

CDC Ebola Response Oral History Project

The Reminiscences of

David J. Blackley

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

2017

David J. Blackley

Interviewed by Samuel Robson
December 20th, 2017
Morgantown, West Virginia
Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson with Dr. David Blackley. It is December 20th, 2017, and I'm sitting here in David's office at NIOSH [National Institute for Occupational Safety and Health] in Morgantown, West Virginia. Thank you so much, David, for being here and being part of this project. Really appreciate it.

Blackley: Thank you, I'm looking forward to it.

Q: This is for the David J. Sencer CDC [United States Centers for Disease Control and Prevention] Museum headquartered down in Atlanta's Roybal Campus, and we'll be talking to David as part of our CDC Ebola Response Oral History Project. The first thing I'd like to ask, would you mind saying "my name is," and then stating your full name?

Blackley: My name is David John Blackley.

Q: What do you do at NIOSH?

Blackley: Here at NIOSH, which is the National Institute for Occupational Safety and Health, I am an epidemiologist. I believe my full title is research epidemiologist with the

Surveillance Branch of the Respiratory Health Division. We do surveillance for occupational lung diseases in primarily American workers, and a big emphasis that we have here, in part because of where we're located and the history of this state and of this region, and also because it continues to be a major issue in the United States, is coal workers' pneumoconiosis silicosis, dust-related fibrotic lung diseases among coal miners. That's a big part of our work here.

Q: We won't be getting to Ebola straight off the bat—we'll have a group interview later today talking about that. Would you mind sharing, if you were to give someone a very brief summary of your part in the Ebola response, just a few sentences or so, what would you say?

Blackley: In total, I deployed to West Africa in the Ebola response in 2014 and 2015 a total of four times. The first three times, I was an Epidemic Intelligence Service officer, and then the last time I had transitioned from being an EIS officer into being a full-time employee here at NIOSH in Morgantown. I did similar things across those four deployments. There were different needs, and so those needs dictated what we were actually doing in the field, but I'd say that I started off more as a pure field epidemiologist, and then in the later deployments I worked more as a hybrid field epidemiologist and had some county-level, city-level, and at times Liberia-level epidemiology leadership positions with the CDC group there.

Q: Can you tell me when and where you were born?

Blackley: I was born September 28th, 1983, in Shelby, North Carolina, which is a small town near the South Carolina border in the foothills region of North Carolina. Roughly speaking, it's between where Asheville is and where Charlotte is.

Q: Did you grow up in that region?

Blackley: I grew up there. I went to a community neighborhood elementary school, Marion Elementary. I went to Shelby Middle School. I could walk to school. Then I went to Shelby High School, which was the little in-town—we were a 2A high school, and so for North Carolina there's 1A, 2A, 3A, and 4A, so we were a smallish high school, and I went there and graduated from there.

Q: What kind of kid were you?

Blackley: I was pretty outgoing. I wouldn't say I was on the extreme end of that spectrum. I wasn't especially shy, but I like to think of myself as a friendly and approachable and somewhat curious kid. I had a great childhood. I have two great parents who did a great job raising me and my sister and my brother, so three children in the family. I look back on my childhood with a lot of fondness, and with a lot of gratefulness for the opportunities that we were all afforded.

Q: Can you talk about some of those opportunities?

Blackley: We had a stable and secure home in terms of being able to grow and learn, which is really important. We never had to worry about some of the issues that people all over the world have to worry about like a dry place to stay and food and security and things like that. On top of that, my parents allowed us to play a lot of sports. All three of us liked to play sports and to travel within the US and internationally a little bit, and so that lit the travel bug for me. They just allowed us to—this sounds weird saying it now in some places, but on weeknights in the summer and weekends the rest of the year, we could just wander the neighborhood, and you came in when it started to get dark. Sadly, a lot of places, for a variety of reasons, kids don't do that as much anymore. But we felt very lucky being able to grow up in a relatively safe, small-town environment and grow into the people that we are today, in large part because we could just explore.

Q: What were some of the sports that you played?

Blackley: Soccer was my favorite sport. I wasn't as good at it as I was at track and field, which I also liked a lot, but didn't love it as much as soccer. I'd say in terms of skill, track and field was number one for me and soccer was number two.

