INTERVIEW WITH

JOHN MONAHAN

H1N1 ORAL HISTORY PROJECT

Interviewed By Sheena Morrison

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Interview with John Monahan
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H1N1 Oral History Project
Interviewed by Sheena Morrison

John Monahan: JM
Sheena Morrison: SM

Sheena Morrison: The following interview was conducted with John Monahan, Counselor to the Secretary of the Department of Health and Human Services. It was done on behalf of the National Library of Medicine for the Making History: H1N1 Oral History Project, and took place at 2100 Pennsylvania Avenue on July 14th in Washington, D.C. The interviewer is Sheena Morrison.

So, let's begin with some biographical information.

May I call you John?

John Monahan: Please.

SM: How long have you been in your current position?

JM: Well, I'm currently in a different position. I'm actually Special Advisor for the Global Health Partnership with the State Department.

SM: Okay. But at the time--

JM: I was Counsel to the Secretary.

SM: Okay.

JM: And I have been in that position since right after the inauguration, so early February 2009.

SM: I also found information that you--[phone rings]

JM: And I was Counselor to the Secretary from late February of 2009 to just until July 1st of this year.

In addition, during the period of this study, I was also the Interim Director of the Office of Global Health Affairs, so August of '09 till April of 2010. But even before I was the Interim Director of OGHA, I was the Obama appointee responsible for global health affairs and actually ASPR before Nicki came aboard.

SM: Okay. So you've worn multiple hats throughout the pandemic.

JM: Right.

SM: Well, can you give me an overview of your responsibility as Counselor to the Secretary, in general?

JM: Well, at that time, the early days of the Administration, before we had a Secretary, there were several secretaries, without counselors, sort of divided up the agencies. And so, the senior career people in those agencies essentially reported through us about activities that were going on. I had the Administration on Children and Families and the Administration on Aging, ASPR, and really, all the Office of the Secretary units that didn't have political appointees, including OGHA. And so we just managed all that till we got people in place. So, it was during that phase that we first started to learn about H1N1.

SM: And what were you doing when you-- Where were you and how did this come about?

JM: Actually, I do remember. I was on a conference call, and the then Acting Director of CDC said that they'd gotten this report of these illnesses in Mexico, things that looked serious but they couldn't figure out exactly what was going on. It was in the evening, and I remember asking the question that sort of changed my way of thinking about it: "On a scale of 1 to 10, how worried are you about this?"--hoping that he was going to say a 2 or a 3, and I could just move on to the next setting. But when he said it was an 8 or a 9, I thought, well, this is not good. That's what really helped us sort of think about we could be ramping up for something more severe.

SM: What was your main concern at that point?

JM: Well, I knew a little bit about the fact that we'd been preparing for pandemic flu and H5N1 and the bird flu, and all that was something that we need to be worried about. And, too, I knew the Spanish flu in 1918 was devastating. Everything you read about it says it's not a question of if something like that's going to happen, it's when. So, you obviously are worrying that this could be the moment.

And then, I don't really recall it, but I remember reading about the whole swine flu thing from the '70s, and that could be a big deal, too. So that was just, those are very general reactions.

SM: Was influenza in any way a part of your portfolio?

JM: I didn't think that it was, until this happened. [Both laugh.]

SM: That's kind of like the general sentiment.

JM: To be honest with you, my first thought was, "Well, thank God CDC is there. They'll take care of all this." And then, the broader implications got real clear.

SM: Right. So, you mentioned that you also served as the Acting Director of the Office of Global Health Affairs.

JM: Right.

SM: Was there any overlap in the responsibilities of the two positions?

JM: There was. I mean, I think before Nicki got there, I was generally kind of a liaison for the career leadership in ASPR. But, really, once it got more serious like this, Bruce Gellin and Craig Vanderwagen and all the career people that were in ASPR were managing the process, but I was dealing with them. But once Nicki came on board, I was still dealing with OGHA and part of the international dimensions of the flu response. When I became the Interim Director, it was even more intense because it was around the vaccine donation program.

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

JM: At some point (you can probably figure this out), the President announced that we would. We had first planned internally. And then, there was a lot of discussion about how we should first develop vaccine, obviously for the U.S. population. And then also, how do you think about sharing vaccine, about making sure the people around the world could potentially have access to it? That led to many meetings with the White House on these issues, my office in particular, because we had this International Influenza Unit with Daniel Miller. I don't know if you have talked to him yet.

SM: Yes. I have.

