INTERVIEW WITH

GRETCHEN MICHAEL

H1N1 ORAL HISTORY PROJECT

Interviewed By Sheena Morrison

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Gretchen Michael: GM
Sheena Morrison: SM

Sheena Morrison: The following interview was conducted with Gretchen Michael, Director of Communications for the Office of the Assistant Secretary for Preparedness and Response at the U.S. Department of Health and Human Services. It was conducted on behalf of the National Library of Medicine for the Making History: H1N1 Oral History Project. It took place on May 27, 2010, in Ms. Michael's office in Washington, D.C. The interviewer is Sheena Morrison.

Okay. So we'll begin with a biographical question related to how long you've been Director.

Gretchen Michael: I've been the Communications Director for ASPR (Assistant Secretary for Preparedness and Response) for a little over two years.

SM: Okay. And can you tell me what that entails? As the Director of Communications, what's your function?

GM: Well, as you know, ASPR leads the federal government in health and medical response to any public health emergency, and so my function is multi-fold. One, during a response, I am the public affairs liaison or representative to the Emergency Management Group, which is the response side of the house that actually does all the response work. So I do that during an emergency, as well as liaison with ASPA, the Assistant Secretary for Public Affairs, who is the Secretary in the Department's Public Affairs Office. So, I keep them apprised of what we're doing, what's going on with the emergency, what the public affairs issues are so that we can, everybody can put out appropriate messaging, et cetera.

We also liaison with our colleagues. We, being ASPR Communications, liaison with our interagency colleagues during an emergency. So, we participate in the NICCL calls, which is the National Incident Communications Coordination Line call, which is the interagency call so that everybody is on the same page and everybody knows what's going on. So that's what we do in a response.

We also coordinate any deployed public affairs personnel who have been deployed to respond to an event.

On a day-to-day basis, we also provide overall general strategic communications for the Office. So, not just the response side of the house, but also the policy side of the house, the BARDA countermeasures when there's newsworthy things. We also do the public affairs and media relations for the ASPR organization.

SM: That's a lot. Well then, let's jump right into H1N1. Can you give me an overview of your role in the federal government's planning response efforts to the pandemic?

GM: Well, as I indicated, we have a process by which public affairs and public information... And we get information on what is happening with the response. As a member of the Emergency Management Group, we're part of all the calls, et cetera.

So, initially, I remember I was at a wedding in Tucson, had heard mumblings that we may have a novel case before I left on a Wednesday, I believe. And then everything came to a

head on Friday, I believe, and that's when all of the calls and coordination started, when some of the information from Mexico began to gel with what we had, and with the confirmations that this was a novel virus.

So, what we normally do in an emergency is we sort of have visibility on all that we're doing, what the response is, and provide that information to the Public Affairs Office so that they're aware of it. Given the nature of this situation in that this was the first pandemic in 50 years, and for the potential deleterious effects of this, I would say that the ASPA--the Public Affairs Office and the political leadership in the Department--was much more intimately involved from the outset than they normally would be in a response.

So we worked hand-in-hand with them, with the Public Affairs Office, to begin to talk about the communications. And the Secretary was out there--well, actually, we didn't have a Secretary; the DHS Secretary was out there very quickly. We also had the previous ASPR, who was still here at the time. So there was lots of briefing going back and forth (and information), yet there were still a lot of questions that needed to be asked.

But as we got into it from a communications perspective, we continued to do what we normally do. We had umbrella visibility on all of the actions and things that were going on in ASPR, whether it was policy decisions, what was going on in BARDA (Biomedical Advanced Research and Development Authority) with developing vaccine, contracts with vaccine manufacturers, as well as any response in the response side of the house. Although a lot of the response was done at CDC through the distribution and administration of vaccine, there were still components that, because of the nature of this and the high-profile nature of this, the SOC obviously was intimately involved in this. So there were, I believe, [unclear] calls constantly on where things were with H1N1 as well.

SM: And so, what were your initial concerns when the--

GM: Well, I mean, in a former life, I had spent three years with the New Jersey Department of Health and Senior Services as their Communications Director, and while there, one of the things that we really did a lot of planning around was for pandemic influenza, and that's true of all of our state colleagues.

