CDC Ebola Response Oral History Project

The Reminiscences of

Deborah R. Malac

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Deborah R. Malac

Interviewed by Samuel Robson
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Phone call between Atlanta, Georgia, and Kampala, Uganda
Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson, director of the CDC [United States Centers for Disease Control and Prevention] Ebola Response Oral History Project. Today's date is February 16th, 2017. On the line today, I have Ambassador Deborah Malac, current US ambassador to Uganda and former ambassador to Liberia. She is calling in today from Kampala, while I'm here at CDC headquarters in Atlanta. I'll be asking Ambassador Malac today to reminisce about her personal experiences of responding to the 2013 to 2016 Ebola epidemic. So Ambassador Malac, thank you so much for joining this call with me.

Malac: I'm delighted to participate. Thank you.

Q: Of course. I'll just start out by asking, if you were to give someone a two to three sentence capsule summary of your role in the US Ebola response, what would you say?

Malac: My primary role was to help coordinate, not just across US government agencies, but to coordinate other partners as well in conjunction with the government of Liberia. So I saw my role and what I told my CDC colleagues and the others is I was there to remove obstacles to getting things done.

Q: Thank you for that. Taking us back in time, quite a bit actually—well, not that much—I'm hoping you can tell me a bit about where you grew up and how you got interested in the [United States] Foreign Service. Could we start off just like, where and when you were born?

Malac: Yes, I was born and raised in Savannah, Georgia, a long time ago, in 1955. My father was a silviculturist, a forester for a paper company. He was an immigrant to the United States from Czechoslovakia and so ended up after the war in this town of Savannah, which was sort of an improbable place. But I believe that his connection—and then my mother, who was the daughter of missionaries in Czechoslovakia, so spent her life growing up overseas—they gave me a particular view on the world and an understanding that there was a lot more to the world than Savannah, Georgia. And I think originally sort of built the first fire and desire to go off and have opportunities to work and live and travel to other parts of the world. I fell into the Foreign Service, in a sense, once I was off at college. I went off to Furman University expecting to study microbiology and somewhere along the line, I think, organic chemistry derailed me as it does many [laughter] and I decided maybe that really wasn't my calling and I changed my major to international affairs. As I was finishing graduate school at the University of Virginia and was looking at what the possibilities of work for me would be, Foreign Service, working for the Department of State was one that seemed obvious. I confess, I knew very little about what the Foreign Service actually did, other than live overseas in interesting places and work at US embassies. And have the opportunity to learn languages and have someone else pay for it.

Q: [laughs] Absolutely. So you entered the Foreign Service, what initially did you do with the Foreign Service?

Malac: Well, I joined the Foreign Service in 1981 as a political officer, we have different career paths, and they sent me to Cameroon, to Africa, although my academic background and area of interest up to that point was Eastern Europe and the Soviet Union. But I went to Cameroon and frankly, I was hooked on Africa, at that point. I worked as the consular officer and did some economic work at the embassy in Yaoundé, Cameroon. Following that, I went to South Africa to Pretoria at the embassy there and did some political work at the height of apartheid. It was a particularly interesting and difficult time to be there because I was the human rights officer. But I met a lot of very incredible people and many years later, after the political transition, many of the people I had worked with then became part of the new government after Nelson Mandela took over. That was followed by a completely different part, I went to Thailand for four years and then worked in Southeast Asia, but eventually found my way back to Africa working first on South Africa from Washington [DC] during the political transition down there, watching that country go through a dramatic transformation, and then following on that, a number of other assignments either in Washington working on issues of interest that concerned Africa or in Africa. So Uganda where I am now is the sixth African country that I have lived and worked in.

Q: Thank you for that. Wow. If you were to characterize what initially hooked you on Cameroon when you were there, what would you say?

Malac: Well, there's something about—first of all, the people, the incredible, incredible people living under very difficult circumstances who still maintain this sense of optimism, a desire to see a better future for themselves and their children despite very difficult conditions. But also, there's something different about the light in Africa, the sounds, the way they carry at night, the stars that you see—it's very hard to put your finger on, but those of us who have found our way to working on Africa and have spent time working here know exactly what we're talking about. It's just something that hooks you in. The work is interesting. We, as Americans, the kinds of assistance and programs and work that we do through our embassies in Africa really can make a difference when you're working in countries, many of these countries where people are in such—in difficult situations, we can have an impact. Much more than you might see in other parts of the world. That ability to make a difference in somebody's life, at least from my perspective, was sort of my goal always. I was raised to believe that we should always leave some place better than we found it and this was one way that I thought I could make a contribution.

Q: During all your postings—you said that Uganda is the sixth African country that you've served in—were there previous times to Ebola where you were involved in helping coordinate something, a response? Involved, in any way really, in an epidemic response?

Malac: Not on an epidemic. I was working on Africa in Washington at the time when avian influenza first became an issue on the continent. Working on the Washington end with some parts of the government to ensure that countries and embassies had plans in place for determining whether or not influenza was present and what would happen should something occur. But not a direct involvement. And then I did—when I served in Ethiopia, we were working, obviously, on HIV/AIDS [human immunodeficiency virus/acquired immune deficiency syndrome], but that was already at the point where it was already acknowledged, we had more information, the early days of PEPFAR [US President's Emergency Plan for AIDS Relief]. So some of those investments in building surveillance capacity and collecting data and tracking the course of an epidemic, I was somewhat involved in, but again, that wasn't my full-time job.

Q: Sure, it sounds like some of the basics of public health. Surveillance.

Malac: Mm-hm.

Q: Cool. So can you tell me about becoming ambassador to Liberia in West Africa?

Malac: Well, obviously I was very excited and very honored when I was asked to take on that responsibility and was very much excited to get on the ground in 2012 and to start to work with the government there to see what we could do as the US government to help continue to rebuild Liberia and help it recover from many, many years of the civil war. It

was an exciting challenge. It was an interesting and compelling country to live in and to work in and we as the US government, the largest bilateral assistance partner for the country, were key players, had a lot of influence and a lot of impact on people's daily lives.

Q: What kinds of activities were you involved in to create that impact?

