

CDC Ebola Response Oral History Project

The Reminiscences of

Sara R. Bedrosian

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Sara R. Bedrosian

Interviewed by Sam Robson
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Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson here today with Sara Bedrosian. Today's date is April 7th, 2016, and we're here in the audio recording studio at CDC's [Centers for Disease Control and Prevention] Roybal Campus in Atlanta, Georgia. I'm interviewing Sara today as part of the CDC Ebola [Response] Oral History Project. Sara, thanks so much for being here with me.

Bedrosian: You're welcome, Sam. Thanks for inviting me to come.

Q: Of course. For the record, could you please state your full name and your current position with the CDC? I know that might be something that's tenuous now because the response is just ending.

Bedrosian: My name is Sara Reynolds Bedrosian, and currently I am a public affairs specialist in the Division of Public Affairs in the Office of the Associate Director for Communication at CDC. I started that job officially, because I've been deployed back into the response for so long, officially started being in that job April Fool's Day of 2016. [laughter] So I've just been there for a few days back from the response.

Q: I am a part of the Division of Public Affairs, so welcome. I've only been here since like October but I've found it nice.

Bedrosian: Yeah, nice people.

Q: Yeah. So can you tell me when and where you were born?

Bedrosian: I was born in 1958 in Morristown, New Jersey.

Q: And where did you grow up?

Bedrosian: I grew up in Basking Ridge, New Jersey. Which is kind of a commuter suburb of New York City, but very rural and very pretty.

Q: Tell me more about growing up there.

Bedrosian: We had one traffic light when I was growing up. Mostly I remembered it from the sixties and seventies. I graduated from high school in 1976 and we were a very small town. Mostly people would commute into Manhattan. My dad worked at the New Jersey Institute of Technology in Newark, so he would take the train every day while my mom stayed home with us. We were basically in the middle of a peach orchard and an apple orchard. Very, very rural, but as I grew up it became much more busy. AT&T had their general services headquarters there, so two years before I graduated from high school

they opened their general services headquarters there. I actually was in the orchestra that helped inaugurate the ribbon cutting ceremony for that. It changed from being a very, very rural, slow place, to a very cosmopolitan, high-pressured type of place. Actually on 9/11, our town lost many people in the World Trade Center just because there were so many people who had been commuting in and out. It was pretty devastating.

Q: You played music at a young age?

Bedrosian: I actually played a number of instruments, not well. I grew up playing the piano and singing in choirs and church and bell choir and things like that. But I was in the orchestra for a while. They needed people who played cello and then string bass, so I learned just enough to be horrible [laughs] and I guess I was always a keyboard player primarily.

Q: What did your mom do?

Bedrosian: She basically was a homemaker for most of our childhoods, but she had a college degree, which was unusual for people of her era. She was born in 1925, and she worked for a while in my uncle's office. He was our family doctor. He had been a veterinarian but he became a doctor, which is another interesting story that I won't tell. But my mom was doing insurance processing in the office there.

Q: Was it just the three of you in the household, or—

Bedrosian: My brother. I have an older brother, two years older.

Q: What kinds of things did you start getting interested in, like in high school?

Bedrosian: In high school I guess, I had mentioned earlier that when I was eleven, I was really interested in being a paleontologist or an archeologist. That seemed to be greeted with laughter by my family [laughs] because that was in the late sixties and that just wasn't something that most people were saying, especially most girls. I was always interested in biology, since my uncle was our family doctor. I was interested in medicine for a little while, but somehow it was just something I didn't think was for me. I was also interested in how combustion engines worked and things of that nature. I really didn't pursue that too much but I always felt like I was just interested in how things worked. In college, I was originally an English major, and then I changed from that because I just didn't find it all that interesting. But I had a teacher who was a teacher of Zen Buddhism and he was half Danish and half Japanese, which was an interesting combo [combination]. He basically got the classes really excited about Zoroastrianism and Shinto and all these different Asian religions. So I specialized in that because it seemed interesting.

Q: That's neat.

Bedrosian: Yeah, neat. Not exactly—I don't know, I think now with education people look at it as something where you study something really specific and then you become that. And that was something that—maybe because not as much was expected then of girls, although I think my family also always expected that I would do whatever I wanted to do, so they weren't repressive. But the general support system in society was not that girls became something really high powered necessarily. I felt like I had the freedom to say, I'm just going to go to college and study whatever I want and then the rest will figure itself out later. And so really that's what I did.

Q: Wow, it's like out of—

Bedrosian: It's a lost era.

Q: —out of oppressive society comes freedom in a way, very ironic.

Bedrosian: Right. And apparently liberal arts degrees are something that you don't get off the ground immediately when you graduate, but over time it's like it enriches—it's very much of an enriching process that gives you some confidence in how to think and how to reason and gives you confidence that you can do anything you want to do. Apparently that is something that's helpful. I feel now that it has served me well, but at the time I was really confused, I didn't know what I wanted to do.

Q: What happened after college?

Bedrosian: I had mononucleosis when I graduated. I had a very high fever during graduation, and so basically instead of going to Boston and starting a new life, I basically went home to New Jersey and for about four months, just laid around getting well. It really derailed that whole “now you go into a job and career building” type of thing. So I felt like I had to go back to revisit things. Once I got well and went back to Boston, I started working. Just did a number of different things, and one of the things I did when I was up there was I was a dishwasher in a restaurant which was an interesting experience. I think my family was like, you have this liberal arts education, why are you doing this? But I was like, it’s an experience, it made money. And I did other things too. I worked as a temporary secretary for a while, I worked in a consulting company in Harvard Square and did all these different things, but I think I’ve always liked to work. I like to work as part of a team, I’ve always liked to collaborate. At that same time of my life, I also basically worked at a consulting firm where I became a graphic designer. That was something I had never done before but this was the old school. You’re cutting and pasting letters, you have a hot wax machine that’s sticking things down. We didn’t have any of the digital tools really, we were just starting to do that. I learned how to use the digital typesetting machine that typed a line of text onto clay coated paper, and then we would print that out, put the wax on it, stick it down and then go from there. That was a really collaborative environment. I liked that a lot, too. I really was open to whatever experience could happen.

From there I decided maybe I want to get graphic design experience. So I moved to New York City, I went to Parson's School of Design for graphic design, and from there I worked in a number of different firms in Manhattan. I worked as basically a salesperson in the first—they called it a digital clipping service but it was really videotape, it was analog. It wasn't really totally very digital at all, but it was kind of like a Burrelle's [press] clipping service, but instead it was for videotape in many markets across the United States and also radio. We would basically have to scan all these tapes and listen to things and notate the exact time that something was mentioned—a product placement or a client that was having a lawsuit against them, and then we would try to sell those clips back to the company. Basically, I was in at the ground floor of some of those things. I worked for a Greek shipping company that had a magazine that was targeted to the People's Republic of China, and it was a medical device magazine but it was really a groundbreaking thing. That was when the People's Republic of China had just opened to Western influences, and I was in an open-ended role again where I was basically helping our advertisers, who were mostly US companies, figure out how to market to the Chinese. That meant some really different cultural—I need some water. [coughs] I'm not used to talking this much. [laughter] Basically, instead of saying something is the best in an unqualified hyperbolic way, I would have to shape and help the advertisers figure out something very concrete that they could say that would be meaningful to the Chinese. These advertisements and these articles were then translated in Hong Kong, into Mandarin and other dialects depending on the submarket. Then it was printed in Hong Kong and then shipped to the People's Republic of China.