Q: Were you long distance, short distance?

Blackley: Middle distance. In middle and high school, my specialty was the sixteen hundred, which is the mile, and then I'd also do the eight hundred, which is the half mile,

and I was on the four-by-eight-hundred-meter relay team, and sometimes, when they really got desperate, I was on the four-by-four-hundred-meter relay team. [laughter] But I was always either the weakest or second weakest link on that relay team.

Q: You mentioned also traveling and getting that fire lit in you. What were some of those early trips that made a big impression on you?

Blackley: First and foremost was just kind of—I guess you'd call it local travel. My family for years and years, going back to my grandfather's father, has had a place on a lake that's about an hour away from where we grew up, and it's a gathering spot for all of the paternal side of my family. I grew up going there in the summers. Some people might not count that as travel, but it kind of introduced me to being able to go somewhere else, disconnect from the home life and kind of slow down everything that you're doing and just spend time out on the water or spend time in the woods or spend time fishing. There's a lot of great memories at the lake, and then in the summers we'd also—at the time, my grandparents had a little place down at a small beach, a small barrier island in North Carolina, and we would go down there at least once a year and spend some time. Then beyond that, I was able with my grandparents to travel a little bit overseas. They took me to Great Britain and introduced me to some of our family roots over there, and then in the summers—we liked to fish when we were younger, and so we would go up to Glacier Bay, which is Southeast Alaska, and fish for salmon and halibut in the summertime. I was able to do that a number of times, my grandparents and my parents and siblings, too. Then just your classic summer trips to different parts of the United

States and things like that. It just showed me that there's a lot more out there than Piedmont, North Carolina. I think that was the main reason why they wanted to do all that, was just to introduce us to different landscapes and different people. I think because of that, my grandparents and my parents all love to travel and my siblings and I do, too. It's probably because of the experiences we had in our childhood. I'm sure a lot of that open-mindedness—or I like to think a lot of that open-mindedness that came from that phase of my life translated into the Africa deployments and hopefully my ability to adapt a little more quickly in places like that, because it wasn't—although so much of it was foreign, the idea of being someplace that's not home and is a little uncomfortable is not as foreign.

Q: Can you tell me just a bit about your parents? Like, what did they do?

Blackley: My mom, Nancy, since the kids have been born, she's the homemaker. She stays at home and volunteers—when we were kids, almost excessively—in the community. She was involved in all the schools where we were students. She was involved with several community organizations, was involved with committees at the church and things like that, and was very busy, probably busier than someone who had your classic nine-to-five desk job. My dad, his name is Fred, and he's a landscape architect. He does residential and commercial site planning and design and landscape design and is a solo practice guy. He owns his own small business. He actually could walk—for most of my childhood, his office was in a renovated, 110-year-old house that he could walk to from our house. So memories of him in the morning, if I got up early

enough, seeing him. He'd come down, eat like half a grapefruit, drink a glass of orange juice, and then walk off through the garden in the backyard to work. When we were kids, it was always neat that we could—mom was at home if we were at home, and dad was a two-minute walk away through the backyard to his office. That was special.

Q: I know you were interested in travel and sports. Were there other interests that started to catch you specifically, and did you start to develop a sense for what you might want to do with a career?

Blackley: I think travel for me lit an interest about—I guess you'd just call it geography. I got real interested in globes and maps and atlases and things like that when I was a kid, and I would just sit there and look at them and say, "What's the capital of Namibia?" All these places that you're probably never going to go in your lifetime, but I always thought it was cool as a real young kid to be able to say, I know all the fifty state capitals and things like that. I loved looking at maps and things like that, and my parents were funny—early on, they'd say things like, geography is interesting, think of how you can apply it to something else. Basically, the idea that make sure when you go off to school, do something that's marketable. [laughter] I think they were wise in that respect. But I'd say as a kid, at least academically, that's what I was most interested in. I was involved with Boy Scouts and went through that process and finished up as an Eagle Scout, and that was a great experience. We had a good, smallish troop. A number of my close friends were in that troop, so we would do camp-outs once or twice—well, every one or two months basically, and then we'd go to summer camp. I think some hard skills, but a

lot of the soft skills that I rely on as an adult, I like to think were refined a little bit through that experience because Scouts gives you a little bit of structure. There's the merit badges, so you learn a little bit about how local government works and you learn a little bit about how national government works and you learn to tie these knots and learn to cook this on an open fire and things like that. I don't remember most of those knots anymore, but I do remember a lot of the bigger lessons that came with that. That was another formative part of my childhood, was Scouts.