When H5N1 started rearing its head in Asia, that was really the concern because of the high mortality rates with H5N1. And so, in terms of preparing for a pandemic, that was always sort of in the forefront of our head. And so when this all happened, it really was like, "Okay, it's show time." And so, I think the training that I had in terms of understanding what it meant and what constituted a pandemic and what the implications were was definitely valuable. And I'm sure all of my state colleagues would probably echo that as well.

But there was always the plan that it was going to start somewhere else, and then we would have time to get ready for it to come here. It was never part of our scenario or messaging or communications planning. I mean, there were pre-scripted messages that said, "A case has been discovered here, or in Europe, or in here", and it was never that it starts here. So you have to take all of the planning scenarios and all of the messaging templates that had been done ahead of time--okay, we're moving ahead to chapter 10; throw out chapters 1 through 10: no longer applicable. So that was the first thing. So, yeah, that was

the first thing that went to my head, is, "Okay, now, how do we deal with this now that it's here?"

Having been within ASPR to see sort of how the sausage is made, so to speak, in terms of vaccine, that was sort of a unique opportunity for me to understand how the vaccine gets made, how you develop a vaccine, and what's the process for pushing that out. Again, the timing was all so much more expedited than anybody could have imagined, and I would anticipate you've probably heard that from everybody.

SM: Yes. And so, were the calls, the queries that you got, were--

GM: The media queries?

SM: Right. How would you categorize them?

GM: They were everything. I mean, a decision was made pretty early amongst everybody that messaging and open communications was going to be a hallmark of how we treated this, and we were going to be upfront with people. We knew we weren't going to know a lot of answers all the time. We knew things were going to change.

A determination was made pretty early on that CDC really was going to be the health messenger on this, because they are a trusted source and they are a public health agency. People turn to them. They're credible in terms of public health information.

And so, one of the things, when Rich Besser and Ann Shuchat initially got out there--I believe the 23rd is the first press briefing, which was the day of my friend's wedding in Tucson, where I was in the wedding--they said, "This is what we know, and things are going to change. And what we tell you today may not be true tomorrow. We're going to tell you as much as we know." And that did play out.

There were decisions that were made that were backtracked a little bit for reasons that moving forward and being overly safe. And then decided that, "Well, no, we leaned forward a little too much; we can probably take a step back."

You know, we were getting all kinds of questions, like, "What about vaccine?" "Are you going to have enough vaccine?" "When are you going to have vaccine?"--questions

about lots of education, educating people about what a pandemic is.

One of the things that provided confusion, I would say, was when the World Health Organization kept moving up, ratcheting up the level of the pandemic. All of the planning that had been done at the state level and in the private sector really had been done around these phases that we had of the pandemic. And when that sort of went out the window, because, again, we started at chapter 10, so we were already at--our behavior and the government's activities were already, I believe, at 6 before 6 had been declared. And then the private sector, many of whom had their own internal pandemic plans, were really geared towards where the government was in their phasing, and they didn't line up. So it was very difficult. I think we got a lot of questions from the private sector in terms of what does this mean? What should we be doing?--less from a media perspective and more from external affairs and business, community organizations and community businesses, et cetera.

So, other kinds of questions as we got into the vaccine development--when are you going to get it? How much are you

going to get? What kind? Who are the manufacturers? Who is it for, is it safe? Are you going to use adjuvants? What is the swine-flu situation from ’76? What does that teach you now? What are you concerned about? Are you concerned about Guillian-Barré?--all of those kinds of questions.

So we did a lot of communicating about how vaccine is made: that it’s made the same way that the seasonal flu vaccine is made; that it’s not a new vaccine, it’s just a different virus, much like every season there’s a new vaccine for influenza, just it has about three different virus strains. Instead of being a trivalent strain, this is a monovalent strain, just one strain. So a lot of safety information about that. We knew people were going to be reluctant.

Another challenge that we had was, how do we communicate?--as some of the data started coming in as to the demographics that were impacted by this virus, which was young people and pregnant women. That’s not typically who gets the seasonal flu shot or who is impacted by seasonal flu. So, how do we change the thinking so that those people understand that it’s important for them to get it? So that was another challenge.

And lots of effort was made, and we worked very closely in terms of outreach with our interagency colleagues, including the Department of Education, who reached out to their groups in lots of school-based clinics and things like that, to get that information out.

The same as working with ob-gyns and ACOG (American Congress of Obstetricians and Gynecologists) so that they would get the word out to their patients that it was important for them to get the vaccine, that they were in the high-risk group.