JM: But they were very integral in working with ASPR. They formed […] international response team, and that group worked very aggressively from the beginning to think through the international-donation issues, how to manage requests. The big question was, if we developed a vaccine, if and how we would share it. The White House was very interested and, in fact, the President announced that he would have an international initiative where we would make a donation and call on other countries in the world to make vaccine donations to respond to the epidemic. And we would work through WHO. So, I spent a lot of the time being a liaison with the WHO throughout the process, and that was pretty difficult.

SM: What were some of the issues you were confronted with?

JM: Well for one, it was a really complicated thing. We just had developed--the vaccine, as you know, is incredibly complicated. I'm sure you talked to other people about that. But then, also, the question of how does the world organize itself to get vaccine and then distribute it in

real time where it can make a difference? For WHO, the most robust operational organization in the world, that would be a huge task. WHO, it's an international organization designed to do norms and standards for health and they have the legitimacy of essentially every country in the world so that when they do speak, it speaks with legitimacy. But they don't have much operational capacity, and so this was a huge struggle for them to think through. And I think they would acknowledge that this was not--this was really a strain that didn't quite exceed their operational capacity. That's one issue.

And then there's the second thing, which was we were charged with implementing the IHRs, so Margaret Chan was literally in our office the day before she declared this PHEIC, this Public Health Emergency of International Concern. So, we also had to interact with them in their normative capacity, declaring a public health emergency, organizing the emergency committee, validating recommendations to member states about what steps they could take to mitigate or address--. So it turned out to be a huge part of my portfolio that I wouldn't have expected and certainly never imagined.

SM: So you were present at the meeting with Margaret Chan when she first came to HHS.

JM: Right. She met in our conference room on the sixth floor in OGHA. And when I met with her, it was just before she declared the public health emergency. It was amazing.

SM: How would you characterize the meeting?

JM: Oh, she is great, she's fabulous. She is smart, to the point, very effective, but it was one of those choices where you realize that this was a big deal and getting bigger.

But, fortunately, the IHRs were in place and there was actually a procedure to follow so we didn't have to dream it up as we went along. She was really using the international instrument she had at her disposal.

SM: Was there any difficulty in embracing the notion of an international concern?

JM: Well, I think we were nervous about what it meant because, in part, we were still trying to understand what

the disease was at that time, and there was really a lot of uncertainty about what we were dealing with. And it turned out, of course, that a lot of the initial reports from Mexico about deaths and severe illnesses were of people who had already compromised situations.

See, the other lesson about this whole thing was that it's a classic example of having to make decisions with far less than complete information, and with evolving information. So, what you thought you knew on Tuesday was different than what you knew on Wednesday and on Thursday, even if you had to be able to make decisions. So, there was a huge priority of waiting as long as you could to make decisions without waiting too long before it closed options of going forward. And the power of time, the continuum of time and the continuum of evolving information is really hard to manage. And so, figuring out how you're straight with the public, but also people like WHO and other countries we've been working with. In that case we didn't oppose the IHR declaration of a public health emergency, but, obviously, it meant that they were going to have to engage a little more closely with WHO in a way that we wouldn't have otherwise.

SM: And once it was accepted, what were some of the early issues you were confronted with?

JM: The first thing was just to understand how it would be labeled, because it had different phases for the pandemic. Two was how to coordinate between what CDC and DHS and what WHO was recommending in terms of mitigation strategies, because in the early days people were talking about closing down borders, and not the U.S. government, but people on the outside. So, being in sync with WHO about recommendations to member states was critical early.

And then we moved into the phase of, okay, well, how can we share information we have about vaccines and antivirals?

SM: Would you say that this process was also, in and of itself, an evolving process?

JM: I think that's a fair description.

SM: And how familiar were others at the meeting with the International Health Regulations which governed her declaration?

JM: Well, I think, clearly, she was familiar with it, and I know people at HHS were, but I was familiar with it because I had dealt a little bit with the IHRs when I was at Georgetown, before I came into the government. But I certainly wasn't familiar with the specific provisions, and I think a lot of us had to kind of get very familiar really quickly with the specific provisions. Certainly the new political appointees, I mean, I don't think any of us have--I can only speak for myself--I certainly didn't have a working knowledge of the IHRs. I'm not sure if I know any other appointees who did.

SM: And what were--

JM: Maybe Nicki. Nicki might have. I know I didn't.

SM: Was Nicki at this meeting?