Malac: Well, we had a program that covered a wide variety of activities, everything from working on democracy and governance, of building capacity for the government to manage its public financial resources appropriately, so anti-corruption activities, building electoral systems capacity so that they could have free and fair and well-run elections. We worked on economic growth activities, trying to build the private sector, and in particular working on trying to improve agriculture production, both in terms of providing sufficient food for people, but also to help drive economic growth. We did a lot of work in energy infrastructure. We invested heavily in primary education. Also, in the health sector, we were working with the government to help strengthen and build the health system, but again, with a focus on having a system that could deliver basic health care to the citizens of Liberia, not as much emphasis or investment on setting up a system to be able to detect and respond to some sort of an epidemic. And then of course, we also worked in the security sector helping to rebuild from the bottom up the Liberian armed forces, which was completely disbanded after the civil war and literally rebuilt from scratch by the US government. So we had a wide swath of activity in Liberia and on any

given day, I could be working on any or frankly all of these issues depending on what was at the forefront at the time.

Q: I think we've made it to our Ebola section of the interview. Thank you for the background, I very much appreciate it. So starting from maybe when you started to hear about the possibility of Ebola or a strange epidemic going on, can you just kind of take me through your experience?

Malac: Well, in late March, the first that we got wind of it was a couple of press reports that there was some sort of disease in southeastern Guinea, right near the Liberian border. I remember at some event, the German ambassador asked me if I had heard about this and I said, well, I saw the press report, but that's pretty much all we know. And then, about two days later, I remember—and I'm almost certain it was on a Sunday afternoon—I got a message from one of my health team, USAID [United States Agency for International Development] health team members that said they had their first confirmed case in Liberia of Ebola up in Lofa County. My initial response, probably like many other people, was to panic [laughs] quietly in my own house because I frankly knew only a little bit about Ebola in terms of both—other than it was a virus and that it was deadly and what you saw in Hollywood or read about in books. But obviously, as the ambassador, as the person who was in charge of this mission, after that sort of momentary panic, I started to educate myself. The very next day we had a meeting, we had one CDC person who was working on a detail with USAID, primarily focused on malaria—I mean she [Christie Reed] was there only to work on malaria, but she proved

to be a good conduit for us, obviously, back to Atlanta. But the next morning, my deputy, the CDC employee, a couple of members of our health team, our USAID mission director, we all met to talk about what we knew and what we didn't know and how we would move going forward. Our immediate response really was to collect as much information as we could get and to disseminate that information. If there's one thing that I learned or looking back on how we responded, I think the fact that we moved very quickly to get good information, solid information, accurate information out to our community as well as to communicate with the government, as well, to provide and connect them with the best and most accurate information about what they were confronting, was one of the key roles that we played. But that was really the initial response in those first few days, was to figure out what we knew, get as much information to help our own people be safe and understand what was happening, and I mean both our American and our local staff. But also to start to get a handle on how the government was responding, the Liberian government was responding, where were the gaps, what was happening, were they organized, were they capable of managing this?

Q: And what did you find in that kind of evaluation?

Malac: Well, of course in the very early days we were talking a very small number of cases, and so the initial response and the initial reports we were getting was that they recognized they had an issue, they sent personnel up to Lofa County. But then it very quickly became a concern because you had people—they didn't have facilities to isolate these patients, people didn't have personal protective equipment to protect themselves. I

mean, even something as simple as gloves, which we take for granted in a medical setting, were scarce in these clinics up on the border because supply chain was a challenge in Liberia under the best of circumstances; forget about when you need a constant supply of something fairly basic. It became apparent very quickly that supplies were a problem, supply chain was an issue, really understanding what they needed to do when tracking a disease that was as deadly and as contagious as Ebola. They had done some work on polio and other things over the years and measles, but obviously, something very different requiring a little bit different response and absolutely critical that you're able to trace contacts. Unfortunately, difficult, remote, far away from the capital, hard-to-get-to roads, very bad just to even get personnel up there was a full day ride. At the time, fortunately it wasn't rainy season yet, but within two months we were in the middle of the rainy season and it was much more difficult to reach. But it was clear they were not prepared to respond to this. But in the early days, it appeared they would manage to handle it because they just didn't have so many cases. But what we didn't realize and what we all quickly came to realize is that we really didn't know just what the scope of the disease was even in those early months because of the remoteness and the difficulty of reaching that area.

Q: That makes sense. When you look back at those early days, are there any conversations with individuals that especially pop out in your memory?

Malac: Well, one of the first things was we did ask, early on we asked CDC to please send people, additional personnel out, which they did. So I would say within probably ten

days I think we had some CDC—three people I think came out, which helped. I had conversations with the minister of health, which you know, initially he was concerned about it, but I think in the early days at least, they believed that they knew what they were supposed to do, but the question was whether they could actually do it or not. A conversation with the WHO representative and that of course, that was one that I found and I think many of us working with him found very frustrating because while he understood the disease and had had experience working in a Marburg outbreak somewhere before, I think his failure to sort of tell the government just how serious this was and how quickly they needed to respond was, you know, delayed some of the response. But in the early days we were getting indications that well, they seem to be tracking it, they seem to understand what they need to do, they're moving personnel, they're trying to get supplies. But we had no testing capacity. We couldn't test for the disease in the country. Whatever samples they did have had to go back into Guinea to be tested and it took a long time to get the results back, which didn't help the situation as you were trying to identify additional cases. So it started to look like it was going to spin out of control, but obviously, as it turned out, over the first few months, we were able to push it down practically to zero. Although, now, looking back, we realize there were obviously still some cases in areas that we didn't know about, which then led to this sort of bigger outbreak later in the year. But again, I think having those CDC folks on the ground was a real plus. They made themselves at home at the Ministry of Health and worked with the task force that did exist. Experienced a lot of frustration because of the way things were organized or the lack of organization, if you will, but at least there to provide good, accurate information. Helped us to work with the government as well

through our public affairs folks to really design some messaging to get out to people, to disseminate into communities to tell people this was a serious threat and what they needed to do to protect themselves.

Q: Right, absolutely. So can you tell me what happens as the months go on, especially related to your personal experience?

Malac: Well, we felt reasonably okay about what was happening sort of March, April, May, again because they seemed to reduce—they seemed to get a handle on the cases in Lofa County. Of course we had some cases that came down to the Firestone plantation, which is outside of Monrovia, but Firestone used a lot of its own resources and responded quite well to managing the cases that they had, which was a good thing because it could have really been, even early in the year, a much bigger problem than it proved to be. But because we all thought the numbers went down, I think there were many of us there who were obviously not as well versed in the whole life cycle of the epidemic. Although I spent a lot of time talking to the CDC guys and again, trying to educate myself to understand what we knew, what we didn't know, what information I could share with the government, with the president directly to let them know what was happening to ensure that they were getting the right information from their own people. And so we all relaxed a bit in this sort of May, June timeframe, thinking that it looked like we were out of the woods, if you will. And then of course, by early July it came roaring back because we had cases in Monrovia. Just as on the day in March when I first heard we had cases in Liberia, that moment when we got the report that there was a small cluster of cases in

Monrovia was one of those days where you stop and take a deep breath and say okay, this can't be good, given that we haven't had it in an urban area before. And so looking at how quickly it could spread and how it did spread, the capability of all the many health centers in the city to respond, the closeness, the denseness of the population. And by then we were in the middle of the rainy season, which meant that things don't dry out. It becomes much harder, particularly a virus like this, you need things to dry out—when it's wet, you could see that things were going to start to get much worse. It was going to be much more difficult to manage because it wasn't sort of out there in the rural area; it was right in the city of a million and a half people. The prospects were pretty grim.