We had to have older people stand down from getting the vaccine, even though they could still get the seasonal-flu vaccine, because you now were asking people to get two vaccines in one year. So those were some of the communications challenges that we had.

I think from a child perspective, I think we did pretty well in getting young people vaccinated. I think some of the school-based-clinic experiences, especially up in Rhode Island and Maine, was really quite remarkable in terms of getting kids vaccinated. And I think it would be great if

we can take those experiences and build on that to increase vaccination rates for seasonal flu on an ongoing basis.

SM: Was the open communication, the decision to be open, was this something that--I mean, you've dealt with other emergencies--was this something new?

GM: Not new, but probably at a higher, it was definitely at a higher level. I mean, we had communications meetings at the White House every Monday night in the Situation Room with people from the National Security staff, so it was elevated to that level in terms of what the plan for communicating was. So it's not unusual for everybody to be on board in something, but it doesn't always impact everybody.

For example, when you're dealing with a hurricane, you're usually in the summer, so you're not dealing with the Department of Education. Yes, we always, these NICCL calls that I refer to, always are the interagency calls, and regardless of whether you have a role in the response, everybody participates in those to listen in, to understand what the government is doing. So it wasn't unusual, but I

would say the level of interest for an emergency response was unusual.

SM: Okay. And what were some of the strategies that were used to respond? I mean, this was really a rapid turnaround. Were there any strategies that were employed to make this happen as quickly as possible?

GM: In terms of communications, in terms of messaging?

SM: Messaging.

GM: Well, we decided we were going to do, I think, twice-a-week press conferences as things began to heat up (at least once a week but often twice a week), even if there was nothing to report, just so that there was a sense of transparency and letting people know where we were with things. I think there was the initial promise that vaccine was going to be available in the beginning of October, and it turns out that the virus grew slower than anticipated. There were other problems with making the vaccine, and so that didn't happen, and then that presented a challenge too.

So, there were other, I think there really were lots of efforts spent on mitigation: So, what can we do if we don't have vaccine? Which is the best way to prevent the disease? What else can we do?--the hand-washing campaigns, which went remarkably well, and it's just good health behavior in general. So, yeah, the hand-washing campaigns, the sneezing into your arm, all the PSAs with Elmo.

And then, we did all the public service announcements up on the Hill with members of Congress, you know, that they could-- I don't know whether any of them ever got aired. Well, actually, I did see Donna Edwards. I saw one around here. And I don't know how many around the country got aired, but I think the members put them up on their websites so that they were engaged. I think it was a really good tool to, you know, "these are the people who are providing the money for all of this." So it was a good idea to do that. Whether it had value, it had sort of other value.

SM: So, was there a particular message that was difficult to articulate to the public, that once you put it out there, it became apparent that the public was not receiving as was intended?

GM: I think just the safety. We knew from the outset that it was going to be tough. The safety of the vaccine was going to be an issue, because, again, you're going to children and pregnant women: pregnant women who do not want to put anything in their bodies while they're pregnant; parents who do not want to give their kids a novel new vaccine. But I think that's one of the reasons that we really focused on the safety data.

And the other thing we did so that we would have some empirical data on this was NIH did a lot more testing and studies of the impacts and the safety of the virus and the efficacy of it, et cetera. And at the outset, we did not know whether or not you were going to need two vaccines for kids. Luckily, we didn't, because, again, yes, if kids got one, we knew that there would likely be some drop-off if you asked parents to bring kids back. And I know that did with babies, with young kids.

SM: Right. Do you know when the name of the virus was changed from the swine-flu virus to--?

GM: To H1N1? The date of that?

SM: Yes. When the media switched from referring to the virus as the swine flu to calling it 2009 H1N1.

GM: Yeah. That was done, and you'll look behind you, and that is remnant of the... We decided we were just going to call it a symbol, make it like Prince, the virus formerly known as--

SM: Oh no. I would love a picture of that. Can I take a picture of that? I'll come back with my camera.

So, but you have no idea when--

GM: I can find an e-mail if you really need that.

SM: Yes.

GM: I mean, it had to do...there were a lot of reasons for it. One, I know pig farmers in the middle of the country were concerned that people were going to stop eating pork. I know there were pigs being killed in Egypt, I believe, and I don't know if that had anything to do with it. I just know that people think of pigs, and like, "Oh, you're going to get it from pigs, and all pigs are sick." And the pigs

really weren't sick. And even though the name was changed, the vernacular was still always swine flu.