[break]

Q: What happened after high school?

Blackley: After high school, I went straight to college. I went to North Carolina State University in Raleigh, which is like four hours away. I went there, I majored in zoology—so basically a biology degree, it's like one class away from a biology degree, but the “zo” department was smaller. I ended up only applying to a couple of places for college, and ended up—looked at a smaller college that I really liked, but in terms of finances, it was a really expensive place to go. Then also, I went to a pretty small high school, and I thought it would be neat to go to a big state school for that kind of classic college experience, at that big State U [university], so I went to NC State and was there for four years and had a good experience there, and then graduated in 2006.

Q: How did the geography make its way to zoology?

Blackley: I also had an interest in science, whether it be—I guess in that case, it was human or animal science. I knew I wasn't going to go to college and be a geography major, and I felt like that was something that you truly can apply to a lot of different disciplines. I went to college and thought, I've always been pretty interested in science and biology, and that's a fairly broad set of trainings and coursework that you get with that degree, and so it felt like the right fit. I never had seen, like, the glowing hand of God coming from the clouds and saying, "You must study accounting," or anything like that, so it seemed like a good bet.

Q: So what happened then? You graduated in 2006?

Blackley: Graduated in 2006. I worked for two years in an oncology lab basically, and enjoyed that, learned a lot about that. I knew I didn't want to be a laboratorian for a whole career, but it got me two years of earning some money, and I stayed in the Raleigh area, and was deciding at that point, do I want to go the medical route or do I want to go more of a population health route? I applied to graduate school, to an MPH [master of public health degree] program at East Carolina University, which is like an hour or two east of Raleigh, solid program there. It was another state school, so it would be affordable, and they had an emphasis there on rural health—that was one of their loose focuses there. I was beginning to realize that if I'm interested in health issues and possibly public health population health issues, something that did grab me was the idea of rural health. In part, that was because I had a small-town background, and I also saw it

as an area that maybe didn't get as much attention as other parts of population or public health, and it seemed like an area where I could grow and have good opportunities and where there would be good work opportunities for me. Because it was maybe an area where there wasn't as much competition or general interest as some of the other areas of the field.

Q: Did you have a thesis or anything that you produced for the MPH?

Blackley: For that, it was more—I think they called it a “professional paper.” It was nothing fancy. It was looking at basically doing modeling for the effects of flu [influenza] pandemic on rural—basically, workers at hog processing facilities out East. You mentioned you're from Iowa, right?

Q: Yeah, yeah, I am.

Blackley: Iowa is the number one hog producing state. North Carolina is number two. At the time, that was like 2008 or 2009, just after the big scare with the H1N1 flu, and a lot of people were concerned about the possibility of an avian-type flu combining with a human-type flu so that you've got the transmissibility of a human flu, but the virulence or pathogenicity of a bird flu. Pigs were often seen as the sort of animal where that recombination could take place, and so the workers who worked with those animals were seen as a higher-risk group. Looking back on it, I never really thought of it this way, but I guess that was one of my first exposures, at least loosely, to occupational health, which is

what I'm in now, rural health, because it was an issue that was important to rural populations.