I don't know, I felt like in some ways I've done a lot of different things that were communications or media related, but that was really not on my radar at that time to get a degree in communications or a master of public health. I'm not even sure they had that degree then or how common that was, but it was certainly not something that I ever thought about. But a lot of the things I've done, when I look back on them, it looked like I was always looking at communications, always looking at how to say things clearly, how to write things clearly, how to give people what they needed. I don't know if I'm jumping ahead too much but I did spend a couple of decades as a technical writer in the field of satellite telephony and sonar GPS [Global Positioning System] consumer products, various kinds. I basically had to write all the user manuals and then test them against using the products and give the engineers feedback on how they were or were not being clear enough so that somebody who was not already an expert would understand how to use it or do a specific set of tasks. I think that was very, very good experience. I would recommend that everybody take a course in that kind of writing. I think also newspaper headline writing is very important and especially in a scientific community where people are used to flipping things the other way and giving a big build-up before they get to the meat of what they're trying to say.

Anyway, I did that and then I had a couple of internet startup companies where basically I was one of the senior partners. I was the executive producer, which in the nineties web, that basically meant you were making sure that everything works and that it's all working towards the ultimate goal of satisfying the obligations to the client. A lot of that has to do with working to make sure that people understand what they're buying. Especially at that

time, our customers didn't understand—they wanted something flashier, they wanted to be on the web. They didn't know what that meant, they didn't know what they needed, so we would have to help them understand. They would say, we want this. And we'd be like, if you had this then you can't have this other thing. We would try to mock it up or visualize it for them so they would understand what they were getting before we went all the way down the road to completion. I think that was also a really good experience.

Q: Was that also in New York?

Bedrosian: No, that was in Atlanta.

Q: How do you come down here?

Bedrosian: Well, I was originally supposed to move to New Orleans, and then they had the big—you may be too young to know about all of this but they had a huge—kind of like the bottom fell out of the oil and gas industry. Because New Orleans was so heavily dependent on those industries, there was this huge run out of New Orleans to other countries and other communities. So I ended up coming to Atlanta because it was kind of like close enough.

Q: Is that late seventies, around there?

Bedrosian: That was in the late eighties. It was in the eighties and it was ExxonMobil, they laid off ten thousand people and it was just a huge—honestly, I’m a little unclear about exactly why that happened. It may have been something about the OPEC [Organization of the Petroleum Exporting Countries] and the oil prices. But it really did seem to make a big difference. It was a personal relationship that ultimately brought me here that didn’t work out, like immediately. But then I thought, well, I should stick it out and see if I can make something of myself here. So I worked again a lot of different temp [temporary] jobs. That’s where I became a technical writer, was here. That basically came out of a temp job that they were like, you’ve learned how to use these new Apple computers pretty well and Microsoft Word, so we need somebody to write our user manuals—that can be you! So I got a lot of experience. Most of my experience has not been based on specific education that would fit me on paper to that experience. I also feel like that diversity of experience is important for any job really. But I think that having different perspectives and having everybody not trained the same way and coming from the same place is really, really, really important. [coughs]

Q: Well, I’ll editorialize for a second. What you’re saying about being an intermediary between the people who create the product and the people who use it—between the American companies and learning about Chinese culture and knowing what’s appropriate there, helping people understand what they need to do. It does seem like it’s a diversity of ways of going about it but they’re all related to communicating well, right?

Bedrosian: I think so. I always saw it as translation. Basically the problem when you're writing a user manual is the engineer knows everything about their product. They know so much they don't know what they know. [laughter] So they say, here are the three steps you need to be able to do something with this. But what they forget is they have the whole universe of knowledge that allows those three steps to make sense to them. I found that you really have to give people that kind of "you're in this universe now." Like there are different kinds of math, and this one kind of math uses base twelve, so if you don't know you're in base twelve, nothing makes sense. I think that's the same way for anything really, is understanding and saying, what is my goal here? What are the parameters here for getting something done? Then, what do people really need to know so that they can make decisions about anything? I always saw that the writer is serving as that translator between one world of expertise and another world of quick action. I don't want to know how the thing was built, I want to know how to use it. But if I don't know enough to know a little bit about how it was built, then I don't understand what its limitations are, I don't know why it can't do the thing I expect it to do. So it's a balancing act in a lot of ways. It's like being an ambassador, I would say.

Q: It sounds that you also need to really thoroughly understand the thing that you are going to describe in order to know what's really important.

Bedrosian: You do, but you also need to know enough to know to throw away the stuff that makes you too much of an expert. It really helps to come in, and that's one of the things that I think is the strength of somebody that's in communication, is that they

shouldn't have to be an expert. They should be able to learn quickly and understand and comprehend. But it helps if they're not a total expert when they come into something because they see it from an outsider's perspective and they can see that blind spot that you can't see yourself.

Q: Right, don't get lost in the weeds.

Bedrosian: Right, so you have to hold both things in your head when you're working.

Q: Yeah. And so at some point you edited a science textbook, am I right about that?

Bedrosian: Yes, it was the Human Genome Epidemiology textbook that Oxford University Press published. Muin Khoury was our director at the Office of Public Health Genomics and he and Marta Gwinn and several other editors basically put this book together. We worked with authors all over the world and basically I was the managing editor. I read that book like nine times all-in-all. I would write to the authors and say, here are my edits, here are my suggestions, this wasn't clear, would you consider writing this a different way. They were all over the world, so there were a lot of different voices, and part of the job was to make it sound like it was one voice but also honor that diversity of perspective from the different authors.

Q: Sounds difficult.

Bedrosian: Well, it was and it wasn't. It's just, I don't know. It's what I like to do.

Q: That's enough. So after this book gets published, what goes on with your life now?

Bedrosian: Well, basically I was a contractor during most of that process, not all of that process. I made a bridge between the internet companies, and then I was working for myself as a technical writer and editor. Then that's how I got involved at CDC. They needed somebody to edit some reports on the book, so I did that, but at first part-time and then it was a full-time contract. Then there was an opportunity to become a full-time federal employee at CDC and I thought I should do that. Obviously, there were many benefits to doing that, and so I applied and basically during that application process, it was just before they changed to the more streamlined application process where you have a resume and then you just answer a series of questions. You know, ranking yourself one through five. Before, it was very extensive and you had to basically write answers that justified why you were qualified for a particular position to which you were applying. That was something that was going to be read by a machine first, and so the keywords had to be there. It wasn't the best kind of writing, but you had to be very thorough and basically make the case for why you were qualified. Initially, I was reluctant to even apply because I thought, I don't have an MPH [master of public health degree], I don't have a degree in communication. I've been doing this my whole life. Well, okay, so then I just started finding that golden thread of what I had been doing that was related to communications throughout my entire life. I am fifty-seven now, so I'm old enough that a lot of the things that people take for granted now in terms of preparing for careers in

public health or preparing for careers in communications just weren't really there. So a lot of times I felt like, well, I worked—when I was at Parson's School of Design, we visited the royal typography design studio and basically they were making type using poured lead and it's just amazing. People, we take this for granted, we don't even understand that fonts used to be—each letter used to be put on a block of metal and wood. And we talk about kerning now. Some of us do in the editorial field anyway, which means that's basically the space between letters. If you expand your kerning then you have more letter spacing and sometimes it's easier or harder to read or it fills more space. Well, basically, kerns are slivers of metal that go in between letters to adjust so that the lockup works when you print a page, the Ben [Benjamin] Franklin way. [laughs] A lot of these things I feel like I've been lucky to see how things evolved into what they are now. Of course, I don't understand everything or a lot of anything about how these things actually evolve. When I started work, nobody had a computer. I saw the first little Apple, the grey cube, and then the NeXT cube. We saw these things developing and figured out how to use them. When I started, I was in college, we didn't have Excel, we didn't have Microsoft. We didn't have an Excel spreadsheet. That was an amazing invention that changed a lot of things. This changes a lot of things in our work today. Anyway, I think I'm really diverging now.

Q: No, it's good.