SM: Formerly known. Okay. Let's see.

So, what agencies were you most engaged with in the beginning? And who were the contact people in terms of communication and fielding inquiries?

GM: In terms of media outlets?

SM: Yes.

GM: Oh, everybody, all the wires: *AP*, *Reuters*, the *New York Times*, *The Washington Post*, *The Chicago Tribune, The Atlanta Journal-Constitution, WebMD, NPR*, you know, our whole array of health reporters plus one level out of that, you know, one circle wider than that.

One of the things that we did that ASPA led was we did a series of tabletop exercises around the country with the media and senior leadership. We did one in Washington, one in New York, and one in Minnesota.

SM: This was prior to the start of the first case [unclear]?

GM: No, after. And Forrest Sawyer was the moderator for these. We basically did scenarios so that the media could get a sense as to what kind of decisions would need to be made by leadership. And, at the same time, what information the media was going to need for them to do their jobs. So the one in D.C. obviously was primarily national media, but the one in New York was local New York media and some networks as well, and the Secretary attended that one. And then there was another one in Minnesota that I did not go to, but also had local media.

The other thing that CDC did is they did a two-day workshop for journalists in Atlanta that I did attend, basically providing an opportunity for the experts who were working this issue to educate the media in terms of what we're looking at, and provide background. And allow the journalists to also have time to talk to some of the experts and subject-matter experts, which was a really good thing and was very well received. I think there were probably 50 journalists that attended that--national and local.

SM: Was this recorded?

GM: I'm sure.

SM: The tabletops?

GM: The tabletops, no. The workshop may have been. They were off-the-record, and it's just—

SM: Probably really meaty.

GM: Yeah, and interesting and, I think, informative. I think the information that we got out of, like, the one in D.C., which was really national media and that was attended by John Brennan from the National Security staff was different than the information that you got from local reporters in terms of what they would need to do their jobs.

SM: Can you share?

GM: I'm just trying to remember what it was. I remember noting the difference: that the reality on the ground was different because the local reporters are actually dealing

with what's happening then and there, and the national reporters tend to cover a broader story. I don't recall exactly what it was.

SM: I mean, if you do, it's something that I think would be really interesting.

GM: Okay. The other thing that we did--and I don't know if anybody's talked to you about it--was the flu summit.

SM: I've heard about it.

GM: Okay. In July of last year, we had a flu summit, which we held up at NIH. It was a one-day summit, and we brought in representatives from governors' offices. And they could send whoever they wanted, but typically, it was health department—either health commissioners, education commissioners, and then emergency management folks. We had a series of panels, and we talked about, you know, basically to start planning for the fall, as at this point we had our vaccine, our manufacturers under contract, and we knew vaccine was going to be coming. So, they could start planning on how they were going to do this. And the implications of what a severe pandemic could mean from an

emergency management: from people staying home, closing schools, closing businesses, tele-working--all of that--as well as continuity of state government.

And I do recall talking to the New Jersey Health Commissioner, and she said to me at the time, "You know, the most valuable thing," she said, "it was great." She goes, "I never have time to sit with these three people and have lunch with them and really just talk about issues like this." So I think that was the most valuable part, is really the people who needed to pay attention to this, to spend a day focusing on it.

And they brought in a lot of people. We brought in folks from Texas and from New York, and people who had had a significant experience with the spring outbreak, and so they related their experiences.

So, one happened to be the school nurse at, I believe it was, St. Francis in Queens or Brooklyn or wherever it was, the Bronx, where they had a very large outbreak. And what she was doing in terms of triaging and utilizing, literally, the janitorial staff to help stick sticky notes on all the kids that were lining up who were... I mean,

it's like, you do what you've got to do, and isolating kids. And so it was-- That we do have a tape of.

SM: Okay. I'd like that.

GM: I believe parts of it...we may not have all of it. We may just have the opening session. And that was attended by Secretary Napolitano, Secretary Sebelius, Secretary Duncan. And President Obama actually called in from Italy and sort of did a hello, a shout-out.

SM: A shout-out.

You told me that one of the issues that you immediately had to contend with, even before it was decided to launch the campaign, is that you had to throw out the scripts and start all over. Were there any other things that you were immediately confronted with, even before the campaign began?