Q: Right. So up to this point, would you say Ebola was taking on a larger and larger part of your time? Are you still able to deal with all of your other duties as ambassador?

Malac: Well, in the first half of the year, I would say probably up until about June, yes. Primarily, we were able to continue our work in all areas and all sectors. Clearly we had to spend a little time focused on the Ebola response, but we weren't as—as a mission, our health team was working, participating in the task force, and we had the CDC folks. So there was some involvement, but it wasn't taking up the lion's share of our time. We were able to continue to operate more or less as usual. I even took a trip in, it must have been in April, I was up traveling in Nimba County, which is a neighbor to Lofa County where they had all the cases and people were like oh, you're traveling? And we said no, we believe we have—we understand how you get the disease, we understand where it is, we feel pretty comfortable, it's okay to do this. We were able to continue most of our

other activities. However, once it got to Monrovia, and then the numbers started to grow rather quickly, an increasing amount of our time, certainly my time, focused on Ebola, focused on ensuring my folks were safe, but also what we could do to help the government respond to the epidemic. To the disease, obviously we didn't know yet, we weren't quite at the point of calling it an epidemic. It took an increasing amount of time because it was difficult to do anything else because people were afraid to go places, people didn't want to travel to certain places, having events in town, large gatherings could be a problem for obvious reasons. So I would say probably from early July on, it became less and less possible for us to do a lot of other work. And then in July, another day, when I got that call actually late at night from Kevin [M.] De Cock that we had two Americans who were infected. From that point on, for the next several months at least, Ebola was pretty much the focus of my day, every day in terms of what we could do to respond and how we could help, also keeping our mission staff safe as well.

Q: It sounds like that night, when you got that phone call about the Americans who had been infected, was also one that stands out for you when you can look back.

Malac: Yes. I think there were sort of four particular points. One was that first day when we heard that we had Ebola. The other one was the, oh no, we've got it in Monrovia. The third one was Kevin calling and saying "I have bad news," and then he says "Oh, and by the way"—I think he actually called me a second time that same night and said there's a second case. And then the fourth time is when Tom [Thomas R.] Frieden was in Monrovia for the first time at the end of August in a meeting with the president [Ellen

Johnson Sirleaf] and he just said, "You have the world's first Ebola epidemic that you're dealing with, and here are the things you need to do." I mean it literally took all the air out of the room. So those are probably the four things that stand out for me because—and then of course that meeting at the end of August was sort of the real turning point of this much more robust US government response.

Q: I want to come back to that turning point, but I'm also interested in hearing a little more about what your involvement was with the two Americans who had gotten sick. What happened there?

Malac: Well, of course first of all, we have a responsibility to any US citizen overseas to try to help them. But of course with something like Ebola, where the message consistently had been, even to our own people, that if you get this disease, you're out of luck basically. You're going to go to one or two of the very small treatment units that we have operating in Monrovia, which at that point, of course, MSF [Médecins Sans Frontières] has pulled out and had handed over to Samaritan's Purse.[1] We didn't have enough people trained to do anything, so your prospects were not great because there was no proven capacity to be able to transport people, obviously, if you got Ebola. So when we first got the word we were like, oh. I did a lot of, what are we going to do, and we

[1] Note from D. Malac, August 2017: MSF had provided technical assistance to set up ETUs in Lofa County and Monrovia. They were stretched by their ETUs already operating in Guinea and needed someone to take over, which they trained Samaritan's Purse to do in July. Once Kent Brantley and Nancy Writebol were infected, however, Samaritan's Purse decided they could no longer operate the ETUs. At a task force meeting I attended in late July, both Samaritan's Purse and MSF stood up to say they could not continue to operate. Ultimately, Samaritan's Purse did pull out, but President Sirleaf persuaded MSF to stay on although they were very stretched and did not have the staff to expand bed capacity within ETUs. In fact, MSF came to me at the embassy to plead for the US military to send medical personnel to help provide care/treatment.

were having these sorts of multiple conversations between CDC, with Samaritan's Purse, with the local NGO [nongovernmental organization]. I was in contact with Samaritan's Purse headquarters back in North Carolina frequently, they were pushing on us to say what can you do, had we had [Department of State Bureau of Medical Services] get involved, because they had been working for a number of weeks to try to develop this capacity to be able to medevac [medically evacuate] people if they did become infected with the disease. But we didn't know, we weren't part of that discussion, i.e., the development of this capacity. We knew that they were looking at possibilities but they didn't want to get our hopes up that they had some capacity if it hadn't worked out. So trying to make sure we were putting everybody in touch with one another to help arrange to get them out and get them home. We also did some work on getting some ZMapp in from Sierra Leone in order to provide them with an additional dose of that because we weren't sure that we'd actually be able to get them home. So just a lot of phone calls, a lot of meetings, email, discussions to try to make this all happen. And ultimately, as of course everyone knows, it did, but it was a pretty stressful, pretty stressful time obviously. That was around the time I remember sitting in my office one night talking to Kevin De Cock and he was in his office and we were chatting, it was like ten o'clock at night and he said the situation was really bad because we didn't have treatment, we didn't have beds for people, they were turning away people who were clearly sick who were just going back into the community to infect people. He and I are having this conversation, increasingly gloomy about what do we do, how do we turn this around? And neither of us had any bright ideas at that point because it was just on a scale and in an environment that we had never seen before.

Q: Right. Can you tell me more about, I don't know if you knew Kevin De Cock before the Ebola epidemic or getting to know him?