Bedrosian: Anyway, yes, I was applying for this job and I was thinking wow, it would be great to get this job as a health communicator. I don't have the typical things that people

have these days, but I have these other things. I was finding that thread of communication and how I had done it throughout my life. I'd worked in Madison Avenue for a little while, I'd done this, I'd done that and it seemed like it all came together. So I wrote these things and I got the job and I was just absolutely amazed but very happy. Pretty much after I got that job, two or three months later there was a huge funding cut. We lost 92% of our funding in the Office of Public Health Genomics. So I've had a number of other opportunities. I ended up going to the Epidemiology and Analysis and Program Office, which morphed into the Division of Epidemiology Analysis and Library Services, that has the MMWR [Morbidity and Mortality Weekly Report] and Vital Signs and the Community Guide and Epi Info and the library at CDC. Basically I was in a center that did a lot of the background important work that helps people when they're saving lives and fighting disease. But it was always a little difficult to explain what we did, I think because we were more in that service industry, like the infrastructure of CDC in some ways. Yes, we had some of the crown jewels of CDC like Epi Info and MMWR and the Community Guide, those things were really, really important. We had the Community Health Status Indicators website, which is a really important asset as well. But people would always say, what do you do over there at that center? So anyway. Then for a while, I was actually the acting associate director for communications in the Division of Epidemiology Analysis and Library Services. Then when that detail expired, I ended up being the lead communicator—because you can't do those things for more than a certain amount of time. Then I had a chance to apply for my own job, and I did, and I was the number two contender. They picked somebody else, so I was training this very nice woman to be my boss and giving her all the things I had done. That's when the Ebola

response activated. Just before that time, and I was a little bit at a loose end. I liked everybody I worked with and we always like to be useful. I mean, I love working, but one of my previous bosses was John [P.] Anderton, who was the ADCS [associate director for communication science] for CSELS [Center for Surveillance, Epidemiology, and Laboratory Services], and he was just a wonderful boss and a wonderful mentor and still is. He's just a wonderful person but he, I think, knew that I was maybe at a little bit at a loose end. I don't know if that's how it happened, but they requested me by name to come and help John [P.] O'Connor in the Joint Information Center for the Ebola response.

Q: I'm going to pause for a second.

[break]

Q: Okay, and we're back after a little pause, sorry about that. Sara, you were telling me about how you were assigned to work with John O'Connor?

Bedrosian: Yes, and he was the lead for the Joint Information Center from NCEZID [National Center for Emerging and Zoonotic Infectious Diseases] because he's the ADCS there. Normally that's a position that [associate] directors for communication science are called to do that work. I basically came in to serve as his deputy, so they call it a co-lead position. I had all the functional abilities of the lead and was able to help support him. And I didn't know what I was doing. Honestly, I had no idea, I didn't even know where

the JIC [Joint Information Center] was. I had to ask somebody and everybody was so busy then. This was August 13th, 2014, so people were going nuts. Because the JIC actually didn't stand up when the response stood up. The response stood up on July 9th, 2014, but the JIC I believe did not stand up until either the very end of July or the very beginning of August. They had all been at warp speed for only a couple of weeks.

Obviously it was not John's first response, so he knew what he was doing, but he was just so backed up and busy that they felt like he really needed somebody to help him just stay on top of the email. We would get hundreds and hundreds of emails a day and they were all important, they all had something to do with saving lives. I basically came in and tried to quickly get up to speed. I created a folder system to help me help him so that I would be able to lay my hands—I prided myself on being able to find something within about ten seconds or so. So if he said, "What did we do when we did this five days ago?" Five days ago literally could be five thousand emails ago. Yes, we could have just searched the whole box every time, but because I started with this folder system, it grew as the response grew. I was able to go click, click and find just about anything. I think that was the key to my success. If I were going to pass along something—just like the Internet is a series of tubes, for the Joint Information Center, to me it was a series of folders where it made sense to me where things were and I just tried to keep filing things, so that way I never let emails go unread for more than maybe an hour or so. I read everything. I would flag it if I had to do something with it, and if I could complete it, I would complete it right then and there and then I would file it. I knew if something was still in my inbox, it meant I had something to do with it. That seemed to really help. I think it helped.

The Joint Information Center is a really challenging environment. It's very fast-paced. We weren't doing a whole lot of sleeping at that point. When things get really busy, I understand that they do go more on shifts. They can have an overnight shift, and some teams did that—we didn't really do that for most of the response. I think part of it was because of the people who were there. John works all the time and I pretty much do, too, but we would take turns in terms of making sure things were covered, but basically it was 24/7 [twenty-four hours a day, seven days a week]. Even when you were on break, I almost always maintained. I watched email, I checked on things, and if something needed immediate action, I would take it no matter where I was in the world.

Q: It was like that from the beginning when you started?

Bedrosian: It was pretty much like that from the beginning.

Q: Wow. Okay, can I clarify—so the JIC only got stood up just a little bit before when you joined, really?

Bedrosian: Yes, they had only been going for a couple of weeks I believe. They have a lot of wonderful processes in place because the Emergency Risk Communications Branch that's part of the Division of Emergency Operations in OPHPR [Office of Public Health Preparedness and Response], they basically stand up the JIC for every response, so they're like the responders, the communicators, and they focus all the emergency risk communicators into that branch. They do it for their whole center. They're basically like

the experts, the go-to people, and they have all these SOPs [standard operating procedures] and various smooth ways of getting things done. They have people who are trained to stand up desks and stand up email functional boxes. That's a lot of work, it doesn't seem like it would be a lot of work but it is really like a military command system. That's the model. It's all about making sure that people are on the right distribution lists and that they have the right permission so that they can do what they need to do. We were very lucky I think to have all those people led by Joanne [D.] Cox, who is the [branch chief]. She's been a wonderful ally and colleague and friend as well. You just figure it out on the fly. There's lots of processes in place and lots of institutional knowledge to pull from but sometimes there's a new situation. I think the Ebola response really provided a lot of new and unique situations that the agency had to figure out as they went along. I think that's true for the Division of Emergency Operations as well. They really had to figure out, what are we going to do? For global health as well. We didn't have country offices in Guinea or Sierra Leone or Liberia at the beginning of this response. Now, we not only have those but we have a new Ebola-Affected Countries Office in the Center for Global Health. This is really new territory in a lot of ways. Also, we had some other firsts. We had health communicators going into the field en masse to support the response. That was something new. Having health promotion, having health promotion desk, that was something new. There were lots and lots of those types of things. What I really appreciate a lot about the people who do this every day for a living in the Emergency Risk Communications Branch and DEO and OPHPR is that they are very clear about the scope of work, who does what, but they're not rigid about it. If situations change, they re-purpose and repackage and quickly reform and figure out how

to meet that need. It's a great and unusual set of skills, I think to be both clear on roles and responsibilities but also able to flex those as needed and very quickly.

Q: It sounds very necessary in a fluid environment like Ebola where things are taking turns.

Bedrosian: It can easily spin into chaos though. If you're not careful it could just be like everybody is doing everything and you can't have that. People have to know, what am I responsible for and how am I supposed to coordinate that with who else? Now I feel like I know a lot more about the response structure and how things are supposed to go, but it's amazing how when you're in it, you don't necessarily need to know all that. You need to know what you need to know to get the job done.

Q: Can you give me some examples of some of the requests that you got? I just want an idea of what you're doing day-to-day. You're organizing things into folders—what are you organizing?

