

INTERVIEW WITH

Dr. MARY MAZANEC

H1N1 ORAL HISTORY PROJECT

Interviewed By Sheena Morrison

December 17th, 2009

November 2010, National Library of Medicine Archives

Interview with Dr. Mary Mazanec
Interviewed at HHS,
Washington D.C., U.S.A.
Interviewed on December 17th, 2009
H1N1 Oral History Project
Interviewed by Sheena Morrison

Dr. Mary Mazanec: MM

Sheena Morrison: SM

Sheena Morrison: The following interview was conducted with Dr. Mary Mazanec, Director and Deputy Assistant Secretary for the Office of Medicine, Science, and Public Health within the office of the Assistant Secretary for Preparedness and Response. It was conducted on behalf of the National Library of Medicine for the Making History: H1N1 Oral History Project. It took place on December 10th, at Dr. Mazanec's office in Washington D.C., and the interviewer is Sheena Morrison.

Dr. Mazanec, how long have you been in your current position as Director and Deputy Assistant Secretary?

Dr. Mary Mazanec: It will be two years officially in January, so almost two years. But prior to that, I was acting in the position, and prior to that, I was Deputy Director of the Office of Medicine, Science, and Public

Health. So I believe I joined (and I'd have to look for the exact dates), I believe it was May of 2006 that I basically started to work at ASPR.

SM: Can you give me an overview of the Office of Medicine, Science, and Public Health's role in the Federal Government's planning and response efforts to the 2009 H1N1 outbreak?

MM: Okay. Well, the Office of Medicine, Science, and Public Health is a small office in smaller offices within the office of the Assistant Secretary for Preparedness and Response. And our role in general is one of a policy office, but we also manage some strategic partnerships and projects on behalf of the Secretary of HHS. The office is also the focal point for international issues within ASPR. And so, I think our major role on public health emergency preparedness and response with respect to H1N1 was to manage and also work on the policy issues around some of the international activities, international topics, or questions that came up.

SM: And how do you facilitate this in your capacity as Director and Deputy Assistant Secretary?

MM: Well, I...My, that's an interesting question. I provide supervision and guidance to my analytical staffs, and to my senior managers as we've been going through the process.

But I think your question goes to more, how does the office facilitate, not me specifically. I think that as soon as this event, as the H1N1 pandemic started to present and unfold (and this was back last spring), we started to receive international questions, requests, through our Secretary's operation center. And as you know, the first outbreaks occurred overseas in Mexico. And then shortly thereafter, there were cases identified in the United States.

And so my office helped to facilitate the interaction with some of these foreign governments, helped to try to put the right people together who needed to have the conversations and dialogues. My office has several people on staff that are bilingual and that speak Spanish fluently that were able to facilitate the exchange of information.

We also started to get requests for assistance almost immediately, and a process was set up to start looking at those requests and vetting them across the U.S. Government: to develop the policy for handling those requests and the logistics surrounding how to respond to those requests. So I think this whole event, this pandemic really was interesting and very helpful in helping us, the U.S. Government, develop the policies and the processes for a global type of an event, or an event that happens overseas in another country.

SM: Can you recall where you were and what you were doing when it became clear that this novel H1N1 virus was highly transmittable?

MM: I was probably here, since I spend most of my time here. So, I was probably at work, and it was probably in some meeting or some discussions with senior staff where this information started to, where the event started to unfold. I don't know exactly where I was, but I was probably at work and I was probably doing my usual work, taking care of my usual responsibilities. But we started to get information from Mexico. I think there was some

discussions with senior leadership that I was part of, but I doubt any more specifically than that.

SM: And what point did you become involved?

MM: Almost immediately. Some of the initial communication came through my staff which was about pre-existing collaborations with Mexico and with some of the networks and partnerships that we are engaged in.

SM: And what were some of the major issues that you encountered?

MM: By then, I think that initially, it was just exchange of information and trying to get a better sense of what was happening in Mexico. This was before we had a lot of the epidemiological information on the virus. We got initial information regarding clusters, respiratory illnesses, and this was even before they had isolated the virus and figured out that it was a novel strain. So, we did have a heads-up that something was happening. And so, I think initially, just the communication, getting information.

Also, when it was determined that this was a novel strain of influenza virus, Mexico was one of the first countries, if not the first country, to request assistance from us. And it wasn't me personally, it was my staff who was essentially finessing the conversation between our political leadership.

SM: Who among your staff was?

