want to hear about anyone who is not."

Well, my day off, I went to my son's soccer game, and I spent the entire time on the cell phone talking to the thought leaders. But I wasn't at the CDC building, and I

wanted to lead by example and show that you have to take that time.

SM: When you say 'thought leaders', who are you referring to?

RB: They were a number of people: D. A. Henderson, who was one of the leaders in smallpox eradication. He's at the University of Pittsburgh center that's in Baltimore; Mike Osterholm, who is another big leader. I remember calling Ruth Lynfield in Minnesota and David Fleming in Seattle, people who, the latter two who were practicing public health professionals who I knew were struggling with this. I wanted to let them know what we were thinking, what we were doing, and basically give them some permission to ease the restrictions and know they weren't going to get slammed by us if they did that. Those were four of the people that I talked to on that weekend.

But every day I was on the phone to people. I was calling previous CDC directors, getting their take on what we were doing, what they were seeing, what we could be doing differently.

I think last time I may have talked about the Team B that we set up.

SM: No. That was one of the questions I wanted to ask. With so much up in the air, what mechanisms were available to you to mitigate some of that? I knew that Team B was one option.

RB: Yeah. So, in addition to the daily calls with thought leaders, we established, from the beginning, what we called Team B. Team B is something that we've been using at CDC in response for quite a while, different shape with different outbreaks. And I had David Bell lead this Team B. He's somebody who's worked at CDC a long time. And we put together a group of people - outstanding scientists - and we wanted them to look at what we were doing and give us real-time feedback. Most days, I think just about every day, we gave them a question to address. Border closure: should we close borders; should we do screening - entry screening, exit screening; how long to treat; prophylaxis, who should get that; vaccine; school closure - all of these issues we had them address.

And we put on this committee - it was a very interesting group. David Sencer [sp.] was on this group. And folks at CDC could tell you all of the people, but David Sencer [sp.] was on there. He had led CDC during the 1976 swine flu. We had Harvey Feinberg on this, who had written the book criticizing the response of CDC in 1976. From what I understand, Harvey and David were not much on speaking terms before Team B, but I pulled them together. We had Tara O'Toole and Tom Inglesby from Pittsburgh Medical Center. We had a number of very good modelers - Mark Lipshitz [sp.] from Harvard; Howard Markel from Michigan, people who knew a lot, very good thinkers.

And the idea was to make sure we weren't missing something. If there was a good idea out there, we wanted to hear it, and we wanted people to know that we were very open to alternative ways of doing things. And it was very good; it was very effective, especially early on. After a while, I think they felt that they weren't being used adequately, but early on, they were really...It made me feel much better when I went forward with a decision knowing their perspective on that. And it's something that I think should be part of any large response.

SM: Can you tell me a little bit about the CDC safety monitoring and vaccine effectiveness measures? I mean, early on, I know that this was a concern. Is it something that you're familiar with?

RB: Well, my involvement in the vaccine side was really at the very early phases, because I...Tom Friedan started in early June, and so my role changed back to being Director of Preparedness and Response. So, early on, my involvement was around the efforts to develop a new vaccine and how that was being driven.

I had some concerns early on that no one was in charge, and the reason for that was that there were so many people who had a role. There was the role of NIH in terms of working with Centers to look at vaccine development. There was the work that was being done out of the Humphrey Building with Bruce Gellin at the National Vaccine Program Office (NVPO) and Robin Robinson at ASPR (Assistant Secretary for Preparedness and Response). And the work at CDC in terms of identifying a vaccine strain and all the roles CDC has in terms of vaccine distribution, vaccine safety monitoring, vaccine efficacy testing. The NIH - the critical role they had in terms of looking at vaccine effectiveness in those

pilot lots, determining whether someone would need one dose or two. The role of FDA in terms of licensure approval. So there were lots of cooks.

But early on, it struck me that no one was really stepping up and saying, "I own this", and so there were a number of conference calls I was on with this large group of people where I'd say basically that: someone needs to own this and be in charge. It's not CDC. I'm on that. It struck me that it should either be Bruce Gellin at NVPO or Robin Robinson at ASPR, because that's where...ASPR's been in charge of the vaccine pilot lots for avian flu, and they were in charge of the vaccine contracts, working with the manufacturer. What would be paid, how much, what was the delivery schedule? All those issues were out of there.

SM: Well, what was ASPR's role in this early on, in the beginning?

RB: In the beginning, it wasn't really clear. That was one of the areas I think where there was a little dysfunction.