Bedrosian: Well, any request that comes in for anything basically, it has a topic to it. Like there might be some requests for—we had a very intense project early on where there were various kits that various international partners were giving out in West Africa that would help people take care of infection control in their homes, or that would help in various situations. They might have things like chlorine that you could make into solution, they might have buckets, they might have rubber gloves. Maybe like a

protective suit that somebody could wear to care for somebody while they were waiting for the ambulance to come. Because that was part of the issue is that people in West Africa weren't necessarily used to having a lot of this public health infrastructure that we take for granted. They were used to doing things within their communities and for themselves and for their own families. I think that's true for humans in general that when somebody in your family is hurt, you take care of them. But that was part of the transmission process, that was the danger, was that by taking care of family members instead of getting them quickly into the Ebola treatment units, once those were up and running, people were getting sick themselves and spreading it on. So there was a lot of push at one point early in the response to try to figure out what's in those kits and what do people need to know in order to use them appropriately. Because there were also, as is humanly true when there's a danger and it's new and it's scary, there's a lot of rumors and misinformation that goes around because people are trying to talk to whoever they can to figure out what they need to know so they can feel safe or they can do the things to feel protected. We heard a lot of instances of people maybe like say, chlorine is good, so I'm going to drink this chlorine. We were giving granular powder—I don't know, I'm going into this in way too much detail.

Q: No, this is perfect detail actually.

Bedrosian: We worked so hard on coming up with something. We worked with our anthropology experts and we worked with people who had been in the field and who are experts in the specific community that they were trying to help to make sure that there

were written instructions that also were graphically appropriate and that were explaining do this, don't do this, this will keep you safe. You know, "When you're waiting for the ambulance, make sure your sick loved one has a separate room." There is so much to it. When you think about it, it's so difficult to convey all those little things. We really worked really hard on that, but at the same time because we were so far away it was difficult to get it right.

A lot of the things that come into the Joint Information Center, they have to do with communications. The Joint Information Center facilitates clearance of all scientific manuscripts during a response, and we also were doing communications clearance ourselves and facilitating that throughout the agency. Ultimately there's kind of a hierarchy that goes around and when the communications clearance happens, the content desk would look at it, they might share it with the anthropologist, they might share it with the in-country teams or with health promotion to make sure that it was right. And then they would share it with other SMEs [subject matter experts] in the response to make sure that the science was right, and then it would come to the lead and then we would review it and clear it from the perspective of communications. Then we would also have to facilitate clearance up to the OD of the agency through the News Media Branch and through them up to HHS [US Department of Health and Human Services] and ASPR [Office of the Assistant Secretary for Preparedness and Response]. Some of these things went right to the White House, and we never communicated directly with the White House, of course, we were just a layer there. But we had to make sure that from the response perspective, when things leave the JIC they have to be right. They have to be

something that the response overall, that the incident manager and the other SMEs in the response agree this was accurate. And then it would wend its way up and then come back down. We would often find that in this response, I think unusually, some of our communications messages ended up being reviewed and edited by Dr. [Thomas R.] Frieden. In some cases these messages would go up to the White House, and the White House would say, we don't want you saying that, or we would like you to say this instead. Because it was such an interesting and urgent topic. We had a lot of very specific interest in the things that I think are the normal day-to-day at the agency. For instance, travel health notices, we basically changed those based on scientific information and the intel [intelligence] that we have. Those are not something that's usually cleared through the White House, but in this response they sometimes did want to have input into those things. To be working on something that is of such vital interest to the country as a whole and to the world was really new for me. That was really exciting and sometimes frightening. The chances for making an error when you're working that fast, they definitely go up, but the good thing is that there's so many people looking at something that most of the time we would catch those errors before they would go out.

Q: There's a reason there are errors and you didn't want them to go out in the first place but is there an example that you can give me of something that like maybe was phrased a little incorrectly?

Bedrosian: Oh yes, yes, and actually this is something that happened early on. I think it was August or September 2014. Basically there was a slide set, and we always did

communications clearance for slide sets but normally they would come from the SMEs and then they wouldn't go through scientific clearance because they were considered—it's kind of like a quasi-communications product. But they were assuming that the SMEs had everything correct. I got a slide set and it was talking about Ebola and how it spread and how it isn't spread, and there was a picture on the slide that showed—it was pointing into the lungs and pointing like having air coming out of the lungs as part of how Ebola spread. And I was like, wait a minute, Ebola is not airborne, it's not spread through just breathing in somebody else's air. Now, we did have to do quite a lot of clarification and some fact sheets and some info graphics on how it is and isn't spread, how it is different from the flu or different from measles, which basically you're symptomatic when you have Ebola. With the measles you could have it and not show any symptoms and since measles is airborne, measles is actually really easy to get. Ebola is not that easy to get unless you're having very intimate contact with somebody else's body fluids who's infected. I pointed it out that I felt that the graphic was misleading because it actually made it look like Ebola was airborne, and John was like, you're absolutely right. He was like, you just got big points there. I think that that's something that I hope a lot of scientists change their mind about a lot of us communicators because of this response because I think that maybe the fallacy is that health communicators don't know anything about the science, we just know about how to communicate effectively and using scientific principals, but that we don't really understand the science. But as communicators you really have to understand a lot of the science. I'm not a scientist so I would never say that I'm an SME for Ebola, but we learned a lot and we caught some errors. Things get kind of fluid when you're in the middle of a response—they are not so

cut and dried. That was the other thing that I saw. A lot of people—I think this response made a lot of people's careers. People advanced because they showed—in that kind of a high pressure environment they showed excellence, and that's the real exciting part of being part of a response like this. I think people should try it. You don't necessarily have to go to a foreign country to learn it. That would have rounded out my experience to do that but it just wasn't in the cards. I don't know, I think it's really interesting to see how the agency works. You learn so much, you meet so many people, you form so many relationships that feel closer than just normal work relationships. I think I would recommend everybody try it, but knowing that some people just don't like to multi-task, maybe they should focus on another part of the response if so. The Joint Information Center is really like you're spinning all those plates up in the air, like you're in the restaurant again working as a team, but grabbing that pan that's on fire and yanking it off the stove. Sometimes you just can't wait, you have to just act. It really hones your skills and your brain in such a way that—I feel like now I'm losing brain power because I'm not expected to work at that pace. And some of us work better when we work at that pace and the more that's asked for, the more we can give.

Q: Did you know you were one of those people before this?

Bedrosian: It was new. I'm kind of a high-functioning person who—pretty much I'm the border collie of the work world. [laughs] But no, I really didn't know that. I don't know, this has really been like I woke up when I went into the Ebola response and I feel like I'm going to stay awake. I hope anyway.

Q: I have just a few questions to clarify some things. You mentioned there are different constituent parts of the Joint Information Center, right?

Bedrosian: Yes.

Q: Can you talk about the different branches or what-have-you of the JIC?

Bedrosian: Yeah. Basically, I see it as—there's basically the branch itself, which it has functions that are not dependent on a particular response being activated. They have a web team, they have an ops [operations] team, they have a team that focuses on content and partnerships, various things like that, and a team that focuses on the mechanisms of clearing documents and things of that nature. They don't necessarily do that in their day jobs but they work on the infrastructure that makes that happen when a response happens as well, and they're all communicators. But then when a response stands up, they might stand up parts of that response to different desks at different times. I guess we call it "desks" within a "team." The JIC is basically a task force or a team. They don't call it a task force but it basically is. Anybody who is on the lead is basically responsible for the functioning of the rest of the team and you're there partly to help solve problems. If people aren't getting what they need, you have to advocate for them. There's a lot to that. You have a content team that basically is often staffed by experts for the content for a particular center. In this case, the content team was led by originally Cathy [Catherine] Young and Laura [A.] Smith who are in NCEZID and the OD in the HCSO [Health

Communication Science Office] there. They basically know a lot about Ebola already and they've also worked in numerous responses so they knew a lot about being in a response and being in the Joint Information Center. Part of their job was to make sure that the website had everything updated and consistent, and it became a huge website. It grew to over three hundred pages during this response. It started out in the single digits or maybe double digits of pages. So there's just a huge volume of content that all has to match itself. Like when something new is brought forth, like a new piece of guidance, then every place on the website that refers to that guidance or mentions something that then changed has to be updated appropriately. There's so much work to it. And then one of the other really important things that the content team does is to maintain a set of key messages. It's a document that has all the information about the science as it evolves in the response and all the different areas: domestic, international, various things. Basically it's almost like a dictionary or glossary that keeps you up to date so that you're not contradicting yourselves, and that gets shared to partners. It's available publicly. Basically, it keeps us honest with ourselves in terms of what we say doesn't contradict something else because when it's such a big response and it's spanning all these different countries around the world, it would be so easy to get out of sync [synchronization].

