CDC Ebola Response Oral History Project

The Reminiscences of

Lisa Moorhouse

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Lisa Moorhouse

Interviewed by Samuel Robson
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Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson here today with Lisa Moorhouse. It is May 25th, 2018, and we're here in the audio recording studio at CDC's [United States Centers for Disease Control and Prevention] Roybal Campus in Atlanta, Georgia. I'm speaking with Lisa today as part of our CDC Ebola Response Oral History Project with the David J. Sencer CDC Museum. And thank you so much for being here with me, Lisa.

Moorhouse: Thank you for having me.

Q: Of course. If we could just start out, would you mind saying the phrase, "my name is," and then pronouncing your full name?

Moorhouse: Sure. My name is Lisa Moorhouse.

Q: Perfect. If you could give a brief summary, just a few sentences of what your role was in CDC's Ebola response, what would you say?

Moorhouse: Sure. I had various roles as I'm sure many people did. I went to Guinea three separate times, and sometimes my role was defined as health communications, other

times the liaison to the DART, which is the Disaster Assistance Response Team, and the third time, it was as part of the epidemiology team.

Q: And what are you doing now?

Moorhouse: I work for the Global Rapid Response Team.

Q: The GRRT?

Moorhouse: The GRRT.

Q: Do people actually say the GRRT?

Moorhouse: I believe some people adopted that name "gert," and we prefer "G-R-RT," and the official way to write it is Global RRT.

Q: Global RRT, okay. I will use it that way in the future, thank you.

Moorhouse: Thank you. [laughter] Our communications specialist would be happy with that.

Q: Backing up a bit, would you mind telling me when and where you were born?

Moorhouse: Sure. I was born in Boston, Massachusetts, March 3rd, 1969.

Q: Cool. Did you grow up in Boston?

Moorhouse: I grew up thirty miles west of Boston in Concord, Massachusetts.

Q: What was that like?

Moorhouse: It was—you don't really have anything to compare it to. I think it was a great place to grow up. I have fond memories of it. A historical town. I think I thought that everyone went to Louisa May Alcott's house to make candles in the kitchen as a field trip. I learned to swim at Walden Pond, and in later years when Don [Donald Hugh] Henley was running a campaign to clean up Walden Woods, I thought, wait, that's where I learned how to swim. I think it's a fascinating place.

Q: It's like, Lexington and Concord?

Moorhouse: Exactly. That's it.

Q: That's amazing. When you were in school, you must've gone on field trips to see the history of—you said the candle—

Moorhouse: Yeah. The Louisa May Alcott House, Henry David Thoreau, Ralph Waldo Emerson, so there was plenty of historical sites to visit on field trips growing up.

Q: When you were growing up, did you enjoy the history side of things, or what were you pulled to?

Moorhouse: I certainly enjoyed the history and I do remember, as I said, having fond memories walking around Walden Woods and looking at where Henry David Thoreau, the pioneer, built his house out in the woods. I can't remember what grade it was in but they took us through a different series of activities at the Alcott House, so you could see the different sisters, and one was an artist and one—you know, so it was nice. We had a little play in their theater. They made it quite interesting. Yes, I did enjoy that.

Q: Were you in the play?

Moorhouse: I believe I had a part but those memories are a bit vague now.

Q: Understandably. Can you describe your household a little bit?

Moorhouse: Sure. My parents were from Boston and I have three siblings. We're a family of all girls, so I always felt bad for my father with no hot water. Back in the day, he put in another phone line because so many people talking on the phone. Then everyone sort of

traveled and went their separate ways. We all live in different parts of the country. My mother still lives in Concord.

Q: What did your parents do for a living?

Moorhouse: My father was a CPA [certified public accountant] and my mother was a homemaker. Later, when we were all in high school, she went back to work being a buyer for clothing and still does a little bit of that now.

Q: So when you were in high school, what subjects would you say you excelled in or what really caught your imagination, if anything?