Craig Vanderwagen was on board still as the Acting Assistant Secretary for Preparedness and Response. On the

night of the first call with the Department, I think he was out at a meeting or on vacation in California, so Gerry Parker was on that call. When he got back, they started to establish a noon phone call to help coordinate across the Department, but it wasn't really clear what their role was and what that call was doing, and so I tended not to get on that call.

Their role as an office has always been to work across the various departments to make sure the links are there with Homeland Security, Education, and all these kinds of things. And so, we tried to help facilitate them in a role of being the policy coordinator, so that if there was an issue, if we had a document going up, they could ensure that it went across to the other departments and was signed off on quickly.

SM: And Tom Frieden, when he needed to be briefed, how was he briefed? Were you the person who brought him up to speed?

RB: Well, early on, he was another one of those people that I would call (before he was named) because there was a lot of action in New York with a big school outbreak. And

so, I would call him and find out what they were doing and get his take on things.

It was an interesting period for me, because when I was named Acting Director, I was told there was no possibility that I would be made permanent director. But during this period, I was getting feedback from a number of people on the outside that that had changed, and that I potentially was in consideration for being permanent director. So it was kind of a strange period.

Then, when Tom was named, there was a fairly long period - I think as long as four weeks - between when he was named and when he was able to come down and start. That was the most awkward period, because it was really no longer my agency to run. But he was still running the largest health department in the country and was not, had never worked in Atlanta at CDC, didn't really know the agency, and so it was very difficult. It was at times a little awkward to coordinate that.

SM: Would you say that it posed some difficulty in continuing along, say, your trajectory to implement something or to accomplish something?

RB: Well, you know, I had taken a particular role as Director and was the lead face for the pandemic, and communicator around the pandemic, sharing a lot of those duties with Anne Shuchat. But if there was something critical, I would try and be out in front on those issues. And I felt it was something important for the Director to do.

When Tom started, Anne picked up that mantle and kept going with it in a beautiful fashion, and I pulled back and assumed the role, much more, the appropriate role of running the things that we were responsible for in COTPER (Coordinating Office for Terrorism Preparedness and Emergency Response), because we were responsible for all the money that went to the states for their vaccine distribution, we were responsible for the strategic national stockpile, responsible for the Emergency Operations Center. So those three components were really, really important, and so I slipped back into that role of assuring those things were done. And I wanted to make it very clear to people that I was a seat at the table, I was not at the end of the table. And Tom took that seat and put a stamp on it, and I started looking at my exit strategy.

SM: And a good one it was. So, how do you choose your leaders? I mean, were these preexisting roles or portfolios, or did you kind of say, "Well, this is what I need"?

RB: Yeah.

SM: "Well, who can I use in this particular instance to help me accomplish it?"

RB: Well, Steve Redd, who was head of Pandemic Flu - he'd been head of Pandemic Flu for two or three years - he was selected by Dr. Gerberding for that role, and he just did a great job in that role in developing our response plans.

But when I became Acting Director, I brought in as my Deputy or as Acting Deputy, Anne Shuchat, who is someone that I'd worked with before. She's the person who'd recruited me back to CDC in 1998 - good friends, I trust her totally. And for me, it was very important to have a leadership team in place that I trusted. And so when I came in as Acting Director, I brought in a team that was all Acting but was new. I brought Joe Henderson back from the

Gates Foundation to be my chief-of-staff. Donna Garland, who was head of communications, I left her in that role because I thought she was very effective there. Donald Triber [sp.] became Deputy Director for Policy and Washington issues. And Bill Nichols, I brought him in to really run the whole business management side of the agency. So I had a team in place that worked very well.

When the pandemic hit, Anne and I pretty much...the vast majority of our time was spent on that. It was very hard to focus on the other issues of the agency, and there were some important ones going on. But we really focused on flu.

I tried to really empower those people who were the experts to run this. So, in the Emergency Operations Center, just a fantastic group of people down there: Phil Knaven[sp.] even ran the Emergency Operations Center, but on the flu side; Dan Jernigan, who's the Deputy Director of the Flu Division; Nancy Cox, just a phenomenal virologist. I'm blanking on the name of the woman who briefed like every day on...Pause for one second. And Lynn Finelli [please check spelling; I've seen three different spellings of the name], who gave a daily briefing on what was going on in

terms of epidemiology, just phenomenal. Marty Cetron, who is Chief of Quarantine, would give what was going on on the borders.

But it was a phenomenal experience. I've never seen people work so hard and so well and be willing to give just more and more and more. It was...I don't think I've had a work experience that was as rewarding as those first few weeks of the pandemic.