Malac: I didn't know him well. I knew who he was because we had crossed paths briefly when he was in Kenya and I was working in Ethiopia, but I would hardly say that I knew him well. But he was out twice during the response for us in Liberia, so we spent a lot of time together because by July, I was having fairly frequent meetings and then once the DART [Disaster Assistance Response Team] team came in, the DART team, CDC and I, I had a daily meeting with people, even on the weekends, just to try to figure out where things were going. I spent a lot of time with Kevin in person and if not, on the phone to help me understand what was going on. He was very good about keeping me informed and I found him just a reservoir of good information. One of the things I was able to do through all of this, because I think this goes back to my college days where thinking I was going to be in microbiology, and I have sort of a science nerd brain that doesn't get to be exercised very often. Having this whole issue of disease, epidemic response opportunity was really fascinating to me just from a science point of view. I learned a lot about epidemiology, about public health, about microbiology, about viruses, about all kinds of things. But Kevin was very forthcoming. I really appreciated that he was very frank with me. He would give me the information, good, bad or ugly. So it was a real pleasure to work with him and I really appreciated the good work that he did. He developed really good relationships with the government of Liberia, people that he was working with from the Ministry of Health [and Social Welfare] primarily. But very calm,

very knowledgeable, very highly regarded, and so he was a great partner to have in those very, very dark days. Because as I said, he wouldn't sugarcoat the information, but he was always willing to look at what needed to be done, explaining what needed to be done from a public health or epidemiological point of view, which was then information I could take directly to the president or to the minister of health if we felt something wasn't working or they weren't responding appropriately.

Q: Who are you most commonly in contact with in the government at a high level? Was it the president or the minister of health?

Malac: Mostly the president, but frequently the minister of health and then his deputy. It's a small country and the government is not that big. As the US ambassador, you know everybody in the government, so I could call anyone. Certainly in the days before we had the emergency operations center, before all of that more organized epidemic response system came online, which wasn't until September, I dealt with the president, I dealt with the minister of health or I would communicate to particular individuals in the president's office, if necessary. I mean I did, I had a direct line to the president and frequently talked to her, talked to the foreign minister. Depending on what the issue was or what the aspect of the issue was, I would go to where I needed to go to either get the information, force an action or get a response.

Q: Sure. Do you remember any interactions with President Ellen Johnson Sirleaf, in particular?

Malac: Well, I guess our famous ride to go identify [locations for] treatment units is the one that most people talk about. Now, that didn't happen until early September, but we spent an entire afternoon together driving around sites in Monrovia, identifying where and what were locations the government could make available to build treatment units. It had become quite a—it was a relatively mundane afternoon in one respect, but it took on this sort of mythic status because here we were, the president of the country and the US ambassador, stomping around in fields and surveying locations, which I think was something that people could rally around. People were taking a real interest. But separate from that, conversations in the early days with her laying out very clearly, asking her what she was hearing from her people, telling her what I knew from CDC, what we thought needed to happen, and she was always willing to listen. But when I had to call her and have a conversation and say "Look, we've made a decision and we're sending all our family members home," she was like, "But I'm staying here, the government is staying." I said, "The embassy is not closing, we'll be open and will continue to work but we have to send our families home because Washington basically has said that's going to happen." When I called her up and I said, "I'm declaring this disaster, which means we can get the response team out here, which will help us and help you on the logistical and planning side. This is something we're doing, you're going to see this in the press but understand I'm doing this so that we can actually better help the government respond." So we always had a very honest and open relationship and she was willing to listen. She would say I don't think this is working or they've told me they're doing this, and I could say well, they may have said they're doing this, but this isn't happening, we need you

to—you know, could you please talk to the Ministry [of Health]? Can you get them to do something different?

Q: Do you remember any specific examples of those times when you had those kinds of negotiations?

Malac: Well, we had one discussion obviously related to the issue of using quarantines, right?

Q: Sure.

Malac: In particular, using the military to enforce quarantines. But quarantining people, she had a lot of people beating on the desk and talking in her ear out of fear, that you need to isolate places, you need to shut the borders, you need to draw lines, you need to keep people in their provinces or in their counties or in their houses. She at one point gave in and quarantined, for example, West Point in Monrovia, but we were able to have conversations and say look, this is not the best way to respond to an epidemic. What you need is to be able to have access. Yes, we don't want people travelling all over the country if they're sick, obviously. And she did listen and I think she was appreciative of the fact that there was another voice, in op—not opposition, but a different voice than what she was hearing from her own people who were scared and wanted to see heavy-handed action. She wanted to do what was the best thing to do from a public health point of view. But it was sometimes difficult for her to find that path and so the opportunity to

have a conversation with me—sometimes she met directly with our CDC folks along with the Ministry of Health people just to hear directly from them just how serious the situation was. Obviously, later on when we were in a more organized phase of the response by September, conversations with her about the need to get a cemetery set up, to move away, the decision to cremate the remains was absolutely the right one given the sheer numbers of bodies that they were dealing with on a daily basis. But then, pushing the process on at some point to identify a place where you could bury the bodies in a safe manner to address some of those concerns. We dealt with all of those issues, the issue of payment for health care workers, health care workers not wanting to go to work and not being paid, so lots of things that we had to have conversations about. She was increasingly better briefed by her own people, but it's very difficult because she would make decisions, but implementation was a challenge.

Q: When it came to the issue of quarantine, were you immediately sold on the idea that a heavy-handed response was counterintuitive to the best public health outcomes?

Malac: Well, I believed my CDC people.

Q: Sure.

Malac: I mean again, not having any prior direct experience with this, the way I address any issue that I don't know something about is to educate myself, and so talking to people who actually know what you're supposed to do. Because I would have, on the

face of it, said sure, why not quarantine? Isn't that what you do, put people in quarantine? And then understanding, myself, why that's not what you want to do in this circumstance, so that I could understand this well enough so that I could have this conversation with her or with others about why it doesn't make sense to manage it this way. And understanding the Liberian environment. We had had a real problem in the early days of making people believe there was actually a disease present that was killing people and could spread very quickly if people weren't paying attention and doing the right things. So this denial took a long time to overcome and to force behavior change, basically. I'm trying to remember where I left off. But that was really the response, to get the people who knew what they were talking about in the room and either take the information they gave me and pass it along or put them directly in touch with whoever—you know, who was the obstacle or who did we need to educate about something to ensure that we were following the best possible and providing the best possible advice based on experience, based on what we had seen happen previously. Obviously, we were making some of it up because we'd never seen anything on this scale. And so looking around for what might work if the standard stuff wasn't working.

Q: Yeah, I think that's important when looking back, to remember that, you know when we look back at history, it can seem like everything was obvious and of course, this led to that, but it was an atmosphere of uncertainty.