MM: Well, the person that has been the point on my staff for the partnerships on some of our ongoing projects in Mexico is Maria Julia Marinissen [phone ringing] (can you stop that for a minute?), Dr. Maria Julia Marinissen. Because of her connections, the fact that she helps to manage these strategic partnerships, she's had a lot of interaction with some of the Mexican public health staff. She is a point of contact, and they pick up the phone and call her. She actually helped put (and she can tell you this better than me), help making sure that the former ASPR, Admiral Vanderwagen, had a teleconference with one of his counterparts in Mexico about what was going on.

SM: What were some of the other mechanisms in place to coordinate communication?

MM: Well, and someone may have already mentioned this, there are the International Health Regulations. (I'm trying to get a better sense of what your question wants to get at.) But under the International Health Regulations, which is a treaty-like document - there's 195 countries that are parties to it - they are obligated under the IHR to report, to make the WHO aware of outbreaks of novel influenza viruses. And so, another way to disseminate information among the countries is (and we had to report too, as the United States Government) we report through our Secretary's operation centers to the WHO, and then the WHO shares that information.

Basically early on, it was called a public health emergency: a potential public health emergency of international concern. And so there's a mechanism in place for information to be captured and shared if anywhere in the world, or at least within the member states, an event happens that is deemed to be a potential public health emergency of international concern.

SM: Okay.

MM: And then also, just helping to facilitate the dialogue both within HHS with the various offices and agencies that were managing the response to H1N1, especially some of the international issues and questions, and in the interagency with the other departments, working with the White House. They, very early on, set up an interagency policy group to start discussing some of the international issues with respect to the requests.

SM: This was the White House?

MM: Yep. HHS was an active participant (it's still ongoing), and also on some of the issues actually took a lead in drafting the initial white paper on the policy options for guiding how the U.S. Government would address requests for assistance.

SM: Who can you name who was on the committee?

MM: I don't know all the people on the committee. I know that the representatives-

SM: Who could you recall who was-?

MM: The people from HHS that were our representatives to this sub IPC: again, Maria Julia Marinissen, and Dan Miller who is Director of the International Influenza Unit who, hopefully, is one of the people on your interview list. You should talk to him. And basically, at the sub IPC level, it's more of a staff working group level where they generate the policy options, which then get vetted by political leadership or by the decision makers.

There's (I don't know if anybody else talked about the policy process), but there's several layers that the White House runs. And really, something like this, like H1N1, this pandemic is a U.S. Government-wide effort. Obviously, on any international issue or event, the Department of State has a lead role. USAID also has a major role. And so, it really was an interagency process and effort to look at policy issues, policy options. And then, you actually get down to the logistics and more of the details of an international type of assistance effort.

SM: Okay. Well, initially you talked about Mexico being the first country to actually communicate with - What countries and agencies were you most engaged with in the beginning, and who were the contact people?

MM: Well, again, the specific names of the contact people, we can get those for you. But I think very early on, as soon as other countries started to become aware that something was happening here in this continent - in Mexico, and then the U.S. started to report cases - we had enquiries from some of the countries that we had multi-lateral partnerships with to get more information from us as to what was going on.

So there is a partnership called the Global Health Security Initiative, and it's G7 plus Mexico. So it's Mexico, the U.S, Canada, the U.K., France, Italy, Japan, Germany (I'm hoping I did all the countries), the European Commission, and also the WHO. And so we started to get some calls or communications from our partners in this multilateral partnership asking us what was going, what were we trying to get a better sense of? Is this a pandemic? Is this a novel virus? That was also helpful to have more of communications, sharing information. Canada was in touch with us fairly early, the U.K.

And then (I don't even have the whole list in front of me), the request for assistance came from a variety of sources.

Maria Julia could give you more information, but some of them were very informal. We had CDC folks on the ground in a lot of countries, a lot of regions in the world. Some of them came that pathway, others came via the U.S. embassies in a country where the government would contact the U.S. embassy, which would then follow it up to the State Department. So there's a lot of different ways that requests came in.

There is a matrix that we put together where we started to track, had to start tracking the requests: where they came from, what they were asking for, and then the disposition of it. So there's a matrix that we're still using and updating. Initially, there were requests for all sorts of things, from antivirals to personal protective equipment and other types of medical material. Bruce Gellin probably talked about this stuff (Dr. Bruce Gellin), about the vaccine and the efforts to share vaccine with the developing world. So we have had, in the course of the pandemic, requests from specific countries for vaccine assistance.