JM: No, I don't think that she was. I'm trying to think of who--Barbara was there, Barbara and Ian were there, and I was there, and folks from OGHA and from ASPR. I think that was it. And Dora may have been there too.

SM: Dora Hughes. And what was her role in the--

JM: She was a counselor too. The way we divided things up, I held the OS offices. So, I had ASPR, but she had CDC, because that was one of the public health agencies that she was supervising.

SM: And what kind of mechanisms were in place early on to help coordinate a common message? And in this instance we're talking about the mitigation strategies.

JM: Well, I think pretty quickly, I think as you've probably heard from others, the White House, through the National Security Staff, organized almost daily meetings and calls. Our Chief of Staff, Laura Petrou, and many others--Nicki, Bruce Gellin, and Robin Robinson--I remember we all were involved in a flurry of meetings with people, first, on the John Brennan level, but also then with Richard Hatchett. I mean, you basically had the Homeland Security Council part of NSS formulate a team for the H1N1 response, and Heidi Avery was the lead sort of Deputy. So we worked--there was a lot of coordination through that venue. And then HHS developed a weekly, a daily noontime meeting with the Chief of Staff and that Nicki convened to

coordinate the different components of the departments working on H1N1.

SM: That was the meeting that I attended.

JM: Oh, good. So you got a flair? in the ASPR conference room.

SM: Right.

JM: Those were great. I mean, they were tiresome obviously, but they were really essential, especially in the early days when there really was a powerful need to share information across the different components.

SM: What would you say was the most pressing demand in terms of information?

JM: I think there was a pressing need to understand what we knew and what we didn't know and what we might likely be able to know over time as more information came out, so I think that was one.

Two, was to understand who the partners were that needed to be communicated to regularly about what we knew, what we didn't know, because you've got to be careful not to be definitive because in some ways things got changed. How do you communicate to people, "Here's the best advice we have right now subject to potential change," and that goes from the Department of Homeland Security to schools? I mean, there was a huge demand by people in the public: what do I do? Especially since, while it turned out not to be a severe form of the flu, it did have its most severe effects on children, people who were at the opposite end of the age spectrum we typically see for flu victims.

SM: Right.

JM: There was just a huge demand for definitive information, and a lot of times it just wasn't available. You want to share that with people in a way that doesn't frighten people, but you have to avoid...

I mean, it's funny. Lots of people were worried about, "If you give information to people, will they misuse it or cause panic or whatever?" My take-away lesson is you give as much information as you can, and you caveat it as

necessary, but it's better to get it out. If you don't get it out, somebody else is going to get it out there.

SM: And so that was sort of the guideline for early on.

JM: But that's still tricky to know what it is you know or don't know and what you can realistically share. I mean, should they close schools? That's a good question.

SM: Right.

JM: And that's a huge social dislocation, if you close schools, right?

SM: Right. Well, I mean, early on, schools were closed.

JM: Right.

SM: And, based on the information that was available, that was--

JM: That was the best decision you could make at the time, but we didn't have a huge--we never had a situation where we had a nationwide school closure, but you could have. I

mean, if it turned out that this virus was severe and had the same profile in terms of morbidity and mortality in terms of the distribution of morbidity and mortality, you'd have to close the schools. They couldn't take that kind of risk. I mean that creates all kinds of dislocation. But, thankfully, that wasn't the case.

SM: Well, what kept you up at night during this time?

JM: Well, I mean, generically, just the unknown. I'd read enough about the 1918 flu bug and remember SARS and the avian flu, and if this could have been a catastrophic health event coming at a time of financial economic global meltdown like we hadn't seen since the Great Depression. This is really, I mean, it's one of those moments where you just didn't know if that's how it was going to unfold. Thankfully, the indicators were never in that direction. There's always that fear of what it could have been.

Two, I guess that, particularly domestically, what kind of dislocation were we looking at the schools and offices? I mean, this is going to be a long--what kind of a situation was this?

Third, I guess, were sort of the international dimensions, which I had dealt with as Counselor and as OGHA Director. It just was, one, how do we make sure that we're sharing information? I mean, if it had been a more severe disease, how do you get information out to people when they are going to be panicked, wanting access to antivirals and there weren't enough of them; how do you get information to people in a practical way through the global system?

And I think the other, fourth, I guess, is once we knew what the flu was and what the vaccine would be, if it was serious enough, could we get vaccine to as many people as possible in a timely fashion where it would make a difference? Because, I guess, what kept me up at night would be, if we did less than we could and that resulted in more people being sick or dying than otherwise or would have been the case, that would have been awful.