GM: Just the question marks that were out there. Nobody knew how severe this was going to be, and that I think was always in the back of everybody's head, is, what does this mean? Is this going to look like 1918? You know,

obviously, over the summer we had now experienced the spring. And so we had a vague idea that people weren't, you know, 50 percent of everybody who got sick was not dying. But those were the main issues.

And then, just working with our state colleagues in terms of messaging. There were lots of calls with our state colleagues and CDC as well in terms of pushing out information and helping them. One of the things that ASPR really pushed was to get links to all of the flu-response pages of the states, and also the issues of the flu map, so that you could click on, you know, find out where vaccine was going to be. So that was pretty cumbersome because not every state was in the same place.

And then the other issue was, people couldn't tell us where their vaccine was going to be until they knew when they were going to get vaccine and how much. Because they didn't want to, I mean, they couldn't plan, and so that was a challenge, too.

The same as with--I remember hearing some anecdotal stories in the media about they'd interviewed doctors, and doctors feel like, "I called the health department, and they don't

know anything, and they don't know when I'm going to get it." And so during the fall, August-September, when pediatricians' offices and primary care doctors were filled with sick patients, they didn't have an answer. And they in turn would call the health department, and the health department would call CDC.

SM: And back to you.

GM: Yes.

SM: Was there a main message that you were trying to get across to the states? You said that you had these weekly calls, and aside from responding to whatever queries they may have had, was there a message?

GM: Well, what we tried to do is talk to them about what our messages were going to be and what information was going to be forthcoming. So, for example, we didn't want them to necessarily hear it during a press conference. We'd give them a heads-up the day before or a couple of hours before, whatever it was, through ASTO [name], and often the public affairs people were on the ASTO calls that were happening.

So, the thing is they could prepare for the similar messaging. And it's important that everybody, just in general risk communications, that everybody be saying the same thing to the extent that they can--and consistent messaging.

And that was one of those confusing things, like the school closure when they said, I think it was something like, "If you have more than a couple kids, you should close school." Or, "These kids should stay home for a week after they no longer have a fever." And then I think they changed that. And somehow, it didn't all get translated down.

SM: To the states.

GM: Yes, and to the schools.

SM: So, many federal agencies that were moving from a transitional leadership in the spring to its current leadership by the fall, what kind of impact did this have on your ability to field or handle public inquiries about the pandemic? Or did it?

GM: It didn't, it didn't. Yeah. I mean, from a media perspective--the questions--they don't care who's sitting in the chair. The questions are going to continue to come in.

I think there was, again, a higher level of senior-leadership interest in that. So the main public [unclear], the Assistant Secretary for Public Affairs took a very strong interest in the media and making sure that we were getting our messages out, and it came across appropriately. And because of the mass of numbers of media inquiries CDC got, they got, I got, there was a lot of coordination going on in just ensuring that everybody was asking the same questions on the same days or different days, and just making sure that everybody got the same information. So that was--there was just a lot of coordination.

SM: And communications people met daily or weekly? I attended the 12:30 meeting, but I suppose there was also a daily or weekly--

GM: We had a weekly flu coms call. Actually, we were doing two calls: We had a 7:45 in the morning call, and we had an

8:00 in the morning call. There was the senior leadership--Nicky, Laura, Bruce, Ann Shuchat, Jenny, myself, others--7:45 call; and then there was an 8:00 communications call every day just for 15-20 minutes just to say here's what's going on, here's what we're expecting, here's what we know, here's what we don't know, any major media inquiries?--that kind of thing. So there was that coordination going on in the morning as well. And usually, the two calls were very similar because a lot of the information-- The subject-matter experts, obviously, were the ones who informed what the news was going to be.

SM: And so the messaging was determined at the first meeting, and then you hashed it out at the second meeting in order to--?

GM: Well, or what the issue was going to be. And often, a lot of the messaging was driven by what CDC was finding, what the data was showing, what surveillance was showing, what some of the epi was showing in terms of MMRS (Metropolitan Medical Response System?), NOWR articles coming out on various components of the virus and the pandemic, et cetera. And so, often, that was what led the news conferences; you talk about the update of this many

people were hospitalized last week; this many people passed away, et cetera, et cetera, you know, what the status of the virus was in terms of sporadic or widespread in any given state.

SM: What kept you up at night? What were the things that were most pressing for you?