I finished up there in—let's see, I worked for two years, took two years to get an MPH, so that was 2010 when I finished there. I knew at that point I wanted to go into a doctoral program for epidemiology. I remember, it was probably the second year of my MPH program, I was at the North Carolina Public Health Association meeting, I think in Nashville, and it was right around the time that everyone was worried about the flu. I remember sitting in a session at that meeting, and there were three or four guys and a woman who were with the state health department, and it was kind of a free-flowing session. They were talking about flu preparedness at the state level, and through their back-and-forth on this panel and a couple of people in the audience who they were interacting with, I started hearing over and over this term "EIS officer." Like, "our EIS officers are working on this," and "when I was an EIS—" and I didn't know what that was. I think I spoke with a couple of them afterwards and learned a little bit more about the program. I went home and got on the computer and learned a little bit more about the program, and that was kind of—I think through college and through the first couple of years of grad [graduate] school, I'm waffling back and forth between, do I want to do medicine, do I want to do public health, what really grabs me, what is going to allow me to work on something that's useful and marketable but also is going to keep me fired up for a career? And I think that was really the first time, at least professionally or academically in my life, that the lightbulb went off and I thought, that's what I want to do. I want to do EIS, what do I need to do to be able to do that?

It was clear, at least on the public health side, I need to go and get a terminal degree. I was on that track from then on. I said, okay, I want to do a terminal degree, I'm still really interested in rural health. Where should I apply for that? I think there were like four different programs that identified in the US that—you had epidemiology doctoral programs, that the program had a stated focus and interest on health of rural populations. There's a place in Texas, a place in Kentucky, a place in Alabama, and then where I ended up going was East Tennessee State University in the Tri-Cities/Johnson City area of Tennessee. I planned on applying to all four of these programs I identified early on. I applied to ETSU, went and visited there, met some people who ultimately became mentors for me, and that ended up being the only place that I applied. I went there starting in the fall of 2010, and fortunately, because I already had a master's, that degree program, I was able to move through it pretty quickly. It took me three years to do that program there, and got some great academic and practical, real-world experiences while I was there, had some fantastic mentors who I'm still in touch with today.

Then in 2013, when I finished up at ETSU, I applied straight to EIS, got an interview, was fired up about that, talked to a lot of former EIS officers about, what do I need to do in this interview? And they gave me the short and sweet of, focus on this, tell them you want to get this out of it. And went, and the interviews went really well. Still a little worried because everybody says the interviews go well. Everybody coming out of it says, it went really well. And then was really fortunate to find out that I got in. I still remember sitting at my little cube in grad school finishing up my dissertation and getting a call from

Doug Hamilton on my cell phone. It was an Atlanta area code, and I was like, oh, 404! [laughter] I remember walking out and answering it, and it was Doug, and he said, “David, I want to share with you, congratulations, you got in.” I’m sitting there fist-pumping and was fired up and said, “Yeah, I’m doing it.” I was really excited about it, but decided after I hung up, I was like, I’m gonna swim in this for a few days. I actually didn’t tell anybody that I’d gotten in for a couple of days because I just wanted to savor it and enjoy it and think about, how am I going to make the most of this opportunity? Then after a few days, shared it with friends and family. I’ll stop there in case you’ve got any follow-up questions but that was the springboard to where I am now.

Q: You mentioned some mentors at East Tennessee. Can you tell me about them?

Blackley: Yeah. One is Bruce Behringer. Actually, one thing that I left out from my time at East Carolina is I was able to get involved with the National Rural Health Association, which is primarily clinical-oriented. They focus on keeping rural health clinics and rural hospitals financially viable, but they do have some public health emphasis, too. I was able to get involved with them and get onto this group called Rural Health Congress as a student representative, and start to be exposed a little bit to policy and how that works. That was part of what convinced me, I’m not as interested in the provision of health services side, I’m more interested in the upstream and thinking about how we can prevent or detect disease early. But it was a valuable experience, and I remember because of that, I was able to do a summer internship at the [Federal] Office of Rural Health Policy, which is part of the Health Resources and Services Administration, HRSA, just outside of

[Washington], DC. One of my mentors there, Tom [Thomas] Morris, who's the director of that office, he said, "David, if you decide to go to ETSU, you've got to meet Bruce Behringer, it's the first thing you've got to do."