Moorhouse: I think always the health and science classes and languages were of interest to me.

Q: Which languages?

Moorhouse: I did study French in high school and college, but I don't think until I was actually much later thrown into a little village in Niger where I really had to learn the language. I think it's hard for an American to—well, you can go most places and you'll find somebody who speaks English, but not in a village of two hundred people ten hours east of the capital in Niger.

Q: Did you know what you wanted to do within the health realm?

Moorhouse: I did not. I worked for an AmeriCorps program right after college, and it was the opening day and everyone was going around introducing themselves. It was on this military base, so nothing was well-marked and it was confusing. There were nine people in front of me who all got up and said, my name is such-and-such and I've just returned from the Peace Corps. And it was my turn and I said, "My name is Lisa and I have not just returned from the Peace Corps, I think I'm in the wrong place." Everyone laughed but I was serious, and they said, "No, no, you are." The rest of the people had not been in the Peace Corps. I got to know them and I worked with them closely, my colleagues, and they said you should join the Peace Corps. And I said, well, I'm not right out of college, I've worked for a couple of years, and they said, that doesn't matter. So that inspired me and I applied and joined the Peace Corps in Niger but hadn't really explored public health as a career. I don't think when I was in university, it was perhaps talked about as much—there were more traditional roles, and I learned quite a bit about—I said, oh, public health, this is exactly what I want to do.

Q: So what did you end up majoring in?

Moorhouse: In undergrad, I was a theater major and then after just working a little bit, I was always drawn to the health projects. Even in AmeriCorps, helping with the Red Cross or—I know I did some other projects. We worked in a VA [Veterans Affairs] hospital, and then when I joined the Peace Corps, I was a health volunteer. After Peace

Corps, I worked for the Carter Center and then decided to go back to Emory [University] to get my MPH [master of public health degree].

Q: When you think back to your time in AmeriCorps, are there particular memories that stand out especially?

Moorhouse: Yes, it was in 1994, so it was the very first class of AmeriCorps. Even though there had been VISTA [Volunteers in Service to America], AmeriCorps was folded into that umbrella. We were at the official launching ceremony at the White House, and that was the day a plane crashed into the White House. So they had to move the whole ceremony. It was an interesting day. In being a start-up program, everything from where they would house us to how they would pay us was a little bit confusing. It was one of those, again, a government-funded program. They had money that they had to use by the end of the fiscal year, but they were trying to rapidly hire people in July and August. It was an interesting time and it was challenging, but I still keep in touch with people that I was in AmeriCorps with. Having those intense experiences makes you really bond together.

Q: What was particularly intense about the AmeriCorps experience?

Moorhouse: I think, again, it was new, and we worked in four different areas: health and human services, public safety, education, and environment. When I was interviewed, it wasn't really clear what position I was interviewing for and they said, okay—I had

prepared all of my interview notes and the only thing they asked me was, “Can you start next week?” So I said okay. Somehow they mentioned the diversity and they said, “We’ll have people on the teams who are deaf,” and I said, “Oh, my aunt was a sign language instructor.” So when I arrived on the first day, I had three deaf women on my team, and they hadn’t quite figured out how to hire interpreters yet. That was interesting, and we had such diversity. We had someone who was taking a year off from Smith College, someone who was working on a GED [General Equivalency Diploma], so you had this team and then people who were deaf and how to work with closed captioning. I still look at a room sometimes and I think, not everyone is sitting in a circle, not everyone can see. Then, they did figure out how to get interpreters, and we had an interpreter assigned to our team. [After several months], he decided that he didn’t want to be with the team anymore, so he left. He wanted his own team, he decided he didn’t want to be a sign language interpreter, so they left the team with me. Sometimes they would hire interpreters, sometimes they wouldn’t. We had a project in New Hampshire, and they said, “Would you like to go, there won’t be any interpreters,” and one of the deaf women had left, and by then there were two, and I said, “You can be assigned to another project in Maryland,” where we were, “and have an interpreter.” And they said “No, we prefer to come with you and we trust your skills enough.” It was a big responsibility, but every step of the way was a new challenge. I think it’s great to have experiences like that early on in your career. You just never know what’s going to be thrown at you.