I think the content team is really almost the heart of the JIC, along with the clearance team. You know, the triage that basically triages all the requests that come in and make sure they go to the right places. That's another desk, very, very important. As clearance, I think we talked about that before, they basically facilitate the scientific clearance of documents. They run their own version of the e-clearance system and it's really funny

because people sometimes think, ugh, it's an extra layer of bureaucracy, I'd rather just clear through my home center. Well, that doesn't happen in a response. Everything that has to do with that has to clear through the Joint Information Center. But it's actually faster. We had people come up to us, like we went across the street to Marlow's [Tavern] at one point to take a break and somebody came up to us, he was also from CDC, and he was like, "Are you in the Joint Information Center? I just wanted to say that I cleared a document through you and it was the best experience of my life. My document was so much stronger after it came through, I had so many good comments, and it was so much faster." It's meant to be fast but accurate, and it can cut through all sorts of layers. We can get cross-clearance from other agencies, or whatever we need, we get. Actually I would recommend that when there's a response going on, that's the time to clear those things because you really do get a very good perspective, and I think the scientific products are better.

Then we had the partners desk that did a lot of outreach, and they would conduct conference calls with West African communities in the United States and have experts on to talk and have a dialogue and just build those partnerships. Then we had an SME function that basically would go to interface with the SMEs throughout the agency and the response to make sure we're getting our science right. Even though there are other task forces like the Global Migration Task Force, we would have communicators from those task forces join us for our meetings and report for our situation reports. That way we basically had people from safe healthcare, we had people from [Division of] Global Migration [and Quarantine], we had people from the various in-country teams, health

promotion. Everybody was reporting in and getting information back again and sharing concerns so that we really have to stay in command of the material, and that's one way to do it and also share it out very efficiently.

And of course media. Media is very important. We usually have a media lead or a media team. At one point we had one or two people in that function. That was provided by OADC [Office of the Associate Director for Communication] in this response. But in some cases we had people that were coming from the center as well—from NCEZID into the response. I guess that's the other thing that was so exciting about this is that while I was sitting on the lead desk as a co-lead, I worked next to John O'Connor, I worked next to Dave Daigle, I worked next to Jana Telfer, I worked next to Cathy Young, Sue [Susanna] Partridge, Wendy [A.] Holmes, Joanne [D.] Cox, Bob [Robert] Alvey. All these amazing people. Matthew [D.] Reynolds, Amy [B.] Heldman. There's just so many people that we all have these shared experiences now and I feel like I had a chance to learn so much from all these people. They're amazing. These people are like ADCSs and leaders in the field, like working with Barbara [S.] Reynolds. The list goes on and on. That was one of the best things for me, is to find that I could be useful in that situation with that level of talent around me. That was just amazing and such a privilege.

Q: Can you describe some memories that just happen to float to your mind about certain individuals? I don't know, times together?

Bedrosian: I don't know. We used to have a whiteboard where when somebody said something really funny or rude or silly, we would write it up on the board. We got to the point where we would find that we were in sync with clothing, like clothing colors. So we would say, let's have a day where we wear plaid, and everybody would try to wear plaid something. Just kind of like that silly team building when you're with people so much. I know that I talk to myself when I work, especially under pressure. Sometimes I would be talking out loud and Cathy would be sitting next to me and she'd be like, "You know, we can hear you." I'd be like, "I'm so sorry." But then when something funny would happen, it would just be—this is something kind of rude, but Alex [Alexander] Landon, who is on the clearance desk, when I was sitting next to John O'Connor in the beginning, Kevin [M.] De Cock was the CDC spokesperson and he said something about the response and the headline was like "CDC's Cock says—" I think it was something about sexual transmission, but it was just like we all broke down laughing. And Alex, of course, read it out in this sarcastic voice. It's not funny because people were dying, but at the same time when all you're dealing with is bad news and you're pushing 150% to try to make sure that not another person gets sick or dies, then it does seem like you get to that edge where if you can find a little something to laugh at, it helps, and then you go back and you're refreshed. Figuring out that dynamic as a group—that's the other thing. You get in that group mindset with people where you're finishing each other's sentences, and that's good, too. But I guess in terms of memories—I don't know. [pauses] There's just so many. There's so many I can't really pick one.

Q: Sure. That makes a lot of sense. Well, if anything floats to your mind, “there was this one time,” let me know. [laughs]

Bedrosian: We’d come to April Fools’ Day and there would be pranks. At one point, and this was when we had somebody from HHS, from ASPR came down to help us. He was very nice but we were all a little [gasps] because we had somebody from our parent agency come down to kind of help, but oversee. And he was sitting in the JIC, and we used to call him our sweet spy because he was very sweet, but we felt like he was also there to maybe report back. But we liked him. We worked well with him. I think at one point he was there and I was at my computer and I was not moving my mouse, and I was explaining something to him, but I was looking at the screen and my mouse started moving. I was like, oh no, I’m going crazy. I’ve been here too long and I’ve been working too hard. I would move the mouse and it would move normally and then I would take my hands off it again and start talking, and then it would start moving again. So I finally was like, “What’s going on? I think my computer is breaking!” Then the whole room laughs because they had a remote, like little devices to remotely make things happen. I can’t remember. I’m probably telling this story very poorly.

Q: No, it’s good.

Bedrosian: Or people would come in and their monitors had been turned upside down. They were like, what?! [laughter]

Q: That sounds really good. Like healthy ways to actually make you work better.

Bedrosian: Right. And then, of course, when the president came to visit the EOC [Emergency Operations Center], we were like, we can't get rid of the whiteboard because it has all these important things on it. So we would push the button and it would move so it looked all clean. [laughter]

Q: That's pretty good. Can you tell me again, you said something funny when we just walked in the room about sitting down with Cathy Young?

Bedrosian: Oh, yes. After John deployed to Liberia, I became the lead for a while and then I had Sue Partridge as my deputy and then Amy Heldman came in as my deputy and Matthew [D.] Reynolds came in and then Cathy moved—we became co-leads. She moved from content lead. Laura Smith then became content lead and she moved on to the JIC co-lead position because she was really the NCEZID, like the most senior person in the room that could represent the center. I was kind of like an honorary representative of NCEZID for a little while, which I was honored to be, but it made sense to me because she had so much experience. Anyway, we worked together and she sat to my right, I sat to her left. We spent so much time together sitting like that, that when we would go across the street and have a drink or have a meal or something like that, we would automatically find ourselves sitting in the same position where she'd be on my right, I'd be on her left, and we would start to laugh because we wouldn't plan it that way but it just didn't feel comfortable to sit any other way because we were used to copiloting the

JIC in a lot of ways. And of course, Joanne was right there, so she was helping us steer the ship as well. But it just felt like we got into a good working relationship where we each had a role and we knew what we were supposed to do. It still feels a little weird to me, like she moved into the Zika response before the end of the Ebola response and the last few weeks of the response I ended up out on the main EOC floor and I really missed having her on the right. I was telling her, “I miss having you sitting—I have Jana sitting on my right,” but she was like, “It’s not the same, right?” And I was like, “No, it’s not quite the same.” [laughter]

Q: I love that. I like how you mentioned that people moved around, people shifted as events changed, etcetera, keeping the chronology in mind is good. So you entered JIC in mid-August, right?