SM: And you've been, you've participated in other emergency situations.

RB: Yeah. I mean, when I became Director of Terrorism Preparedness and Emergency Response, it was August 29, '95. Two hours after I took over that job, Katrina hit New Orleans, so I was very involved in that response, and a lot of hurricane response after that. And then across my career, I was very involved in anthrax and all that kind of thing.

SM: But this was different; the pandemic response was different.

RB: It was different. I mean, I was in a different role. The scale here was different. This was the largest response CDC had ever had, and it was just phenomenal.

SM: You mentioned during our last interview about Rajiv-

RB: Rajiv Ankaya.

SM: And his group at the White House, along with Marty Cetron, and their involvement in the development of community mitigation strategies. Can you tell me a little bit more about that?

RB: Yeah. So, Rajiv Ankaya had been a Special Assistant to the President in the White House. He was in Homeland Security there and had put a lot of focus on pandemic preparedness because of avian flu. And he had pushed the departments very, very hard. He was unrelenting. And he ensured that there was a national plan; there was a national operational plan. The departments had their plans. We had very firm deadlines for developing materials. He pushed really hard for us to develop a community mitigation strategy. Marty Cetron led that for the Department and for CDC. And it was really a critical document, not because we

followed it, but because it forced us to think through the various steps that would be required to try and slow transmission in the community. And it engaged a lot of the Department, and a lot of Departments across the government, in thinking about what does it take to...what would you do with pandemics at different levels of severity?

It was very interesting, though. Earlier, in order to apply this...What it is, is basically a menu of actions that you take, depending on the severity, and severity is determined by how lethal the infection is and how readily it transfers from person to person, and it's on a 1-to-5 scale. So a 1 is very mild, tend not to do too much with that. A 5 is like 1918. And so early on, you try and do a lot of studies to figure out what is the pandemic severity. So, how fatal is it, and how easily does it spread person to person?

Well, to figure out how fatal it is, you can't just look at patients who are in the hospital who are sick and dying, because it will look really, really fatal. If you don't see what's out in the community, if you don't see the bottom of the pyramid, the bottom of the iceberg, you don't have any sense. And I remember the modelers - I think it was either Neil Ferguson or Mark Lipsitz [sp.] came back, and they had

done some convoluted calculations based on the number of Americans who travel to Mexico per day, and there were figures on travel; the number of Americans who had gotten sick traveling to Mexico; and they had worked this out to figure out, okay, how easily does it transmit? And then looking at what was going to Mexico, they'd come up with a severity figure. And they said, "Well, it's coming out as about a 2.5 on the severity scale, with confidence intervals that range from about 1 to 5." So, basically, that's saying that we think it's about 2.5, but it could be 1 or it could be a 5, which basically says we don't know. And so trying to, we did not have a lot of information to go on to say, should you shut down schools, society, gatherings, cancel your baseball games, cancel everything, no graduations, no proms, or do you say, "Don't worry about it"? We had absolutely no clue, and so it was very frustrating.

I remember hearing one of these presentations and saying, "How comfortable are you with the various assumptions along the way?" because if any of the assumptions changed, your final outcome was very different, and they were not very comfortable with the assumptions.

So, the menu that you get is very useful because you can use it to talk to people about what might be needed. And so, as talking points, we would often talk about that. If this is really severe, here's the things that may happen. You should be thinking about, what would you do if your child had to stay home from school for a week, two weeks? What would you do? And what would you do if you couldn't go to work? Is tele-working in place?

When the document had initially come out, there was a big push by CDC to the White House, through the interagency group, to say, "Hey, guys, you've got to get on board and put the safety net in place, and figure it out now." Will there be emergency food stamps? Will there be sick leave? What do you do with people who are hourly workers? How are you going to support people who want to do the right thing? And there had been almost no movement in that area.

And that was one of the disappointing things, was that Rajiv's group had pushed really hard for the development of this document, and that was during the Bush administration. But there hadn't been the equal push to get Departments to develop either draft executive orders or policies or things that would need to be in place to make it all work.

SM: And it was needed, even for a short period of time.

RB: Oh, it was totally needed, yeah. I mean, our school closure did not work because those things were not in place. Thankfully, it wasn't more severe, because if it had been and we really had to implement a forced school closure, I don't know what people would have done.

SM: How much time do we have left?

RB: We have 15 minutes.

SM: While the logistics and operations were a major component of the response efforts, it seems that communication strategies played an equally vital role, right?

RB: Yes.