Q: So you had that meeting where everybody was saying, I just came back from the Peace Corps, and having conversations with those people helped inspire you to later sign up to go yourself.

Moorhouse: Yes.

Q: Do you remember anything particularly that you heard that you found inspirational?

Moorhouse: Just so many stories from them working in rural health clinics to being in a completely different culture and having to adapt. And maybe, thinking back, there used to be commercials for Peace Corps on TV, and I remember them saying, all you need is a strong back and a big heart, the toughest job you'll ever love. So it always kind of stuck in my mind. You'd see these videos of Peace Corps volunteers carrying babies on their back or pumping water at the well. So I always thought, wow, that sounds like something that I'd really like to do.

Q: Did you request to be sent anywhere in particular or were you open?

Moorhouse: I said I was open, but at the time I thought I spoke enough French at the time to get by. I learned little bits and pieces of Spanish, and I thought it would be great to really solidify that and learn one language. So I said if possible, francophone West Africa, and that's what I got. I think the Peace Corps is quite different now where they

allow people to select regions. I think when I was applying, and this was ’96 to ’98, I think they discouraged people from trying to pick a region.

Q: Can you tell me about your Peace Corps experience?

Moorhouse: Sure. I was posted to Niger as a health—the title changed, but essentially a health volunteer or a community health agent. We had a two-day orientation in Washington. Somehow, none of us knew this at the time, but the Nigerien Ministry of Health for all the health volunteers, they requested for them to be all women. In an Islamic culture, women work with women, and they didn’t want any men in that field. So I thought it was really funny on the first day when we’re at this big conference center—so there’s different conferences going on, and I walked into our room and everyone is sort of looking around and no one wanted to ask the question. There were two empty seats, and I think everyone was thinking the same thing, maybe there are a couple of men in this group, but we’ll wait. And the last two who had late flights straggled in and sat down. Finally, my friend Kary said, “I’m going to ask the question. Why are there no men in this group?” And there were men in Niger for other programs. We got to Niger and you had a two-month training where they had language, cross-cultural, and then after that you were posted to a village. The nice, air-conditioned Land Cruiser drops you off, makes sure your little stove works, and you’re asked if you have any questions. Even though you felt like saying, don’t leave me, they did. And then a few minutes after I arrived, a huge rainstorm started. So they sent someone over to help me settle in, so I’m sitting in my little mud hut with someone with very limited—he only spoke the local language,

very limited language skills. So that was how I got off to a start. The next day, I had to ask someone, where is the health clinic, because I didn't know it was actually between two villages. It was a small village of about two hundred people, no running water, no electricity. We lived in mud huts, had latrines. We slept outside under—you'd bring your bed outside at night, set up your mosquito net. If you felt particularly lazy, you'd think, I'll just leave my bed out, but then it would be like crawling into a sand box at night. [laughter] So I lived in the village for a year, worked in the rural health clinic. And then after a year, I was asked to take a new position, still as a Peace Corps volunteer but with the Carter Center. I moved to the regional capital of Zinder, and I worked with the Nigerien Ministry of Health and managed the Carter Center's satellite office out in the field for Guinea worm eradication.

Q: Going back to that first year in the hospital, what kind of work were you doing there?

Moorhouse: What we did is we worked with the women and children. They'd come in for their baby weighings and immunizations. Some children were malnourished. Then we'd work with the traditional midwives to do community outreach and try to encourage women to come to the clinic when they were giving birth. Then I also, as a secondary project, worked in some primary schools to give health education lessons.

Q: Then how did it come about that the second year changed so dramatically?