Malac: It was definitely, yes, definitely an atmosphere of uncertainty. You know, certainly July, August and frankly September, even though by early September we were

getting things a little bit better organized and we were hopeful that we'd get on top of it. Our message, our public message, was obviously always one of optimism, that we were going to get on top of this, that we were going to bend the curve of the epidemic. But I can tell you in July, August and September, we knew from the data, we knew for sure that we were still chasing this epidemic that was rolling out of control in front of us. So, you know, hopeful that getting certain things in place, getting an emergency operation and incident manager identified, getting better help for planning and logistics and organizing those pieces, planning for construction of new treatment units, that those pieces should all come together and have a positive impact, but we weren't there yet. And frankly, we didn't know if it would be enough and so we were trying—what could we do in the interim if we don't have enough beds? Do we pull people out and put them in sort of—not holding centers, because they had tried that earlier in July and it had turned out disastrously. At Redemption Hospital, you had people just basically sitting there waiting to die because there weren't actual treatment facilities for them to go to. But what other alternative, if you can't get them out of the household, they're going to infect someone else. So working together with the other partners, what can we try now? If this isn't working, what do we need to do? Basically throwing as many things out there as we could and hoping that some of them would show that they were having a positive impact.

Q: Right, absolutely. You have mentioned this meeting at the end of August as kind of a turning point when Dr. Frieden was in town. What made that meeting such a turning point?

Malac: Well, we knew, everyone knew that things were obviously bad. July into August, numbers just kept growing, there weren't enough treatment facilities, people were getting turned away—we all knew things were bad. Doctors and nurses, health care workers were getting infected, they didn't have—still not enough personal protective equipment. Early days of testing, there was some ability to test, but not—it was long and drawn out and took forever even though the capacity was in country, but trying to get specimens transported. There were a lot of reasons, so people knew it was bad. But when Tom, after having been there for three days and had been around to look at the facilities, talked to people, looked at the lab facilities, everything, sort of walked in and said "Okay, this is not just a disease outbreak. You're dealing with the world's first epidemic of Ebola and there has to be some serious action in these particular areas if we are going to hope to get ahead of it." Literally, the room—everybody sort of sucked in their breath because—and then the president said, "Well, we knew it was bad but we didn't know it was that bad." And I think when you're in the middle of something it is a little hard to make that assessment. But he then laid out, proceeded to lay out, these are the areas, things you need to do and you need to do them with all deliberate speed. One of which, of course, was setting up the emergency operations center and getting one incident manager who had the ability to pull all these pieces together. And then went through several other things: safe burial and serious training on personal protection and preventive actions that need to be taken for medical staff and other things. I should remember, I thought for sure those five things would be burned in my brain forever, [laughter] but over time I think I've sort of put some of the pieces out. But went through this whole thing and she said, "Well, we obviously have a lot of work to do, we need to get started." That was a good

turning point in the sense that she was willing to—it still took us a few weeks to get the incident manager appointed that we thought would be the most effective, but we were pushing in that direction. Right away they started moving to identify a location and to reorganize the response effort or frankly, organize it so that it was a more cohesive structure than had been the case before. So that was particularly helpful because then we could get everyone in one place, the people who needed to be in one place to organize the different teams, whether they were doing contact tracing, whether it was logistics, whether it was planning, whatever the activity was, and start to feel as if there was less a panicked emergency response where people were just going around responding to things as they happened as opposed to a clearer plan of action on the things that needed to be taken care of and chipping away, if you will, at this epidemic.

And then the next point was, of course, President [Barack H.] Obama's announcement that he was sending the military, and all this other stuff that came out in mid-September. That was the other interesting event because just the mere announcement that the US military was coming, literally the next morning—that was about eight o'clock at night Monrovia time, I mean it was what, three or four in the afternoon at CDC when he made the announcement, so eight o'clock in the evening. The next morning, the atmosphere in Monrovia had completely turned because it was this idea—we were all feeling a little isolated and forlorn and people didn't want anything to do with us because we all had Ebola. And suddenly that sense that Liberia was not in the fight alone, that the Americans were there even though we'd been there obviously throughout, that they were so serious that they were willing to send the military. It was almost as if Liberians themselves said

we can do this, we will find a way to beat this. It was really an interesting morning because there was just a buzz in the air that there was going to be an end at some point. How long it would take we didn't know, but that there was going to be one.

Q: And so what role did you play in helping shepherd that military response, the Department of Defense coming in and helping build ETCs [Ebola treatment centers], etcetera?

Malac: Well again, by this point I was having—as I mentioned, I had daily meetings with all the teams, so I had the DART and the CDC and then, once the military showed up we had the commander [General Gary J. Volesky] would be in the meeting. We would sit down every day, had a meeting, talked about what the issues were, talked about how things were going, what the next steps were just to make sure that we all knew, and again, to identify where we thought the problems were, if there were sticking points or issues that they thought might be a problem. Specifically if they needed me to step in to break a logjam, for example.

Q: Do you remember one of those logjams that you had to break down?

Malac: Well, there were a lot. Some were, looking back, seem mundane now, but actually were quite critical at the time. But things like the payment by the government to the owners of the land where they wanted to put the cemetery, that was later sort of October-ish, but it just went on and on and on and having to go in and say—because we were

supporting as the US government the safe burial teams and they needed the space and it just dragged on and dragged on. So they would come in and they'd say, when you go to this next meeting, or can you call the president and say we need to have this happen? That was one. But again, a lot of them were little things and again, it wasn't always the president, sometimes I would call the incident manager or I would call the minister of health because there was a tension between the incident manager and the minister of health. So helping to make sure that the minister felt like he, and then later she, were part of the process and not being cut out of the system. So sometimes it was more hand holding than actual resolving issues.

Q: How interesting. So, sometimes the minister of health felt like they were cut out of the equation?

Malac: Well, because in the first half of the year, in the early days of the response, the chief medical officer for Liberia, a female medical doctor who is now the minister of health, but was not at the time, she was the chief medical officer. She was in charge of the response in those early days.

Q: Sure. Dr. Bernice Dahn, is that right?

Malac: Yes, Dr. Dahn. And then, because when we got to this EOC [emergency operations center] process and an incident manager, Tolbert [G. Nyenswah] was the more junior person in the Ministry, so there was a lot of sensitivity between the CMO [chief

medical officer], between Dr. Dahn, Dr. [Walter T.] Gwenigale who was the minister, that this other person was now the sort of center of attention for the Ebola response. So there was a lot of just bridge building that I helped to do because I knew all of them and so trying to make sure that this didn't somehow inadvertently lead to any problems. And then subsequently, the following year, Dr. Gwenigale retired and Dr. Dahn became the minister, but that was much later. But just sometimes that relationship building that needed to go on and reassuring them that we didn't—our relationship was not any less because we were dealing now, so frequently, with the incident manager in terms of what we needed to do for the response as opposed to dealing with the minister or the chief medical officer on all the other activities that we would normally be doing in terms of helping the health system, because by this point, of course, we were all on an Ebola response footing. I mean I had even people from parts of my embassy that weren't with USAID or CDC doing special tasks, being the person to report to Washington on what had happened during the week or giving them specific responsibilities, because we couldn't do a lot of our regular work because we didn't necessarily have interlocutors or we couldn't hold meetings because you couldn't hold certain events because of Ebola. We were very much focused on the response, in the response mode at that point.