GM: I would say when we found out that we weren't going to have the vaccine in large quantities in October (I think that was probably September or whatever the date was). I think that was probably one of the tougher things because it was the first sort of thing that could be pointed at that said, "Oh, look, they didn't do this right." And we understand. I mean, that's the nature of government. I mean, that's the role of the media, the public people. If everything goes well, okay—next! If things don't go well, then you look for ways to point it out, which is fair. I mean, that's how we in fact look at our response efforts and any actions: you know, what went well? Okay, that went well, we can stick with that. What didn't go well, and how do we improve it? So, it's like, any lessons learned, again, and filling of gaps. But when you're having to deal

with that with the media and on national television, that can be challenging. So, some of the numbers--

I did have an opportunity, which was fascinating, to actually go up with *60 Minutes* up to Sanofi Pasteur in Pennsylvania to watch the vaccine being made when *60 Minutes* did their piece. And so it was interesting to see the eggs just from an intellectual-stimulation perspective. I had never seen vaccine being made, so that was interesting.

And I think even though the story was not probably, it was a decent story. It just sort of showed how the vaccine was made and the process by which that happens, and it sort of highlighted some of the safety issues, et cetera. And they decided to do that story after they were in Arkansas. Coincidentally, they were at a hospital doing a story on something else--I don't even know if it was pandemic related--and a 15-year-old kid came in who was immediately in ICU, who had H1N1 and was on a vent for a significant amount of time. And so after they did that story, then they were talking to us about vaccine and all that kind of stuff. And so that's how we ended up actually getting them to Sanofi.

SM: Because the understanding was that it was, in effect, the child was--

GM: He had H1N1, yeah.

SM: And also, he hadn't had the vaccine.

GM: Oh no, the vaccine wasn't available yet.

SM: Okay. So that was a necessary story.

GM: Yeah.

SM: Did you have an open dialogue with the manufacturers as well?

GM: Yeah. I worked pretty closely. Obviously, I was not the primary person dealing with the manufacturers, but I certainly dealt with the public affairs people so that we were coordinated in terms of our messaging of the information they put out and what we put out. So, I would talk to probably three, at least three of the manufacturers once a week--the public-affairs people--just to know where

we were with things, and if there was something that we were going to say, and vice-versa, if they were going to put out any information. So, yeah, I did talk to them frequently.

SM: You did touch on this a bit because you've been involved in other kinds of preparedness and response efforts. And can you tell me a little bit more about the difference in the degree of senior and senior-level White House involvement in this particular response when compared to the government strategies in other response [unclear]?

GM: Yes. Again, there are processes that we go through. We, as I said, are part of the EMG. When we're activated, when there's a response going on, we're involved in the calls. We have visibility on all of the various moving parts. And then what we do is we put out information to senior leadership in the Department. We feed the DHS nickel calls. If there's anything that we want to put out publicly as part of a press release or anything, that's usually prepared by our shop, and we circulate it and send that out.

In this one, again, there was much higher level. And sometimes, there's certain interest in certain components of a response, but not a day-to-day, hour-to-hour interest, and that was the case here. I mean, as I said, the National Security staff was having meetings, and there were interagency meetings at the White House, communications meetings that I would be at once a week. And there were a series of other meetings that I was not part of that were all H1N1 related.

So, yeah, there was a much higher level of interest, and it was cross-government, as I said, even if there were certain departments maybe that weren't part of the response, specifically. But even though they may not have been part of the response, they were still employers who have employees who could get sick and could have absentee issues and could have high-risk patients who fall into the higher-priority groups who needed to be vaccinated. So, in terms of the priority groups and providing vaccine to employees in terms of federal occupational health, even though they may not have had a direct-response role, it still touched them.

SM: And so, I mean, this must have been like rapid-fire in terms of the number of requests.

GM: Yes.

SM: And so, in what way was it facilitated to make it move a little faster?

GM: Well, one of the reasons that we did weekly, twice-a-week press conferences is that if you had everybody in a room and could ask the subject-matter experts questions and get their answers, then you didn't get all the same calls. Certainly you would get some. You'd get follow-up calls, you'd get specific questions that they didn't ask or that they had other questions, but you didn't have... That's one of the reasons that you do that, because if you have hundreds of people in a room who can ask a subject-matter expert a question and write a story or a report on something, and everybody's getting the information at the same time, that would... The press conference is on Tuesday, you know that story is going to be Tuesday afternoon and Wednesday, and then we'd do another one on Friday, and that would cover the weekend.

SM: All right, all right.