Moorhouse: Well, I mentioned previously, at the time the volunteer who was working—let me back up, let me think this through. The technical advisor, the person who ran the program, was a returned Peace Corps volunteer himself and he realized that the most endemic region for Guinea worm disease was thirteen hours away from the capital. He said, it's incredibly challenging for me to continue to travel, and he had the idea, I could put a Peace Corps volunteer in here, have him be based here. At the time, there was an education program in Niger that was phasing out due to too many strikes, and so Michael [H.] Kinzer took that position and then when he left, they said we need someone to replace. I think he knew that I was so enthusiastic about getting involved in Guinea worm activities, he said it would be great to have you. I said, but I love the village I'm working in, and his thought was that's a good thing, we want someone who likes it here, not just someone who wants to move to a capital and have more amenities. So that's how it came about. I think that was one of the best jobs I've ever had.

Q: Why do you say that?

Moorhouse: We had a small office, so you were in charge of some of the office functions; you got to be organizing field visits with the ministry staff, so you'd actually go out to villages where there was Guinea worm disease; you helped set up surveillance systems; you made sure motorcycles were maintained. It was just a really practical, hands-on type of work. Then after Peace Corps, I became a consultant for the Carter Center for years. I was debating, do I stay in my village or do I take this opportunity?

Q: So would that have been in the late nineties?

Moorhouse: Yes. I joined in June of 1996 and finished my service in December of 1998.

Q: As the consultant for the Carter Center, after Peace Corps, were you then based still in Niger or were you traveling?

Moorhouse: My first assignment—it was always in the field—my first assignment, they asked me if I wanted to go to Ghana for six months. I said, sure. I took a two-week break and they said, would you like to go back again? So I worked in Ghana for a year and a half. Then I went back to Niger, and then I started grad [graduate] school. In the summer, I went to Togo, and then after I finished graduate school, I went to South Sudan.

Q: What was it like in South Sudan?

Moorhouse: The first assignment I was based in Malakal, which was a government-controlled area in the south at the time, and it was probably—no, not probably—it was the toughest place I've ever lived. Just the heat, the sewage, there weren't many organizations that were actually based there. The war was still going on, security was of concern, food was scarce, and travel was definitely challenging, obtaining travel permits, and we traveled by boat and the roads were often washed out. It was a good experience. I spent five months there, and then they moved me to Lokichogio, Kenya, which at the time was the hub for humanitarian support to South Sudan. You were based there on the

border of Kenya, Uganda, and South Sudan, and you would either fly in and out of South Sudan or, if the roads permit, if it was permissible, you could drive.

Q: You mentioned that you'd gone to grad school, can you tell me about that?

Moorhouse: Yes, I think from being in the Peace Corps and from working from the Carter Center, I thought this is something—I've worked in public health for many years, now I think I'd like to go back and get a graduate degree. So I came to Emory and debated, I'm an older student, should I go full-time, should I go part-time? I think it was particularly challenging for me as an older student, I wasn't used to doing homework. I was used to having nights and weekends. So I got up and planned my day and exercised and went to class and then all of a sudden I realized, woah, I'm tired, now I have a few more hours of homework to do. I fought that a bit the first semester and then found the rhythm and it worked out to be okay. I was very happy to be finished and to get back to work.

Q: Was this a master's in public health?

Moorhouse: Yes.

Q: Did you choose epidemiology or global health? I don't know what tracks there were.

Moorhouse: Exactly. The track that I did was infectious diseases. I debated between that and community health, and I thought since I spent a lot of time doing community health, maybe I wanted a bit more depth, and I enjoyed that track.

Q: Was there a particular infectious disease that you focused on?

Moorhouse: No, it was just giving you a general overview.

Q: I just wanted to ask, working in South Sudan during a time of awful violence and very few resources, were there lessons that you think you took from that about how to do public health work in such deprived settings?