Q: Absolutely. How did Tolbert Nyenswah get chosen and what was the US advisory role in that process?

Malac: Well, based on the work that had been going on during August primarily, well, July/August, within the confines of what they then had, the Ebola task force is the way

they were constructed, which had gotten way too big and was basically anybody who wanted to come, even if they had nothing to contribute, would show up. It just became very unwieldy, it wasn't very practical and you had people in there who really had no role to play. But based on the work that our CDC folks were doing on the ground with Tolbert and others from the Ministry who were involved in the response in those days, they were the ones who sort of said, this guy would be better. Because there was also a gentleman who had gone to school in the [United] States and was working in the president's office who got himself appointed, and I'm drawing a blank on his name, which is terrible, but he got himself appointed as sort of the president's special advisor or whatever on Ebola—

Q: I think I know who you're talking about.

Malac: Yeah, and they were afraid that he was going to get named. But from an organizational capacity, what he actually knew—so CDC had very clear ideas that they thought of the people that were being pushed, that Tolbert was the best person to manage this and to run things. It's a little dicey because, again, as I said, this guy Tolbert was—not that he was junior-junior, but in the hierarchy of the Ministry he was more junior. So trying to nudge the government, nudge the president in the direction of making the right choice without looking like we were ordering her to do this or pick somebody was a rather delicate dance. But again, relying solely on the advice of CDC that they thought based on their interactions and work with him, that he was the best of the likely candidates for that position.

Q: I really liked the way you talked about that dance because yeah, one of the issues I've been considering throughout this is, people I've interviewed at CDC say of course, our main objective was to keep the countries in control of the process and be the advisors. And on the other hand, you want to give advice and you want that advice to be taken and so there's this kind of the question of who's really owning the response.

Malac: Well, in Liberia I have to say, and it's not just because I was the ambassador in Liberia and that we did a lot of great things in Liberia to get on top of this epidemic, but what we had in Liberia, unlike the other two countries from an earlier point, was someone who really—in the president—who really was in charge, that took ownership of this response. And we of course were sensitive to that because at the end of the day we can't just come in and do everything. Now granted, there are people who accused us of doing that when we responded in such a large way, but we wanted always—our goal was to ensure that the Liberians were ultimately in charge of this. And the president was willing to do this and she was willing to do whatever needed to be done, whether it meant changing direction, making a decision like allowing Tolbert to become the incident manager even though there were people grousing in her ear about why would you pick—you know, you have to have this person. And she was like, I need to do what needs to happen. We didn't get a lot of that same—certainly in Guinea there was, you know, the president was involved, but not really. And in Sierra Leone eventually the president became much more involved. But she was willing from the outset to—and she set an example for Liberians and took difficult decisions when she needed and people respected

her for that. But again, when you got to these sorts of critical decisions that could impact the direction in which things were going to go, ensuring that she knew the pros and cons, or I would put stuff in front of her and she would decide. But we, again, because we had the ability to have an open and frank discussion about why something would be a good thing or why it wouldn't be, ultimately she would make the decision. She's the president, she can decide.

Q: Great, thank you for talking about that. I do appreciate hearing about how you negotiate who has power and making—and it sounds fortunate that President Ellen Johnson Sirleaf really took ownership of the process. One thing that this subject makes me think about too is I hear about how there were some conspiracy theories among the general population about whether there was Ebola and the motivations of the government in creating it. Now, I don't remember which countries, Guinea, Sierra Leone or Liberia that was mostly predominate in, but did those—

Malac: Well, it did happen in Liberia in the early days, the first few months. I mean we had a real huge task to persuade people that it was real. You know, what's Ebola, that it's real, that it can kill you, that you need to do certain things. There was a lot of skepticism, particularly because in those first few months, the cases were not in Monrovia where most of the people were, so the majority of the population wasn't actually seeing it. So that was, I think, the big reason. And then there was just this inherent skepticism that okay, they've come up with something else and they're trying to get us to do things that are a little different than what we would normally do, like not wash the bodies of the dead

people or send your sick children or your sick mother away, not embrace them. So things that were, you know, really go to the core of Liberian culture. So there was this inherent skepticism. It wasn't quite as extreme as you saw in Guinea or in some parts of Guinea for example, but it was definitely there and so we had to do this concerted education campaign. But then, at one point, probably in April or so, the then-minister of health, Dr. Gwenigale, drew up a plan to respond to Ebola, went back to the government, went to the parliament and said, "I need $1.5 million dollars," or whatever it was, "in order to deploy contact tracers, make sure we have enough health care workers, we have the things we need in Lofa County to address this." And basically was told we don't have the money. But the fact that this was a budget, this got picked up as well so the skeptics or the critics were like oh, this is just a ploy for the minister to get more money for the Ministry, without really understanding what was entailed in that there really was a legitimate need. By July, obviously, by the time it got to Monrovia and as the numbers started to rise and people saw dead bodies being carted away in trucks and dead body teams inside the slum areas, people quickly understood that there was a real threat and that the government was telling the truth and started to really change behavior.

Q: Right, absolutely. I have a completely separate question, but I'm curious, what was Tom Frieden like?

Malac: Oh well, I think he's a national treasure actually. He came out at the end of August, was his first visit out, and then came back again I think two more times while I was there. I always found him to be very informative, very approachable, ready to give

practical advice, good relationships with people. We did also the three ambassadors from Sierra Leone, Guinea and Liberia; we would do a weekly call with him through much of the fall into the first part of [2015]. At one point I think we started doing it—actually, it ended up being monthly at one point, but it was a very useful opportunity for us to speak directly to him about what they were hearing, what CDC was thinking from the Atlanta perspective. It was a good source of information for us about some of the discussions in Washington because the three of us, the three missions, were often not privy to some of that interagency discussion that was going on. So it helped us have a better sense of how things were being viewed from the US side. But also, to make sure that we and the CDC were all on the same page in terms of our understanding of where we were with the epidemic, what kind of progress we were making or not making, and then any other issues that they might need the embassy's help with. I just found it to be an excellent working relationship. I found Tom always very approachable and helpful and honest with good information. If you sort of said hey, well I heard this and this looks really good, he'll go no, that's not really what happened. So it was a useful conduit of communication and information.