SM: What role did the Global Health Office play in deciding how much or whether we could donate?

JM: I think the decision to donate was obviously the Presidents, ultimately. I think we supported the research and analysis leading to that decision.

After the decision was made, we were very active. I mean, Daniel Miller and his team were constantly liaising the different U.S. government agencies, state, ASPR, with WHO, with member countries, trying to do all we could to share information when we could: when vaccine was available, how it could be available and in what form--all that sort of thing. And my job, my personal job at that time was to be the liaison to the Director General of WHO and her senior advisors. So, they were hearing us both about what we could do, but also to press them to do as much as they could.

SM: There was a time when it became clear that there were going to be some delays on the manufacturers' part. And how did this impact your communication or your relations with WHO?

JM: It was difficult because they were hoping to get vaccine sooner than they did, and we had hoped they could get vaccine soon so they could distribute it faster. Though, of course, the reality we found out was that vaccine was available. It was a struggle for WHO to take those commitments and turn them into deliveries on the ground, because first they had the challenge of getting the

commitments for the vaccine and then the challenge of getting the resources for all the support: from transportation to safety boxes to all the things that went along with vaccine to the reality that we had a hard time determining whether countries had plans that were adequate enough to accept vaccine and then deliver it and distribute it effectively. And I think it was really a challenge.

So the manufacturers' delays were big issues, but also, I think, the issues of delay within the system that WHO set up were a challenge, too.

SM: What did they demand most in terms of communication?

JM: They wanted to know when and where and how we could deliver vaccine to them, and we wanted to know when, where, and how they were going to take our vaccine or anyone else's vaccine and put it into people's arms.

SM: WHO played the role of CDC, in essence, with the global community. They were making sure that all of the countries had stuff or were able to acquire it. Was there any point at which they determined that they needed more help than they had?

JM: Yes. In fairness, I think while they wanted to do more themselves, I do believe that whenever they saw a real gap, they were open to assistance. It may not have been their first choice, but USAID had people working with them in-country all the way along. We had people on our end working very closely with them. I think in the end, we even sent somebody to help them.

I think one of the things that probably would have been even helpful would have been to send someone out sooner to support their staffing function. But, basically, I said to them, whatever they wanted, I couldn't guarantee it personally would get delivered, but I could guarantee that I would do everything I could to get them a response as quickly as possible.

SM: As many federal agencies 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 bottom line as Counselor to the Secretary?

JM: I think transitions are always hard. This is the second time I've been through one. I did the Clinton

Administration in 93. You can't underestimate how hard it is to get a new political team even with the kind of people we had, like Nicki, who were unbelievably well prepared for these jobs. It takes time for the new to come in, to get a lay of the land. I worked for HHS for seven years, so I was familiar with the bureaucratic structures. But to get people in place to meet your senior career leadership, to evaluate each other, to figure out who you had confidence in, who you didn't; it takes time.

And also, at the beginning of the administration, there are so few appointees that it's like a fire hose. I mean the world goes on even after January 20th, so the work volume is there; it's just that suddenly you have so many fewer people until you hire on. I guess it's, one, there's just not enough people, so you don't have political leadership in the positions that you need. Two, even if they're there, they haven't been there long enough to really get their systems in place. Three, there's a dance between career and political appointees that always has to be worked out as the old team leaves and the new team comes. People are evaluating each other, and it's probably better to do that outside of a crisis.

SM: Yes.

JM: Though it can help. But, afterward, it can be a bonding experience.

I guess I'd say fourth, it wasn't like the administration wasn't doing a lot of other things that were big at the same time.

SM: Right.

JM: When this President came in with two wars in the middle of a global economic collapse. While this was happening, I was the Departments representative for the Presidents Recovery Act Council. So, we were talking about, how does HHS spend 168 billion dollars in the Recovery?--most of that time just facilitating that.

We were launching domestic health reform and then this thing comes along. And it's hard to understand just how much of a demand burden there was, how much demand pressure there was, and so I think it was an unusually challenging time with something like this. There's no good time for

something like this obviously, but I think it was a particularly challenging time.

SM: You've served as the Counselor to the Secretary since 2008 and have witnessed--

JM: 2009.

SM: 2009. And have witnessed the federal government readying for naturally occurring public health threats like pandemics as well as calculated threats like the anthrax incident in 2001. So, in your opinion, has there been much difference in the degree of senior-level and White House involvement when compared to previous administrations?