GM: So, that's one more. But, yeah, there were lots and lots and lots of calls. And, again, ASPR got just a touch of them. We'd get the vaccine calls, but really, the public health questions went to CDC. And ASPA took a lot of them too because, you know, appropriately, they're the public health agency and they've got the experts, et cetera.

SM: Who's your CDC counterpart?

GM: Well, Marsha Vanderford runs the emergency communications office down there. It's a little different; it's much bigger than the two of us, which is Ilene [name correct?] and I. She's got (after I don't know how many) hundreds of people at her disposal when needed for various teams, but they have a much broader role. They also do the communications with physicians through the clinician outreach calls. And they have a system to put the FEX in. The Health Alert Network is through them, and they also have the media piece. Glenn Nowak is the Director of Media at the CDC. So if you haven't talked to either of them, you probably should.

SM: Okay. So, I'd like to know about your days. Did you put in more hours than you would normally?

GM: Yes.

SM: Can you tell me a little bit about that?

GM: Well, I'm not a morning person, and so my day would start at--I had to be ready and sort of astute at 7:45 in the morning when those calls started. And then, usually, the day went until seven, eight, nine, and then you're home and you're back on e-mail and you're getting more calls--so, yes. And weekends; I mean, we had these update calls pretty much every day, though that is not unusual in a response. I mean, that happens when we have a hurricane or something like that. That's just the nature of the beast. They're long days and lots of calls on weekends because we were doing updates. For this, we didn't do updates to leadership because leadership was obviously heavily involved.

But, for example, with a hurricane, we would send around talking points every day or a summary of activities of what we do every day, what the next step is: we have to send

eight people; like in Haiti, we have this many people deployed; we have this, this is what we're seeing; this is what we're doing; this is what's next--that kind of thing, so that everybody was up to date. And those happened on the weekends too.

SM: And how long did this last?

GM: Let me think about that. January, February--probably until about February, I would say. Yeah. I think it slowed down--yeah, I would say February because we started making that extra push in February for people to get vaccinated. Once we had the bulk of the vaccine, of course, we were on the downward curve of the virus. And so the key was really to get people to avail themselves of the vaccine. So, yeah, that sort of dissipated the end of January or February, I'd say.

SM: Is there anything that you've done in March?

GM: I think so, yeah.

SM: Is there anything you would change that you've done in this particular response?

GM: From a communications perspective?

SM: Yes.

GM: There are things that you would do differently. I mean--

SM: Let me put it this way. Is there anything that you would have liked to do that you weren't able to do to facilitate this happening more smoothly?

GM: I think we might have been able to have better communications internally. Even though we had lots of meetings, there were still a lot of offline conversations that happened that had implementation or had downstream effects, and if you weren't there at the beginning, then you kind of missed part of it.

The other thing that I didn't mention is that I was the pillar head for communications for the H1N1 task force. And you've probably heard about the task force and how that worked or didn't work. It was helpful internally to inoculate--poor choice of words, help understand some of

these issues that you might miss by offline conversations because we had once-a-week meetings with pillar heads who talked about what was going on in their groups. And sometimes, some of those issues came up in there, and so everybody was apprised.

I think that the pillar-head concept probably has validity. I don't think we ever fully understood what our mission was supposed to be and whether it was our mission or not. I mean, as a communications head, or if I was going to be in charge of communications for H1N1, the reality is this was such a high-profile issue that the main public affairs office was going to be in charge. And I could just feed it and inform it and be a part of that so that hopefully we could help support that. But there was never really going to be a chance that that was going to happen. And it's not necessarily that I think it should. It was bigger than ASPR, much bigger than ASPR, so I think it appropriately was headed by the Public Affairs Office.

SM: But you were able to facilitate those things that were specific to ASPR.

GM: I think so, yeah. I think by and large that, in general, that's probably true.

SM: I've only heard snippets about the task force, and I'll talk with Clare to find out more about it.

GM: Okay.

SM: But is there anything else that you think that I should know that you would like to leave for future generations?

GM: I think the decisions to communicate frequently with the public through the media, you know, multiple times a week having press conferences was a good idea. I think stating up front that there were going to be things that we didn't know and things that were going to change and things that were always going to change, I think that was also good. And I don't know that we would have done things a little differently.