Got to Johnson City, got in, and I remember one of the first weeks I was at ETSU, I emailed Bruce. He was the head of a rural and community health office that was housed within the university and had a lot of grants focused on cancer control in Appalachia. I emailed him and said, "I'd like to meet with you, Tom Morris suggested I meet with you." He emailed me back within thirty seconds and said, "Sure, how about Saturday morning at 7:00 am?" This is academia, and I was like, whoa, I was expecting someone to say, "How about Thursday at two so that I can enjoy my long lunch?" So I said, sure, and showed up. I don't know if that was one of his tests to see if this person is serious or not. But I showed up and he said, "Here's what I do, and are you interested in working with me?" And I said, sure, and so through that first semester and then into that first summer, he actually employed me. I worked with him on some of his cancer control grant-related activities, and that was my first exposure to public health research. We did a few manuscripts looking at cancer in Appalachia and other related issues. That was great real exposure to me, and was I think an important thing that I could market myself with when I was applying to EIS later. Being able to show that you have a record of scholarly research is important if you're applying as a scientist instead of as a physician or veterinarian. He was just a hard driver. We worked hard together, we got along together. He was rough around the edges and very direct, but it worked with me. I worked with him that whole first year, and I think some of the next summer, and then actually he got

appointed by the new—it was a governor transition in Tennessee at the time, and Bruce was appointed the deputy health commissioner for the state of Tennessee, and so transitioned out of his job at ETSU to go to the state health department. But I had a year of this really rich experience with him. I'd grown a lot during that year. I've stayed in touch with him through the years. In fact, he and his wife stopped by my house here just a few months ago to say hello. I look at him as one of my top mentors during that phase, and someone who really showed me, if you work hard, you can achieve these things. There were others there, too, but I would say he's at the top of the list.

Q: Did that focus on cancer in Appalachia shape some of your own interests? What did you focus on in your dissertation?

Blackley: Well, it showed me within the United States—

Q: One second—

[interruption]

Blackley: You grow up knowing that in the United States, there's rich people and there's poor people, and a lot of things, foremost health, oftentimes fall along those lines. Poor people tend to have bad health, rich people tend to have better health. That's not always the case. Working with him, we started to look at some of the cancer statistics, especially for parts of central Appalachia. It highlighted for me, for cancers that are associated with

lifestyle decisions and then also for cancers that sometimes are just bad luck, but if you detect them early, you can have better outcomes. It showed me how huge the disparities were for cancer incidence and for cancer mortality, especially in parts of northeast Tennessee, southwest Virginia, eastern Kentucky and West Virginia. Just looking at the numbers while I was able to live in that region, and meet people who are those numbers, drove home to me the importance of things like cancer statistics for being able to understand that there are big differences. And once you establish what those differences are, I think it's on researchers and policymakers and others to say, all right, do we accept that these findings are true, and if so, do we have a responsibility to try to improve things? Bruce, his background wasn't pure research. He was a good researcher, but what he exposed me to was, here's how you get to the point of being able to publish these findings. He would also look beyond that and say, alright—it was more focused at the community level, but at the community or regional or state or national level, what should we do, what can we do in terms of policy to change that? My dissertation fell along those lines. Early on, I got guidance that said if you want to finish your program as quickly as possible and get on to the real world, I'd recommend what's called secondary data. It's basically data that's already been collected, instead of designing your own study and going out and collecting data. I was able to get access to national cancer registry data and got permission to use that data, and basically looked at differences in cancer incidence, cancer stage of diagnosis basically, and mortality for cancers for which there are early detection methods that can allow people to do things to improve their chances of survival. Things like breast cancer, colorectal cancer, to a certain extent prostate cancer. I looked at differences by patient marital status to see whether or not if someone was single or

married, or previously married and then separated or divorced, are there differences in outcomes? It was an interesting dissertation. Actually, I haven't gone back and looked at it since we finished it, I moved on quickly. But it grew out of the work I was doing with Bruce before that, which was focusing on these big cancer disparities in Appalachia.

I closed the book on that chapter in 2013 when I got admitted to EIS and then started to think about, alright, now I've got to think about the match, and who do I want to work with in EIS? Because really, there are more positions than there are admitted officers. There are certain positions that are very competitive and you've got to scrap to get them, but for the most part, officers have a range of really interesting opportunities for EIS. I started thinking, what do I want to do?

Q: And you probably learned that this EIS position was in Morgantown, West Virginia?