Bedrosian: Right.

Q: And there’s a lot of bad news immediately.

Bedrosian: It was really bad.

Q: Yeah, horrifying. Then in October, Mr. [Thomas Eric] Duncan happens in Dallas.

Bedrosian: Yes, and actually I took a few days of leave and went out to San Francisco with my partner and just before that happened the news broke about our first US case just

before I was going to leave. And I was like, John, I don't feel like I can go, are you sure I should go? And he was like, just go. But I kept up with the email because I was so invested in it, I was so interested, but that was weird to go away at that point.

Q: And I'm sure weird to come back.

Bedrosian: Yes. Yes. I'm sorry, I'm not sure what else to say about that.

Q: Well, how did things change?

Bedrosian: How did things change?

Q: Or did they even?

Bedrosian: Hmm. I think that at the beginning I was looking for—and Joanne was so helpful and Cathy was so helpful and everybody in the JIC. I was looking for how do you do things here, what's your norm? I didn't know what that was and I didn't want to stumble around and make things worse. Everybody's busy and I didn't want to interrupt the flow. But I think towards the end of the response—and I had a conversation with Cathy recently about this where we were both agreeing that there really isn't just one way to do things. There are a lot of ways to do things, there are a lot of ways to get to the same point. You've got to have good judgment and you've got to have relationships, you've got to know who can get something done for you and who's the right person to

ask, or you have to ask the person who is the right person to ask and then they tell you. But really you just have to get it done. I guess at first I was intimidated by the whole tick-tock rollout process. This is a word, “tick-tock.” I didn’t know what that was and Cathy was also really irritated by this, she goes, “Tick-tock, tick-tock! What is that? It sounds like a nursery rhyme.” Well, it’s basically like—it’s not a communication strategy or plan necessarily, although it is a communications rollout tool. It basically says, starting on this date, here’s the situation, here’s what’s going to happen. And on this date at this time, this is going to happen, this is going to happen, these partners are going to do this, CDC is going to do that this time, X am on this date, and on this date this is going to happen. This is the kind of thing we have to do a lot because we were coordinating with Customs and Border Protection, the Department of Homeland Security, ASPR, all these different agencies, WHO [World Health Organization]. We had the country offices, we had the ambassadors, we had the Department of State which basically they’re the ones that talk to the ambassadors. Trying to make sure that things happen so that a partner doesn’t learn about something after they should but that we are respecting the hierarchy of the US government as well. So the tick-tock is really like—it sounds simple and it really is simple. Basically, we used the existing template, but then we made it up and changed it as we went along so that the right people were notified at the right time, the right activities happened in the right order, everybody knew what they were supposed to be doing ahead of time and go, go, go. Once it’s approved it happens.

Q: Can you tell me an example of something you would have to be careful about making sure that someone knows it at the right time?

Bedrosian: Yes. For instance, part of our struggle in the Ebola response was countries naturally had fear and so they would want to close their borders. Or a lot of airliners stopped flying to the three countries that had the worst impact from the epidemic, except for Brussels Air. They basically said, we're going to keep flying because we think this is the only way to get ahead of the crisis is to get people in and out who need to be there to help; to get supplies in and out because supplies are very necessary. Many, many clinics and hospitals in West Africa didn't have basic supplies like rubber gloves in the quantities they were needed. They didn't have the right kind of impermeable gowns, they didn't have face masks or whatever was needed. So they really needed to have those things. I mean, soap was in short supply in many places. Being able to go in and out was important. But anyway, this is kind of a preamble to saying that when a country was going to open their borders again or they were going to start conducting exit screening to make sure the people who went through their international airport didn't get on a plane with obvious symptoms that could be Ebola or some other contagious disease—so basically when we made a change, those were changes we were making to, say, entry screening in the United States. That's a good example. Part of the entry screening we did for the Ebola response included having passengers re-routed to one of five airports at the height of the response so that the majority of passengers coming from West Africa, they would all go through one of these five airports that were set up to give them medical evaluations or ask them questions and make sure they weren't coming to the United States with symptoms. Then connecting those travelers with the local state health departments of their destinations so that those state health departments could check up on

them every day and make sure they didn't develop symptoms during that crucial twenty-one day incubation period. So right there I've already talked about local, state, tribal, various health departments, airport personnel, Customs and Border Protection, TSA [Transportation Security Administration], Department of Homeland Security, Department of State, and then all the ministries of health in the countries that were affected, the commerce departments in those countries that were concerned about how things were going to go, the airlines themselves, the airline industry. There's so many different partners involved and so when we were going to make a change, we would have to be careful because we would need to have—most of the time the Department of State would send a cable. They have something called the *démarche* cable, which comes from—I believe originally, a messenger would put an official document in a bag and they would march it over to another country. They travel with it and take it to that other country. It was like a way for heads of state to talk to each other. So the *démarche* cable is a way that the State Department communicates with all the ambassadors, the US Embassies in these countries. But if the ambassadors got a notice that something was changing or that they had cases or whatever it was, and the ministry of health in that same country didn't also know that there was a change afoot or something important had happened, then the ambassador, the first thing they do is get on the phone and call the ministry of health and say, what's going on? So the ministry of health has to know also, but somehow the ambassador has to be notified first because of US government protocol. There were all these kind of parallel, careful, this happens first through this channel but then this also happens kind of informally so that they have a heads up. Somebody talks to them on the phone maybe and the ministry of health says, this is coming. We don't know exactly

when it's coming because it's not approved yet but it's probably coming sometime in the next few days, so we want you to be prepared just in case the embassy calls you. So those are the kind of things that the tick-tock as a tool helps sort out, but you've got to know what those hierarchy parts are and who needs to know what when so that things can happen. Because when we say the US is stopping entry screening for travelers coming to the US from Liberia because the outbreak is over there and all the rest of it, it's like a domino game. All these things have to happen in order for that to happen and not have passengers stranded, going to the wrong place, not getting the word, whatever. So I don't know if that helps.

Q: It does help. Thank you. And I had asked about how things changed. Sorry, I got a little lost.

Bedrosian: I did too. [laughs]

Q: It's in brilliant detail. Thank you for that. Was the tick-tock something that changed during the course of the response?

Bedrosian: We'd have a tick-tock for every scenario, every major change. Even something like—part of it was retiring the movement and monitoring guidance—when we stopped entry screening, we retired the guidance. So the tick-tock would go into the kind of detail of—it's just a couple of pages that says here are the partners and here's the major thing that's going to change and then here is the moment-by-moment activity for

each of those partners, what's going to happen, who's going to do this when. At 5:00 am Eastern Standard Time, so-and-so's going to do this because that's the time in country that matters, at 12:01 am the Department of Homeland Security will execute the change to passengers being asked questions when they come in to the United States. They would prepare these things over several days, but they would say, we're flipping the switch at 12:01. So it would be like that. It's kind of that level of detail. So we had many, many tick-tocks. There wasn't just one. We had big communication strategies for the whole response, but then we had mini [miniature] plans that had to do with Dr. Frieden's trip to Guinea for instance. And then there might be a tick-tock in there about Dr. Frieden arrives at this time, he goes here, then he has this. And I mean these things are pretty classified. We don't want everybody knowing where the director is going, but some people have to know so that he's got somebody to talk to and he's got everything prepared for him.

Q: Can you tell me about becoming the JIC co-lead in December?

Bedrosian: I guess I started out as the deputy. I was John's deputy, and then I think I was a lead or a co-lead. It's been a little fluid, frankly.

Q: Okay, I'm sorry. I was under the impression there was a big change once John left.