Moorhouse: I think it's so hard to compare the work that you can do with an NGO [nongovernmental organization]—the government, and rightly so, for good reasons, has the security in place and they take that very seriously and I very much appreciate that. When you work for an NGO, it's not quite the same. So you could actually access areas that wouldn't be accessible as a USG [United States government] employee. For instance, I drove from Lokichogio, Kenya, to Kapoeta, which was an area that had a high burden of Guinea worm disease. I said to the driver, "I need to get out, I need to use the bathroom." And he said, "Okay, you have to go right behind the car." And I said, "Um." He said, "Everyone has to do it, the area's heavily mined, you can only walk in the tracks." So getting used to things like that were particularly challenging, or if you wanted to exercise when you're in an area that is heavily mined, you could run up and down on

the airfield, which wasn't very long but it worked. Sometimes all the kids would follow you and you sort of felt like Forest Gump, running back and forth. But lessons learned from that, I think in that environment it was lovely to really see all of the organizations working together. We all were at the same basecamp and I could say to someone, we really need to get these Guinea worm filters in but we can't get to this area. And Swiss Foundation for Mine Action would say, sure, we're going, we'll drop off what you need. Or if you're flying in somewhere, you often had to stay with another NGO, so you'd email them or text them or however you got in touch, and say can I bring anything in or can I pay to stay there? Some would say, bring fresh vegetables, some would say bring a bottle of whiskey, and some would say bring ten dollars. So there was a great community and I do see that with public health and with a response or a crisis, there's so many groups that want to help out, but the coordination is not always—I think it's something we always struggle with.

Q: How long were you with the Carter Center doing that work?

Moorhouse: Starting in 1997 until about, on and off, I did some other things until 2006.

Q: Are those other things relevant to your work on Ebola? [laughs]

Moorhouse: Meaning, part of it was going to grad school. Between that and maybe I came back right after Peace Corps and worked for an NGO for a little while in Boston.

They were public health related, but mostly—it's hard to go back and piece together, did I do that before that?

Q: Did you say 2007?

Moorhouse: Six, early 2006.

Q: And then what happened?

Moorhouse: The Comprehensive Peace Agreement was signed in South Sudan, so the Carter Center was phasing out the office in Nairobi. My position that I had was no longer going to exist, so I made the decision to leave. But at the same time, my life changed a little bit: I met my husband in Lokichogio, Kenya. He was working for Swiss Foundation for Mine Action. Originally from the UK but loved Maine, so he said, why don't we move back to Maine? So I got married and lived in Maine and worked for a city public health department in the HIV/STI [human immunodeficiency virus/sexually transmitted infection] program. I loved that job as well, but the funding was always questionable. And I'd forgotten how cold the winters were. So then I took a job in Benin in West Africa to work for Population Services International, again in HIV and family planning.

I'd always wanted to work for CDC, but the application process is a bit lengthy, and at the time I didn't realize it would've been easier to do a fellowship. That's how a lot of people come into CDC. I knew people who worked here, and through informal

networks—and I would apply to things, and the Global Immunization Division was great about having informational interviews and keeping me informed. Finally, I applied for a position that was open, and I let them know I was sure there were plenty of applicants, but I was interested, and I did end up getting that job. I came to CDC in 2010.

Q: You had said that you always kind of wanted to work for CDC. Why was that?

Moorhouse: I just think it's an exceptional public health institution. The scientific backing. I don't regret for a minute having worked for all the NGOs and having that true field experience, but after a while you get to a certain point when you have shorter term contracts and there's more stability here as well.

Q: That makes sense. Why were you looking specifically at the Global Immunization Division?

Moorhouse: I looked at both the Global Immunization Division and HIV. Global Immunization—I had, through the Carter Center when I worked for the Guinea Worm Eradication Program, of course there were polio campaigns going on that we'd help out with. And the Global Immunization Division expressed an interest. I never heard from any of the other applications, I never heard back from HIV.