Blackley: I learned about this position—to be honest, when I first got admitted to EIS, the first decision you have to make is, am I interested in what's called a state position? Which is like working at a state health department. You get more like a generalist experience, you're like the on-call epi [epidemiology] officer in Richmond or Raleigh or Nashville or wherever. For some officers, it turns into something really interesting, like the fungal meningitis outbreak starts in your state. Tennessee is a good example. Some of the EIS officers and people who had just finished EIS who were in Tennessee, when fungal meningitis happened, the epicenter for that was Tennessee, and they got to take the lead on that. Then you hear stories of people at states where it's just kind of quiet for a

couple of years, and they still get to do interesting work. So there's that, the state route, or you can go to a center where you basically say for two years, I am going to have an opportunity to deploy for things like hurricane responses and infectious disease responses, but for the most part I'm going to focus on HIV/AIDS [human immunodeficiency virus/acquired immune deficiency syndrome]. Or for the most part, I'm going to focus on occupational health. Or for the most part, I'm going to focus on tuberculosis internationally, or something like that. You have to make that choice, and early on, I was leaning towards the state because I was coming out as a scientist instead of as a clinician, and because I thought, this is a chance for me to get really broad-based public health experience for two years, and then I can decide, where do I want to go work with this experience now?

I was thinking state, but there was one thing that stuck out from my interview. Sally Brown was a representative from NIOSH who—the different centers send their representatives to interview people, and after she was done interviewing with me, she was like, “If you get in, you've really got to reach out to [A.] Scott Laney.” She said, “I think you'd be a good fit with him.” So I said, “Okay,” and so I reached out to Scott. He connected me with others here when I found out that I was admitted to EIS. He said, why don't you come up here and give a seminar and hang out at my wife and I's house, and we'll just visit and get to know each other. So I did that. I drove up here, gave a seminar that was kind of a snippet from my dissertation, met others here, Cara [N.] Halldin, Eileen Storey, who was our branch chief at the time, and some folks upstairs in field studies. I thought, wow, I can come here, I can focus on something that is really relevant

to Appalachia, a region that I love. I'd really grown to love Appalachia when I was living in Johnson City, just getting out in the mountains and running and hiking and cross-country skiing and things like that. It was just such a beautiful region and I thought, if I had the chance to live and work in this region, that would be fantastic. So I came here and realized a lot of what they do is with coal miners in Appalachia, and thought, that's really interesting. It has policy/history tie-ins, I can learn more about this region, going back to the geography nerd, and I can live in a place that's beautiful and interesting but has a lot of health problems. And then just really also liked the people who I met here, they seemed really normal. And that's not always the case at CDC. [laughter]

Q: What does that mean?

Blackley: It means that you can have a normal conversation with them and it doesn't always go back to work or science or things like that. That's important to me. I don't necessarily decide on where to work based on whether or not I want to be friends with the people who I'm working with, because I think there's pluses and minuses to being best friends with people who you work with. But everyone I met here, I thought, this is a normal person who I could be friends with inside and/or outside of work. I've been here for four years now, and that's still the case. Some of my closest friends in life now are people who I've met here through work, and I've also met other friends outside of here who I've become very close with, met actually my fiancé now through work. That was just evident when I came and visited. I said, this is a place where I could fit in, have a lot of interesting work, scholarly work I would get access to, a lot of work that has the

potential to be impactful. A lot of things were changing in the black lung world at that time, starting to discover this resurgence of severe black lung in the region that hadn't been identified before, so I thought this could be a great opportunity for two years. After that two or three-day visit when I came up here, I remember driving back to Tennessee thinking, my mind is made up. I still had to go to the match week in April, and I interviewed broadly and ended up ranking a number of states, but I ranked here as number one. Fortunately, they did the same, and here's where I ended up.

Q: When was it you actually started work up here?

Blackley: I started EIS in July of 2013, and I trained for a month in Atlanta first, and then I started here in August of 2013.

Q: So it wasn't like you immediately had to run over to West Africa and get involved in Ebola.

Blackley: No, it wasn't. I started here August 2013 and didn't go to West Africa for a year.