Q: Sure, sure. And it sounds like in these calls you're also in contact with the other embassies in the other two highly affected countries. What was your communication like with them? I know that Liberia's epidemic peaked earlier than Sierra Leone's; did they come to you, to Liberia, for advice?

Malac: Yeah, we shared—well, my colleagues in the other two countries and I were constantly in contact, as were of course our CDC teams, our DART teams, everybody was communicating with one another. But we were sharing information and letting people know what was happening. There were a lot of lessons learned—well, I don't want to say lessons learned, but because we were ahead of the other two in terms of numbers and some of the things we were doing, they were able to take on some of the response pieces that worked for us.[2] Maybe we had tried something that didn't work, they knew not to try that, they would just go with what had shown that it was working in Liberia. So I think we were a bit of an experiment for them, which is good and hopefully it helped sharpen their ability, their responses by not spending time on something that might not be effective, but being able to go adopt an approach that might work better. That said, it still played out very differently, obviously, in all three countries in the end. But we stayed in constant contact because we did have similar issues and particularly related to our own personnel because we had the responsibility for all of our staff, our local staff and our American staff, and what we were hearing from Washington about what would happen if one of our folks was infected and how all of those things would be managed.[3] So we had our own little conversation among us, usually through email

[2] Note from D. Malac, August 2017: We first came up with the idea for community care centers, which were meant to be an interim solution to remove people with symptoms from their houses/communities until we were able to build new ETUs. This was in the August-September timeframe. I understand that these were used much more broadly in Sierra Leone because they were about six weeks behind us.

[3] Note from D. Malac, August 2017: From the outset my primary responsibility was keeping my people (American and Liberian staff) safe and ensuring we provided accurate information to the broader American community. We created a response team from our health unit personnel and some other staff to respond if one of our staff presented with symptoms at work or if a visa applicant or visitor to the embassy appeared symptomatic. This included identifying a specific location where the person would be isolated until he/she could be moved safely to a treatment unit for further evaluation. We also identified and prepared one of our empty residences to be used as a safe place to keep someone for up to twenty-one days if we believed that they may have been exposed to Ebola. We developed a policy regarding how to treat employees who may have been exposed to be able to stay home for up to twenty-one days with pay. These are just some of the

because when we were often on the phone call with Tom and we would hear stuff from one another.

Q: That makes sense. So I think in the broad timeline of where we are at with your narrative of where you were in the Ebola response, maybe we got to somewhere, to October, where the US military is coming in. Can we just kind of take it from there?

Malac: Well, obviously having the US military was a game changer, I think psychologically perhaps even more than what they physically did. As I mentioned, in September that announcement that they were coming did a lot to boost Liberians' morale and outlook that we can do this. So that brought a new level of complexity to our situation on the ground because we had to figure out how we were going to house them, where they were going to go, what they were actually going to be doing. Because when they arrived, they didn't really have clear instructions. I mean they had these sort of broad outlines, but what did that mean practically? And some of those things that were things that three months ago we really needed, but we didn't necessarily need at that point in time because of where we were in the epidemic and fighting it—

Q: [crosstalk] What's an example of one of those?

Malac: —so helping them get settled, get organized, getting them in contact working with the DART team, working with CDC, but certainly the planning element that they could

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examples of planning we had to do. It was particularly important in the early days before we had a proven way to evacuate patients safely.

bring, the planning and logistics expertise and lift that they had was very helpful and critical in helping to build a critical mass for the response. We were not the only actors, obviously, the US and the US military, we were not the only actors, but we were the big kahunas. The US was clearly in the lead in Liberia. But fitting them all in to the emergency operations center in the various teams, making sure that those relationships were forged and were working the way they should be, it was an ongoing process. And then of course we were also getting them to build the Monrovia Medical Unit, getting that structure up, getting the US Public Health Service in as well and making sure that facility was operating, looking at how the military was engaged in the various aspects of response, what they could do, what they couldn't do, but it was—when you bring three thousand people in, or almost three thousand extra people in, it creates some pressure and strain on a relatively small mission. But we all made it happen and there was no choice, we had no other option than to make sure that they could get the work done that they needed and set about making sure they were oriented in the right way. We got them lashed up with the Liberian Armed Forces and got them engaged as well in the response, which was a very good synergy and partnership. So again, helping put a Liberian face on this response so it wasn't about the Americans out there building stuff per se, you know, the Liberians were right there doing it too.

Q: So what did you do then?

Malac: What did we do when? [laughs]

Q: How does your part in the response continue after about October?

Malac: Well again, mine continued to be just making sure that all the pieces were working, both from our perspective internal to the US government, making sure that all of the pieces of the US government response, so the DoD [Department of Defense] piece, the HHS [US Department of Health and Human Services] piece writ large, obviously the CDC folks, but the Public Health Service folks who were on the ground, the USAID DART response, the CDC, and the things that the embassy needed to do. That we were not part of the problem, that we were all working well together, so ensuring that coordination was going on, that we always knew what people were doing, what the planning was for transitions or planning for the next phase at the site in the epidemic, as well as then ensuring that the USG [United States government] team writ large, all the many pieces of it, was well integrated into the broader response system under the leadership of the EOC. So a lot of just liaison, watching, going out to see what's happening, talking to people, making sure there were communications. By this point, the president had set up an advisory council, President's Advisory Council on Ebola, or PACE, and we were meeting on a regular basis every other week. I was invited to be one of the members, so the US was there. The incident manager was there, a few cabinet members and then me, and we had the UN was represented, WHO [World Health Organization] and a few other people. Most countries were not, but we were there at the table. And it really was a discussion about making policy decisions or decisions about things that needed to happen that were sort of something that required that presidential-

level decision that the incident manager potentially could not make.[4] But also an opportunity to brief the president with everyone in the room about what was happening and where things were headed. So I was also participating in that sort of more formal way on this advisory committee.

Q: Right, right. And so I think things start winding down in—when would you say?