We knew from the very outset that the media was going to want to know numbers about vaccine. They were going to know how many vaccine are you ordering, and when. And as a

government and spending taxpayer dollars, arguably, we have a responsibility to share that information. But there's a lot of risks, as we saw, putting that information out and assigning a date to it and being as precise about it because things change. And it doesn't matter, even though things change and you say things could change. And even though we may have 200 vaccines on June 1 and we don't; well, but we said things could change. It doesn't matter; you said June 1 you had 200 vaccines.

So, it's a double-edged sword. You could either be transparent up front and provide the information that you know when you know it, with the understanding that it could come back to bite you, or you could not put the information out. I, frankly, as a member of the public, would probably prefer to get the information and then get annoyed that they were wrong, than not put it out at all just so you can save face.

SM: How else would it have been presented without dates?

GM: And numbers? It could have been more, "By the end of the year we'll have..." or "by...we hope to have..." Or, "Based on projects, we could have as many as..." and

ballpark it low, ballpark it worst-case scenario. And I think on some levels they did. I mean, I know that the numbers that they initially used took almost 25 percent off whatever. But, as we know, things changed and the virus grew a lot slower than we could have anticipated.

One of the things I think went very well--and this really had nothing to do with us--is just the vaccine distribution part of it. I mean, once the vaccine started coming in, you know, just the number of providers that were receiving vaccine, and the process--by delivering it to McKesson, and then the orders coming in from providers to the states, and the states to CDC, and CDC to McKesson--I mean, that whole process worked remarkably well.

SM: I remember those days, sitting in the meetings about whether it was going to be a Saturday delivery or a Sunday. What's going to be happening?

GM: I mean, when you're in the middle of something like this, as Nicky said this morning, you do see all the problems and the things that you could have done better sit in the forefront of your head. But when you look back on it and take a broader view of it, one, we were all very lucky

that the virus was not as dangerous as it could have been. And, secondly, the decisions that were made and what we did in a very short amount of time was pretty remarkable.

SM: Well, thank you. One more thing, was there an international component of communications for you?

GM: I am part of the Global Health Security Initiative, which is the G8 plus Mexico. And Bill Hall, across the hall, is the chair of the Communications Working Group, and I'm a member of that. There's myself and one gentleman from CDC who are part of the American delegation for that Communications Working Group. And Nicky is the senior leader, the principle official on that, not for the communications, but for GSAC.

We were supposed to go to Japan in April of '09 for our annual meeting. And one of the things we were going to be talking about there was messaging around pandemic. Because every country has different response plans, how we were going to deal with the issue of messaging when one country did one thing and another country did another thing, and border-closing issues and all of that. Well, needless to say, the meeting got cancelled.

The relationships that we have with our counterparts in those countries, the representatives from Mexico and from Canada and Japan and Germany, they were often invited to our NICCL calls. So they knew what was going on, and they could download some information about what was going on in their country as well. So that was valuable. And that was purely based on the relationships that, really, Bill has established over the last few years with the organization and with the counterparts over there--that we could just pick up a phone. And when we would put out new information about the, whatever it was--a press release--what it was, we would send it to them so they knew, and vice-versa.

SM: Do you think that globally there was one message?

SM: I'm sure that you don't have--

GM: You know, that's really hard to say because, obviously, I wasn't anywhere but here. I think, again, that's really hard for me to say. I think everybody... Yet, there was one message in that everybody-- But it changed. At the outset, we had one message, but then things changed. Like, Canada decided they were going to stop vaccinating;

or the U.K. had adjuvant vaccine, and we didn't have adjuvant vaccine.

So some of the issues that came up in one country, reporters, like from Reuters, would call us and want a counterpart in the United States. Well, there really, you're comparing apples and oranges because you're dealing with a different vaccine; you're dealing with a different manufacturer. So things were different.

I think in terms of percentage of uptake, I think the United States probably had a higher uptake of vaccine than anybody.

I think at the beginning there was one message because...

SM: What was that?

GM: Well, the message was, this is the concern, this is real, this could be serious, and then mitigation efforts.

I remember seeing the French health department's website, and they had a whole thing on sneezing and blowing your nose. And so a lot of mitigation things were the same. But

as we got into it and the virus started and disease started dissipating, some of the messaging did change in the different countries. And that was a challenge too because there would be stories that X country stopped their vaccine campaign, or virus is not that serious, and then we were still trying to push it.

SM: All right. Thank you, Gretchen.

GM: You're welcome.

END OF INTERVIEW