Bedrosian: Well, the change was just that I was freaking out for a little while because I was like, oh no. [laughs] But it really has always been a team of people working on the

lead. It seemed like for a while there, I was the main representative for the program for a while when John deployed because he had been going in to all the incident management meetings with senior leadership and going to the director's update briefs where the incident management senior leadership presents progress to the director of the agency. He was going into the room, so when he deployed, I was the one who went into the room. Sometimes Joanne did as well but for the most part I was there. I was the one reporting out, making the slides, so it seemed like it was an increase in responsibility at that point just simply because he left. Cathy was still on the content team at that point and we were still, of course, working closely together.

Over time it became apparent that we needed more people because the response just kept going on and on. At first we were working like there's no tomorrow. You're burning out, you're working all sorts of crazy hours. Nobody was rotating off at all. We were just working every day of the week, just like they're doing for Zika right now pretty much. You could only do that for a certain amount of time and then everybody gets sick, everybody gets tired, people start snapping at each other and things break down. So I think we had to learn to be more sustainable, and part of that was bringing other people in to work as teams on the lead. Then it was more of a co-lead where ultimately I felt like because I'd been doing it so long, I felt that if there was a tie-breaker, I could break the tie and say I think we should do it this way. But part of what I try to do is I like to be collaborative. I like consensus. Sometimes it takes a little longer, but honestly, I think we did a pretty good job. Joanne was great, and then when Cathy came on as a co-lead—like Joanne and Cathy and I, we could really quickly get to good decisions. We would have

quick little touch-base meetings, five minutes, and then we would change policies and move forward. I think that's important in this decision also. It can't be your way or the highway. It really can't, unless—some things are worth fighting for. They have to do with if people are going to get stigmatized or if lives are going to be hurt. Sometimes we would say, look, this may be scientifically accurate but we can't say it this way because that's going to really stigmatize survivors. We had heard lots of stories of survivors being denied jobs, denied housing, thrown out of their villages, nowhere to sleep anymore. People were so afraid before we had as much knowledge as we have now about what does it mean to be a survivor and whether that's a risk or not. At that point, we really had to make sure that we didn't unintentionally say something in a way that would—we always wanted to stay with the science and make sure it's correct, but there are different ways to say things that can either help or hurt. Those are the kinds of things where when you're in a response, you have to decide those are the battles that are worth picking, the battles that might mean that somebody loses their life or loses their livelihood because there are unintended consequences for how you do things.

Q: Is there perhaps one battle you have in mind that was really meaningful, really important that you get right?

Bedrosian: I feel like this is something that wasn't just my battle, but we were concerned early on with the possibility of sexual transmission. It was the specter, if you will. We didn't know. There was quite a bit of pushback at first. "We have no evidence that there's any such thing as sexual transmission." I think a lot of us in the JIC were concerned that

not knowing something—and that’s part of the risk communication, is just because you don’t have evidence for something—the absence of evidence is not evidence of absence. So in that way we would often have struggles where we’d say, we’d like to say we don’t know, and it’s possible but it hasn’t been proven. And the scientists would be like, no, we have absolutely no data, you can’t say that at all. So those were some of those battles. And then when we found that there was evidence of sexual transmission, that opens up all sorts of other issues because there’s so many layers to that.

Q: I can hear that. You don’t want to have to defend yourself by saying we never said it was impossible.

Bedrosian: Right. And then at one point we had a senior press officer who actually scooped the MMWR that showed evidence of sexual transmission. In that case, it was after the fact, and that’s where we got those headlines that were like “CDC wants you to stop having sex forever.” It was just, ugh. Because we were really—we didn’t know at that point exactly how long, so we were basically saying we don’t know how long but we know there is a chance. The problem is that those things seem like common sense, and there was a lot of pressure to come out with declarative statements like that, and I think we learned that a couple of times that in the effort to reassure we actually were overconfident and then more evidence came to light and we found that, oh, we weren’t as ready as—all hospitals can’t necessarily take care of a case of Ebola. But there’s so much pressure, I think maybe people who haven’t been through it maybe don’t realize how much pressure there was. It never let up that you have to have something reassuring to

tell people because people were freaking out, and especially here people were so afraid in the United States.

Q: Can you talk a little bit about the differences between managing communications domestically and internationally?

Bedrosian: Well, I think that our colleagues on the health promotion desk, they originally were kind of a dotted line to the JIC and then they became part of the international task force. They really had so much experience in terms of having been multiple times in-country and learned what would work and wouldn't work. But that was something we tried to be very respectful of what our colleagues were telling us who'd been in the field multiple times who had told us this isn't going to work. But at the same time, we had to make sure that our messages were not contradictory. They had to be the same message in a lot of ways but they also had to be nuanced because in the United States it's very low risk of getting Ebola versus in West Africa the risks were considerably greater. It's still a rare disease but it's, you know.

Q: What were some of the hardest things to communicate?

Bedrosian: Oh, I don't know. Part of the hard part was to communicate things that we knew just go against human nature, like to say if your child or your spouse or your parent gets ill, your sibling, you shouldn't try to take care of them at home. I mean, that's so hard. That's hard for anybody. Humans, when they see somebody hurt, they want to put

their arms around them and feed them and wash them. That was really difficult. So just going counter to human nature and also to longstanding cultural practices like honoring the dead by ritually washing them and kissing them. That was a big source of transmission. They call it nosocomial transmission from a dead body. But in countries that really didn't have a big structure, like a legal structure, the way that people often inherited properties in some of these West African countries was through showing honor to the ancestors and honoring their dead. That would be the mechanism by which the community would recognize, yes, you inherit this land or whatever and yes, you've done the right thing by your family member. So I think that was really difficult and I think it was hard in the United States and even at CDC. People didn't understand why that was still—why don't they understand that they can't do this? Well, it's so ingrained—and yet we don't see our own cultural biases. I think that really the biggest hard thing for me was knowing in some ways how little we could do no matter how hard we worked and no matter how much we read about and learned and tried to educate ourselves that it was a very bad epidemic and it was the first time that Ebola was really concentrated in urban areas. That right there was so difficult to contend with. I think we did a lot. I think we saved a lot of lives but a lot of people died and I'm not sure what could've been done differently except maybe doing everything earlier, except having the infrastructure in place before, which we now have. So instead of like seven new epidemics we only had one epidemic, and then we've had seven clusters that have been pretty rapidly contained. I honestly think that the countries themselves have a lot of the credit. I don't think that Liberia could've turned around without—Liberians decided we're going to change our behaviors. We're going to not shake hands when we touch each other all the time, we're

not going to do that. I mean that was on the Liberians. We didn't force that change. They decided that they were going to change their practices. In Nigeria we had the infrastructure in place with the polio EOC. The Nigerians themselves repurposed it into an EOC for Ebola and stopped the outbreak there. Those are huge achievements. It's always hard. Global health I think is difficult because people are so different and what's true locally is so true. I mean it may not matter if somebody knows or not, if they literally have no other way to do something, they're going to do what they have to do. I don't know if that really answered your question or not.

Q: It was fabulous. Thank you. I'm just looking through my notes because I've sketched several different directions.

Bedrosian: One other thing while you're thinking. I just wanted to say that I think that this was such a big, rich, varied series of events that it's really hard now. I feel like I could say something that might sound even contradictory because if you think about one little thing, you can say something but you can't generalize about the whole response ever, really. I mean there's certain things you could say, like first time in an urban environment. First local transmission in the United States. Those are things you could say. But besides that I'm not sure.

Q: That's important to note.