SM: Did it also play out like this during the pandemic-preparedness exercises? And I'm hoping that because I remember your comment when the then-CDC Director-

RB: Gerberding.

SM: Gerberding invited the press in, and the wariness surrounding it. So I wanted to know whether or not, how did that play out with the press?

RB: I think that Julie really was a trailblazer in that regard in terms of bringing the press in for our exercises, which is, on one hand, risky, saying, "We're willing to show you us not doing something very well, or doing something not very well," and she did. And we learned a lot from the press. They would hear some of our talking points and say, "That's nonsense. Speak English. People don't want to just hear that you need more information. They need guidance." So it was very useful during those... There were a number of mock press conferences that Dr. Gerberding did as part of that, so that wasn't new. I don't know that (I don't think) we had talked as deliberately about the communication strategy as we did when the pandemic actually hit, and we took it on as a key part.

SM: Would you say that it helped shape some of the content of public messaging during the pandemic?

RB: I think less there. For content, I think - content was divided in a number-

SM: Or the way it was-

RB: Yeah. I mean, there, my approach to communication comes out of just a lot of training I've had in risk communication. CDC has a wonderful training course in risk communication that Barbara Reynolds developed and has trained people in across the country. But it's great, the course in risk communication.

And then I've taken a number of other courses in risk communication. It's something that I've always felt is important, and when this came, tried to implement.

SM: Do you think it in any way eased some of the wariness of the participants, the federal responders that were participating?

RB: Oh, yeah, I think so. I think the fact that CDC was stepping up in a forceful way was very reassuring, and the other Departments let us do that. That's not always the case. Often there's jockeying for who's going to be the

messenger, and they were very comfortable with me in that role. I would get a lot of calls from Secretary Napolitano and Secretary Sebelius on messages, so that when they were about to make message, they wanted to make sure that what they were saying was scientifically correct and was in keeping with what we were saying in Atlanta.

But they were. It was a really proud moment for public health, and I heard this from people across the country that people at the state and local level - they'd been laying people off; it was really a bleak period - but during this response and early response, people were really proud to be working in public health. People understood, would come up to them and say, "Oh, you're in public health. I now know what you do", when for so long it's this box of, "What's public health?"

SM: Right. Well, I mean, at the peak of the AIDS epidemic, there was another sort of surge of interest in public health, and then it waned.

RB: Right, right. It becomes invisible until there's something going on.

SM: Well, I'm going to end it here.

END OF INTERVIEW

Broad Themes

- Interface between the political and the technical
- Administration transition
  - No senior level staff
  - Political layer of decision making
- Policy arm of response
- Technical layer of HHS Department - quick decision making
- Call from President Obama
- Briefing to cabinet in the White House
- First principles of response
- Discussion with Vice President Biden re: university gatherings
- Guidance for universities about large gatherings
- School closure guidance
  - Change of policy from two weeks to one week
  - Scientific basis of two week closure - shedding
  - and dependent children
  - and severity of disease

- o and social isolation
  - o and social systems of support
  - o and government policy - wage workers, sick leave
- Flu severity in Mexico
- Political lens on technical decisions
  - o Public trust
  - o Government credibility
- Communication strategy
  - o Conversations with thought leaders
- Thought leaders
- Team B
- Early phase of vaccine development
  - o Roles of NIH, CDC, NVPO, ASPR, FDA
  - o Leadership of vaccine development - NVPO, ASPR
- Dysfunction in early response efforts
  - o Clarity of ASPR's role
- Transition between Besser and Freidan as CDC Director
  - o Challenges of
- Public face of Pandemic response - Besser and Schuchat
- Choice of leadership team
- Hurricane Katrina - Besser's experience as Director of Terrorism, Preparedness and Response
- Ranjiv Ankaya

- National Plan for Pandemic Preparedness
- Community Mitigation Strategy
- Studies to determine Pandemic severity
  - Modelers
  - Severity scale
  - Government policy, executive orders for social systems of support
- Logistics and operations in response efforts
- Communication strategies in response efforts
- Pandemic preparedness exercises
- Julie Gerberding
- Press and Pandemic Preparedness exercises
- Public messaging shaped by Pandemic Preparedness exercises
- Risk communication
- CDC as primary messenger, communicator of strategy

Follow up

Names:

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David Bell

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Mark Lipstitz

Howard Markel

Ranjiv Ankaya

Tom Freidan

Documents

1. Document on National Pandemic Severity
2. National Plan for Pandemic Preparedness - Ranjiv Ankaya
3. Communication Mitigation Strategy