Malac: Well, obviously, by December we realized that we were in a much better place than we anticipated. We had brought the curve way down, although we were skimming the zero axis, we couldn't quite, you know, that last mile was proving to take much more time as we knew. By January, we were really chasing the last major chain of transmission and it took us—obviously it wasn't until May that we were declared Ebola-free the first time. But by January the DoD was starting to look at transitioning out and how their footprint would get smaller and smaller. DART was already planning for some transition, understanding that they would continue to be present through 2015 and possibly beyond—but looking at that planning. And then of course the planning that we were doing with CDC was both in terms of the epidemic response piece and how that would happen, but also at that point starting to work to establish a CDC office, a country office in Liberia, and looking at transition planning across the board. So my team at the embassy, our USAID regular health team met regularly with DART, CDC, and the

[4] Note from D. Malac, August 2017: Some of the issues: pushing through decision to create cemetery for safe burials in order to ease some of the irritation over cremation; reviewing and approving pay scales for health care workers to incentivize them to show up to work to provide care; approval of basic treatment protocols; easing of nighttime curfews; just to name a few. It was also a place where we could all jointly review progress, identify where constraints still existed and craft messaging that presented accurate information and was harmonized.

military to plan that transition out of that sort of response phase into what would come next at the point we were able to do that.

I guess I did forget one other piece that was happening in the September and October timeframe was working with NIH [National Institutes of Health] because we were trying to get this Ebola vaccine trial started. I was very deeply involved in the negotiations with the government to get the approval on the Liberian side to allow the trials to go ahead, getting all of that done, back and forth with the minister of justice to get him to agree to certain things. Negotiating an agreement with the government to allow, for example, all these mobile labs that came in that really were a game changer in terms of getting quick diagnoses. Had to negotiate a bilateral agreement with the government to allow those to come in and the personnel to come in. So there was a lot of more traditional diplomacy, if you will, in terms of negotiations and stuff that went on against this whole time while we were one, still fighting the epidemic and two, starting to plan for transitioning out of the epidemic.

Q: Right, that makes a lot of sense. As it winds down, are you able to pick up some of the other roles that you might have had to jettison, some of the other focuses?

Malac: Certainly by the summer of 2015 we were back into more of our usual activities. Obviously, we had been declared Ebola-free in May, there was a cluster that broke out in June, late June, not surprising, we all expected that it would happen. But the response to that little cluster worked quite well and I think helped to build our confidence that we

could really—that there was some capacity now that didn't exist previously, while maybe not perfect, but certainly some—we made progress. But allowed us then to see that we really were coming out of this and we could focus our attention on many of the other activities that had been—frankly had to be on hold for a while. And certainly on the development side, development assistance side, a lot of our programming things that were supposed to have happened and we were on the cusp of having happen in 2014, when 2014 started, but all got delayed, deferred as contractors and people left the country because of Ebola, that we could start to turn the spigots on again and start to pursue projects and activities and programs that really hadn't been able to do for much of the year before. But it was easily mid-2015 before we felt like we were, more or less, returning to normal. Even when I left Liberia in December of 2015, we were much more on a normal footing, but we were still dealing with the aftermath of—because of course, we had started a Global Health Security Agenda program, there was still a heightened emphasis and look at the health sector for obvious reasons, both to help it recover from the impact of Ebola, but also to add some additional capacity to that system as a result of Ebola.

Q: Right, absolutely. Was there any particular program that was especially close to your heart that you had to put aside for a while, but then were able to get back into?

Malac: That's a good question. No, not one that I was—I don't know, I worked on so many things, I guess the biggest one would be just sort of the economic growth portfolio overall. We really were poised to bring some additional capacity to the government to

really help them work on things in the ag [agriculture] sector that would help, we hoped, to drive private sector development in the country, and we couldn't do any of that at all, in any way, shape or form. Obviously, people didn't want to come to Liberia when there was Ebola. And the economy just took a big hit because of Ebola and so it was frustrating, I think, in that regard because it was like you just lost a year and a half or two years of being able to do development assistance and help improve the environment because you were busy fighting Ebola.

Q: Right, that makes sense. When you look back, were there any moments of hey, we did it, that stand out to you?

Malac: Yeah, I think definitely at the beginning of May when we had our little official announcement that we were free, that it was at an end, that we were Ebola-free for the first time. There was definitely a lot of emotion while the WHO rep [representative] was reading the statement. I have to admit, I got a little teary. And then we went around with the president on a bus ride around the city to visit some sites to see how things had changed or places—visited some Ebola orphans. We visited Redemption Hospital that had been a real horror at one point in the height of the epidemic, but had been transformed, and where they were doing the vaccine trial. We went around and met with various parts of the community, it was a real celebration. I think people genuinely, for the first time, we were hugging, which you know, that's the part that I think people don't realize is, those of us who were there for the duration, that lack of human contact for months on end. We didn't hug people, we didn't shake hands, and you don't really realize

the toll it takes until at the end when it was like oh, it's okay, we can hug people now. That day in May was a particularly joyous one because as I said, back in September, when we were doing interviews on CNN and people are saying oh, it's so terrible and blah blah blah, how do you think you're going to get—you know, the message from all of us, whether it was me or the general or CDC or DART was like, we're optimistic, we're going to do this, we've got all this great effort going on, it's going to happen, we're going to bend the curve. I have no doubt it's going to happen. But we were all like, back home, going I don't know, we don't know what's going to happen, we don't know what's going to work. And then you realize, you get to some place, you get to May of 2015 and you realize wow, we actually did it, despite as dire as things looked in July and August and September, we did it. So it was a pretty emotional day, I have to say.

Q: Ambassador Malac are there any aspects of your response or any memories that you have that we haven't gotten to yet or that I just haven't asked about that you'd like to share?

Malac: No, I don't think so. This is the only the third time since I left Liberia that I've really spoken about everything that went on or the response or certainly my role in it because I think being in the middle of it and going through something like that, it takes a while to process it all and to come to grips with everything. And then on the other part, the other piece of that is that I personally, I know a lot of people say to me that you were responsible for this and you did a great job and you led the response and you did this. Personally, I know that I was doing work and I was helping things happen, but I don't

think of myself as a hero. I don't know that I did anything extraordinary, I did my job from my perspective, keeping my people safe, making sure that we were engaged appropriately with the government and helping the country overcome an epidemic. It's very hard for me to talk about it and I'm not sure I've processed all of it, but what I do know is that from both a personal and a professional perspective, it was truly the most extraordinary thing that I have ever been a part of. I feel very humbled and privileged to have been able to play a role in helping save people's lives, however small that role may have been. It's something that obviously will stay with me for the rest of my life. I hope I don't ever have to repeat anything, but it is nice to know I feel that at least I can from a personal point of view know that should I find myself in a crisis situation like that again, that I have the ability to adapt and to lead in that situation.

Q: Thank you so much Ambassador Malac for taking the time to talk with me today about this.

END