SM: So is this matrix something that I might see as well?

MM: It's not really my decision, we need to probably discuss that. It's mostly a working document for the staff, but it's not something that will go through clearance or be finalized. Basically, it's a tracking mechanism. But we can probably provide you with how many countries have requested assistance. And just in more of a summary, some of the-

SM: Yes, it would just give me a more nuanced understanding.

MM: Right. And it's run the gamut from some of the requests coming to the CDC. The CDC is involved in the WHO laboratory network; some of the labs that are in various countries or regions needed the diagnostic reagents to be able to start, and that's a part of the CDC's role.

[Someone opens a door.] (Hi. Okay.) That's part of the CDC's role to be able to start doing some - to supply other countries and laboratories with the reagents needed to do the diagnostic tests to confirm infections with H1N1.

SM: So am I to understand this office, your office, is the main venue through which international communication regarding H1N1 has passed?

MM: Well, I'm not sure I would say it's the main venue. I think that it's one of the places within HHS where we have been communicating with other countries, with our partner countries. But there are other offices within HHS, and definitely across the U.S. Government, that have had conversations with their counterparts. The other office that we've worked extremely closely with on this for the international aspects of this is the Office of Global Health Affairs - which is right across the hall - because they are the lead office within HHS for international issues.

SM: Okay. And the influenza event is just one of many things that they were dealing with at the time?

MM: Well, it's one of many different public health issues or problems that we deal with within the department. But even within the department, agencies also have a role to play in global health issues. Like, the CDC has the Office of Global Health. They have programs that they manage, and actually, CDC is critical for some of the epi-investigations that are performed overseas. They actually send people, they send CDC employees overseas to help assist the countries in doing the epidemiological work, the

investigations. [Phone rings]. (Let me just see, sorry about this.)

Multiple offices and departments have a responsibility and a role to play on international issues and international response issues, and so it's not just OMSPH. We are even the lead on the international issues. So, I want to make sure that you get a perspective of the fact that this was really a response that cut across the Department and, actually, the U.S. government. And some of the major policy issues were coordinated by the White House, especially when it came to the vaccine donation. That went straight to the top, the senior leadership. And as you know, and probably Bruce told you, it was President Obama who announced that the U.S. Government was gonna donate 10%.

SM: How early on was that?

MM: I don't know the exact date; I'd have to pull the press release. So, I don't even want to take a guess.

SM: So, what are some of the international issues that you're dealing with right now?

MM: Well, again, we're still working on the international vaccine donation issues. Initially, Dr. Bruce Gellin is one of the leads on that for the Department. You'd be surprised at just the logistics and the details that have to be worked out before we can move vaccine. We are still getting requests for other types of assistance. Those are probably the major issues right now.

I think that there's gonna be a lot of interest in looking at this experience both domestically and internationally and trying to identify the lessons that we can take from this pandemic. What worked? What didn't work? What were some of the decisions that had to be made? What were some of the unexpected obstacles?

MM: And you sort of witnessed some of that. There's a lot of considerations. It's very complex: a lot of moving pieces to this international response that - into the domestic response that - need to be coordinated. And it's not just the Federal Government. It's critical that the states and local folks are involved because that's where the response really gets executed - coordinating the effort so that ultimately, the American citizens can basically be informed, know what to do to protect themselves, their

families, and their loved ones; to make sure they get the care that they need, that they know what to do. It's still unfolding, as you know, as we get more vaccine out to the communities for distribution.

SM: so, your point person is Maria Julia?

MM: Maria Julia is one of the people working this issue, but it's been a team effort. There's been other people within the office that are assisting her and that are assisting with some of the other questions. And you've seen this, that there's been multiple people involved across ASPR, across HHS on this.

SM: Would I be able to speak with some of the people that she's working with?

MM: I think I would start speaking with her, and then she may - One of the people you maybe wanna talk to is Dr. Jose Fernandez, who heads up the IHR program for the office, because he was engaged very early on with the IHR-

SM: IHR?

MM: International Health Regulations. It's one of the major documents that govern how information flows to the WHO and how, I mentioned it before, we report public health events of international concern.

SM: Okay.

MM: And this H1N1 pandemic was the first declared public health emergency of international concern under the revised International Health Regulations. So he's somebody you might want to talk to.

SM: Well I know that you are engaged now. Thank you.

End of Interview