Q: Can you tell me what happened when you started working here?

Moorhouse: I started working for the Stop Transmission of Polio team, basically recruiting and helping with all of the trainings that were done at the time three times a year. It was interesting work, and I was getting other side projects, mostly because of the French language skills. Then the team lead at the time wanted to, shortly after I joined, she wanted to go on an extended maternity leave, so I took over the team. It was a really interesting and new opportunity. Then when she was coming back from maternity leave, I was thinking, I wonder what I'll do next, because I had a new challenge and didn't necessarily want to go back to my old position. Then late 2011, they activated the Emergency Operations Center for polio. Then I was asked to work—I had a few different titles, but I was asked to work there and essentially be a deputy for the polio response. I stayed there for a year, then I took another job within GID for a promotion. I became the deputy branch chief for the Immunization Systems Branch and stayed there for two years, a little over two years. Then, in light of the Ebola epidemic, the agency realized that they had the technical expertise but not necessarily people who were trained and logistically ready to go out the door, so we started the Global Rapid Response Team and I moved to the Emergency Response and Recovery [Branch] to help set that up.

Q: When did you move to Emergency Response and Recovery?

Moorhouse: In September of 2015.

Q: How did you find your work on the STOP polio campaign? What did it mean to you? What was it like?

Moorhouse: I think it was really interesting to see that strategy, and to work so closely with WHO [World Health Organization]. I think there were different—before I arrived—they started in 1999 with just, I want to say, six people from within CDC, and it expanded to accepting people from any number of countries. The program grew to be, I want to say they have maybe two hundred—I forget whether they call them, "consultants" or "STOPers," in the field now. I think it's a really valuable program to have people—the one thing they realized is many of the people that were coming from African countries, they were able to stay for longer periods of time. So that has brought more continuity to the program. I think we all know having people in—they used to do three-month contracts, and then people would extend, and it was a lot of paperwork, so they moved the recruitment to twice a year. Now, from what I understand, they're going to do it once a year and people have year-long contracts. CDC at the time handled the recruiting and the training and WHO handled all the field contracts. They had a much easier mechanism to do that, so it was a great partnership in that way to work together.

Q: Basic question. When you're talking about recruiting people and training people, which people are you talking about?

Moorhouse: The STOP application, anyone can apply to be on a Stop Transmission of Polio team. So we would review and interview candidates, we would recruit four epidemiologists, communications specialists, and data managers. Once we recruited them

and accepted them to the program, they came for a two-week training on polio, measles, and routine immunization before they went to the field.

Q: I think that brings us right up to Ebola. How do you get involved in that? What kinds of things did you start to hear?

Moorhouse: I had heard about Ebola, and Michael Kinzer was in town. This was in late July of 2014. He came to our house for dinner and I said, “Wow, that sounds so fascinating. I’d love to get involved in that.” The very next day, I got an email from the Global Disease Detection Operations Center asking if I would be interested to go to Guinea. I thought, that’s a nice—so I sent him a funny email saying, that was some fast work there. [laughter] Must’ve been a couple weeks later, I think this was very early on and people were uncertain, should we go or not, and for some reason I thought this really sounds like the true public health work that I would love to be involved in. At the time, we had such a small group. We used to joke, there were eight of us, so some days you were making sure we had enough vehicles, other days you’re investigating a case at a hospital, other days you’re trying desperately to get some printed materials cleared to give people messages. The hotel actually asked us, could you please put on a short training for our staff here? In Atlanta, they thought, why are training people at a five-star hotel? But we were training people who worked at the hotel and didn’t want to come to work and they were obviously living in different communities and it was anything we could do to get the message out so people knew the basic messages. And then another day, you’d be working with a Red Cross team because they needed extra people to help

with some of the contact tracing. So I loved that experience even though it was chaotic, I really felt that this was very interesting work.