Q: Can you tell me about that year?

Blackley: Yeah, it was great. I got to work on some really interesting projects with analyzing data from—it was actually injury data, so it didn't relate purely to what we do

here in respiratory disease. But in EIS, they give you a little leeway to dabble. It was a really interesting analysis looking at whether or not new rig technology for oil and gas, which was booming at the time—they knew it was more efficient, this big company that collected all this data. It was basically OSHA-recordable injuries [Occupational Safety and Health Administration] for millions of worker hours, their company. They said, well, we know these rigs are more efficient. Are they safer? I was able to look and determine that, yeah, they are a little bit safer. It was something that I think benefitted occupational health. It was obviously information that the company was glad to receive and to be able to disseminate a little bit at trade shows, and hopefully that would cause other companies to look into whether or not they wanted to expand to that sort of technology. I was able to work on that. I was able to get neck deep immediately in black-lung-related research here. Primarily, early on, we were looking at data from our coworkers' health surveillance program, which is kind of a national, clinic-based program that takes X-rays at regular intervals for coal miners looking for early signs of pneumoconiosis, and then also look at data from our mobile unit, which is a van that drives around the country going to underserved areas administering X-rays to look for early signs of black lung, and then also administering spirometry, which is a type of breathing test that can detect early signs of things like COPD [chronic obstructive pulmonary disease]. Analyzing data from that van, I got to go out with that van a little bit and meet miners. I was able to check—I was fortunate, in the first year, I got access to some kind of shovel-ready projects that quickly turned into finished products, and was able to check a lot of—they call them CALs in EIS. I don't remember what that stands for, something, competencies in learning something [Core Activities of Learning]. It's basically like the core competencies that

you have to hit in your two years of EIS. It's a bunch of check boxes. I was able to finish all my CALs in the first year.

At that point, August of 2014 is when we were first starting to say, holy cow, Ebola is a big deal. A couple of my classmates, Joe [Joseph D.] Forrester, Jen [Jennifer C.] Hunter, and some others who I was talking to, they went, Almea [M.] Matanock, they went over early for Ebola and I heard some incredible and sometimes horrifying stories about their experience there. That was August leading into September 2014. I had finished all my CALs. Scott got deployed over there, and I'd basically been told, if you finish your CALs, you can do whatever you want for the last year of EIS. It just coincided with when things got really bad in West Africa, in Liberia specifically. July and August were, from what I've heard, horrible, and that was in large part because there was almost no clinical, no public health surveillance infrastructure. There were literally bodies in the street during that time. In September of that year is when we really started to kick into gear with getting contact tracing up and running, getting Ebola treatment units up and running, and starting to think about, do we need holding centers for people who were either symptomatic or high-risk contacts? Because the ETUs were filling up so quickly. It was during that time that I got the call, basically. It originated from Scott who was over there, and said, we need more people. That call got routed through Atlanta, saying, can you go to Liberia? And I said, sure.

Q: That might be a good place to pick up when we meet together as a group.

Blackley: Yeah, I think so. I guess the last thing I'd mention is I had to go down to Atlanta first for the medical preclearance and all that, and that I remember coincided exactly with the patient who came from Liberia and ended up in Dallas and the domestic mess that created. Then there was a lot of pressure on Dr. [Thomas R.] Frieden immediately after that for, what are we going to do about this in the United States? I remember being down there preparing to deploy, and there was literally a TV in the room where I was borrowing someone's computer in the EOC [Emergency Operations Center], and there was a TV on and Frieden and others were testifying on TV. They were giving their press conferences, and I think shortly thereafter, he had to go before Congress. All of that was on the TV, and I'm sitting there going, I'm getting ready to go over there for this? [laughs] It was exciting. That's part of what you sign up for EIS for, but it was also a little bit terrifying because Ebola was, and to a certain extent is, still this big, scary mystery for a lot of people, and that's part of what makes it so scary is that it seems so foreign, and all of a sudden it was here in the United States.

Q: Thanks, this has been a brilliant introduction to David Blackley, and I very much appreciate it. I'm excited for us to all get together.

Blackley: Thanks, Sam, looking forward to it.

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