Bedrosian: At one point last year, maybe it was even late last summer, I think Marsha [L.] Vanderford was looking for somebody to go to Luxemburg. The ECU [European Union Commission] was having an Ebola lessons learned conference and they were pulling together all partners from across the European Union to talk about what happened, and Margaret Chan of WHO was the keynote speaker and it was kind of a big deal. They were looking for somebody of stature, like the senior communicator at the agency, maybe Katherine Lyon Daniel or maybe Barbara Reynolds or somebody like that, or John O'Connor, NCEZID's ADCS, who had been the lead in the response at the beginning. And nobody was available for this time period, so it got to the point where Cathy and I were both trying to find somebody to go and nobody would go. Then I think Joanne said, "You guys should go." So we thought, okay, we'll propose ourselves and we'll put together some talking points and a slide set and see if the commission is interested. And they said yes, we're very interested. It turned out a few other people went from CDC but they were in different tracks. We were the representatives of CDC for the communicators' workshops and we were able to present some lessons learned from our perspective in the response. Then we heard from the United Kingdom and we heard from Spain and we heard from Brussels, all the kinds of communications challenges they'd experienced. I think we ended up feeling like we were really—we learned that we had all made the same mistakes in a way—erred on the side of being too reassuring and then having to backtrack when we learned that, oh, there is a danger of this. So in some ways that was extremely helpful. It's weird when you're representing a whole agency. It's just such a humbling and bizarre experience. You almost have to put it aside and say we have confidence that what we came here to say has been vetted, it's been cleared, and we were

the best people to do it at that point because others weren't available and we'd both sat on the JIC for the entire response. Cathy was there from day one and I was there two weeks out from day one and we'd experienced it inside and out. We were able to talk about some of the rumors in the United States, like the turkeys that were slaughtered because they were considered to have been infected by Ebola, and the rumors and various things that happened. I thought that was very special and I know that wouldn't have happened if we hadn't been in the response. It was good to realize and also humbling to realize that we're becoming maybe the future leaders in the agency and at least being prepared to possibly be considered for that kind of seniority at some point. That's kind of a big responsibility when you realize you've just gone from being you to something that's a little more than you.

Q: Thank you. Can you tell me a bit about some of the subject matter experts who you relied on?

Bedrosian: Yeah. There were so many. As I said before, picking one or two kind of does a disservice to everybody else because there's so many great people in this response, just so many. But for me, Maleeka Glover stood out and stands out as somebody who—I know that she's been very, very involved with the Medical Care Task Force, leading that, leading a lot of the efforts that helped send teams of experts to hospitals who were dealing with situations like a pregnancy from a survivor, former survivor, giving birth in a US hospital and helping the hospital feel confident that they knew what they were doing and they could handle it and that they understood the risks clearly. She's just done

so much working with the states. Every time there's been a possible case of Ebola, basically they're talking to her. She's talking with a lot of other people, she's going out in the field, and she's managing to have a life and raise a family at the same time. She's just somebody that when she speaks to somebody else outside of the agency or even within the agency, I think people know that it's going to be okay. She's so competent and she just radiates this kind of confidence that I think—really, CDC is made up of people like Maleeka who really just—you just know it's going to be okay because they know what they're talking about. They're real people who are smart and compassionate and all the things you'd want. It makes me really proud to be part of this agency. It's such a privilege to be able to work aside so many people like Maleeka. John [T.] Brooks was really a go-to person for us. People come from various parts in the agency, they have all this experience but they don't set it aside. They use it to help enrich their experience, like Dan [Daniel B.] Jernigan comes from NCIRD [National Center for Immunization and Respiratory Diseases], but he was a wonderful incident manager. Oliver [W.] Morgan was a wonderful incident manager. Satish [K.] Pillai was a wonderful incident manager. I think we've seen a lot of people, like that sense of maybe people were really great and well respected before this response, but during this response I think people were able to grow in stature. I think Satish is somebody who just so many more people know about him now, know how great he is and know what he can do. So I don't know, I feel like by mentioning anybody's name, I'm taking away from somebody else who also deserves it. I'll stop there.

Q: I understand that. No worries. And you did mention John Brooks and I'd asked you about that relationship between scientists and communicators and how sometimes there might be—you had mentioned that there might be sometimes a bias that scientists don't think communicators get science. And you had a good story that related to John Brooks.

Bedrosian: Yeah. I think that happened so early in the response, and I was trying to think, did I say it wrong? But I know that there was some piece of guidance or something. I was reviewing it for John O'Connor as part of the lead function to say, yeah, it's good to go from a communication standpoint. And I was like, "Where's the mention of the dedicated bathroom for these people who are waiting for the Ebola tests in the US hospital?" This guidance was to tell the hospitals how to handle and how to manage those people safely, so put them in a dedicated room, isolated room. They were supposed to have a dedicated bathroom in there because if they're using a bathroom with a lot of other people, that's not very good for infection control, especially if they have wet symptoms, which those symptoms can be very dangerous for transmission, like diarrhea or whatever. So I just pointed it out that I didn't see the bathroom and I thought we were supposed to have one of those and John was like, "Lordy, lordy, we almost forgot the bathroom." So I don't think John was one of those people who had a bias against communicators because I think he really gets—I think the best scientists get communication also. They understand how important it is and I think he does understand how important it is. But I think it made us all feel good to know that when the scientists were willing to say, oh yeah, the communicator really saved the day here, like we almost had a big mistake here and it would've been a scientific error, it wasn't the communication error per se. Maybe it's just

one little example, but I'm sure there were many more and that other people were involved in many other things, but that was one of mine.

Q: I appreciate that. Can you tell me a bit about how people outside of CDC interacted with you when you were part of this response, when you said you were part of CDC?

Bedrosian: Well, sometimes it was good. Like the guy who came to build our fence in the new house. He asked what I did and I said, "I work at CDC," and he said, "Oh, are you involved with that Ebola stuff?" Because at that point it was kind of in the news. I said, "Yeah, I'm in the Joint Information Center and helping with the communications for the response." He was just like, "Thank you for what you're doing, thanks for keeping us safe." It was just like, wow, okay. It's nice to be thanked for being a government worker basically, and that felt good. Sometimes you'd go to the doctor and they'd ask you if you've traveled and you'd say, "No, but I'm at CDC in the Ebola response," and then they'd be like, "Oh," you know, like there'd be a little bit of a fear. So sometimes it wasn't good but most of the time it was good. It's nice to be thanked for something you do as part of a government agency. That's pretty cool.

Q: Yeah. Okay, well, reviewing what you've said about your life and career and your part in the Ebola response, is there anything else you'd like to get on the record? Anything else we haven't talked about yet?

Bedrosian: [pauses] It just feels like so much has happened, and being able to talk about this, I've relived a lot of it. But I also feel like I have to say—maybe we touched on this earlier, but I think part of my effectiveness was our group's effectiveness in the JIC. I felt like I was tapping into a big brain source. It wasn't just me. Now, I find that I have little flashes of memories, but I feel like the main memory is with the group still. So that's not very helpful. It's almost an absence of—I bet the most exciting things are somewhere with the group and not something that I can remember or tell.

Q: I hear that. It's less like a specific memory than a feeling.

Bedrosian: One of the most intractable daily problems in the JIC is that everybody eats all the time because we're stress eating all the time and people are totally—me included—were totally enabling that by baking things and bringing things in. People would come by with baked goods or popsicles, [laughs] constantly every day. So I'm looking forward to losing some weight now that I'm out of that environment.

Q: It's also a loving environment.

Bedrosian: It is. It could be a little bigger, but it's good to have people in a room together. It's really important. That's the thing. We have a lot of technology, we can communicate instantly across the world and we need that, but also when people didn't actually sit in the JIC, they often became more disconnected. They really had to work harder to be

connected. I think that being in the same room with people, maybe that's part of my brain—I left my heart in the JIC, but I left my brain in the JIC. That is really essential.

Q: Lessons for the future.

Bedrosian: Yeah. But a bigger room. We need a bigger room.

Q: Yes. Good deal. Okay, anything else?

Bedrosian: I don't think so.

Q: Okay, well, thank you so much for sitting with me. It's been a privilege to hear your part.

Bedrosian: It was a real privilege for me and a pleasure to be able to talk about some of it.

Q: Great

Bedrosian: Thank you.

END