JM: Oh, yes. I was at HHS for Northridge in '93, and then I think it was '93, Oklahoma City. And these were probably the two biggest natural disasters where I was there during the Clinton Administration. Well, obviously Oklahoma City wasn't a natural, but a man-made disaster. I think in those days, my sense was the Public Health Service Corps and the disaster federal response team worked through FEMA, did its thing. We were apprised. My job was, as Director of Inter-Governmental Affairs, I was there to make sure that

the governor's office was in the loop. But it was more of a facilitative role. We were owning that at the political level. And the White House was definitely owning it in a coordinating level, but I think post-9/11 is different. The level of White House engagement on the operation side on the details was intense, early, and constant, and I think that is a post-9/11 phenomenon.

I think the other thing is that I think the senior political leadership felt the need to really own and engage in this in a way, rather than saying, "Oh, it's a public health issue," and have the docs and the admirals and the Public Health Service Corps deal with that globally. Well, standing aside, I think there was a decision that we need to be on top of this and owning it.

SM: Acknowledging that hindsight is 20/20, is there anything that you would have done differently?

JM: There are many things that I would have done differently.

I think just focusing on the part that was really mostly... I guess a couple things: One is more generic and one is specific.

More generically, I think that looking back on the transition (I worked on that too before the inaugural), I think I would do even more now to prepare the incoming political team for emergency responses. I mean, there was some of that, and it's always tempting to not do it because there are 50 other things going on. But I think now that there's enough predictability about the potential of a public health emergency--and maybe this is true; I'd be interested in how DOD does this--but I think that it's really worth asking the incoming HHS team to designate two, three, or four people from the transition team who are then likely to be early appointees coming in after the inaugural to have some [unclear] for the four or five of you really get steeped in the preparation, preparedness process, so that you could do a little bit more on the front end.

I'll give you an example. I spent almost 8 years in the Clinton Administration in HHS, and ASPR didn't exist. The whole superstructure, BARDA, it simply didn't exist. Now, maybe that won't be true in the future. There won't be

something quite dramatic. But I just don't think that we spend… I mean, the institution of government, I think we ought to think about how do we get early decisions between the outgoing administration and incoming team to prep people? That would be one.

Two is, I think, specifically on the international front, I think that I would probably have convened people earlier across the government to just think through the international relations component of this.

And I think three maybe is, I don't know what we would have done exactly differently, but I think I would have done more to press harder to have more of a presence […] Geneva and WHO. If not WHO, if it's a UNICEF, whatever the entity is that's going to be the center, I would do more to get people engaged, up and running on the ground, because I think there's an irreplaceable component to the people on the ground.

SM: So, is there anything else you'd like to add?

JM: I guess I would say, I would encourage the government to go through a planning process where we really, not just

the U.S., but the whole international community, to really think about--we've seen H1N1, we've seen H5N1, at least in this sort of pandemic threats--the flu and others of similar viruses that have that capacity for pandemic potential. Could we look ahead and say, at least on the vaccine or the antivirals or whatever the interventions are that we think can make a difference, what global institution either exists or could be built that really could be stood up fairly quickly to manage the operations of the distribution? I think that entity probably is more like a public-private partnership and less like a U.N. agency, and it's probably more like an entity that has 3 or 4 specific conditions in which it stood up, and they either exist or they don't. And then maybe you could even pre-position relationships between, like for example, vaccine-donations context. A lot of time was spent with legal agreements between manufacturers and WHO and recipient countries. You know, you can do a lot of that in advance. You can have an entity that's ready to be stood up to deal with those liability issues, deal with the transportation issues. So, it's almost like an entity that exists for very discrete purposes that's stood up in the event of a crisis and is otherwise a fairly small dormant planning agency. And maybe that is WHO, maybe it's UNICEF, maybe it's fill-

in-the-blank. But, I think, now is the time to ask ourselves. It would be tragic to have to redo all the things that happened with H1N1 the next time around. Now is the time to think through what that design looks like and who could host it; who could be ready for it.

SM: Sounds good.

JM: Okay?

SM: Thank you.

JM: I hope that's useful.

END OF INTERVIEW

Broad Themes

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- International response team: IIU and ASPR

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- International relations component, pre-pandemic planning of
- Stronger WHO presence
- Global institution to be stood quickly to manage distribution operations

Names

- Margaret Chan
- Barbara [McGarey?]
- Ian Smith
- Dora Hughes
- Richard Hatchett
- Heidi Avery