During that very first time, I was working with the Red Cross teams and sometimes, and I'm sure Pascal [Krumm] told you about this, sometimes—how do I explain this—we were asking to see, were we going to do some contact tracing? I arrived in a house, and all of a sudden the health worker that we were with kept using the word "survivor," and I was a little bit confused. Finally, I realized what was happening: he had brought us to a house where people had just been released from one of the hospitals, and they were all Ebola survivors. So they told stories of how—I didn't know what to say, so the first thing I said was, "Can I see your certificate?" I have no idea why that came to mind. And then they talked a little bit about how it was being in the MSF [Médecins Sans Frontières]—I'm blanking on the name—ETU [Ebola treatment unit]. They told stories of how they were afraid—Binta was her name, she said she was afraid to go to sleep because she would be surrounded by people who had died during the night. And they lost their brother in the ETU, but the two women survived. And it was a fascinating story because they said they had some relatives that came from Sierra Leone. They had a young baby, and the young baby sadly died, but the baby's grandmother slept with the baby every night and took care of her, but she never got sick. So it was a very, very touching story. Sometimes, Binta will still reach out to me on Facebook and send me a little message, and it's really interesting, really sad stories, and I was incredibly touched and thrown off guard, like I'm in this place and I'm saying, can I see your certificate? So, I always laugh, and she told me later—because we'd talk, and I'd see her as I returned to Guinea on other

deployments. She said, “Yes, I know you do like to talk a lot, but that day you couldn’t really say anything, I knew how you felt.”

Q: That’s amazing, that the empathy also comes in your direction.

Moorhouse: Yeah, exactly.

Q: Lots of questions. First of all, I want to back up a bit before Ebola again. Obviously, you’d worked with Michael Kinzer for years before even coming together and both working at CDC. Can you talk about your work with him and getting to know him?

Moorhouse: Sure. I got to know him because we were just assigned to Peace Corps in Niger, and he came to the region I was in, he was organizing—it was his idea, his brain child if you will. He was trying to decide, how do I get people really to be in these endemic Guinea worm villages, maybe it would be great if I just—I need people to go and be there a week and really check things out. Who am I going to get to do that? As he put it, I’ll quote him on this, he said, over nine beers at the local hotel central one night, he said, “Peace Corps volunteers would do that!” So the idea, he wrote a three-part proposal and one was to have what he called, Worm Week. So he’d pair Peace Corps volunteers up with the local counterpart and the local counterparts would get some per diem for doing this, so it was good for them. And you’d walk from house to house to look for Guinea worm cases. We were all young and enthusiastic and thought that was going to be the greatest experience, just go to a little village and sleep on a mat and probably

not have much to eat. And when he came to our region, I asked him the question, what if you have too many people that want to do this? I was so eager, I was worried I wouldn't get a place. And he said, as only he could, "Chica, if you want a place, you'll get one." Then this idea really took off and Worm Week continued and actually spread to other countries. And when I was at Emory, I did my special studies or my thesis project documenting the history of that. It's probably still sitting in the library when we had to do thesis in hard copy in the Emory library. So we kept in touch over the years and when we both arrived back at CDC, during polio days, we actually worked in Democratic Republic of Congo. We had to do an acute flaccid paralysis surveillance review and we got teamed up together. And another funny experience where they kept asking us questions: can you both swim? Yep that's fine, we have our PFDs [personal flotation devices] issued from the EOC [Emergency Operations Center]. Do you mind being in a boat? Nope, that's fine. We didn't know that would be, as he put it, be in a hollowed-out tree with a motor on it for eight hours in the blazing sun to get from point A to point B. Yes. And I still laugh about that. I remember we changed some money. We had one waterproof sack and I thought, okay, put all the wallets and everything in there and then I changed maybe fifty or hundred dollars and every time he bought something, I was trying to farm it out and I said, forget it, this is our joint account for the week, it doesn't matter. The money, the currency is just—it looked like currency that had been taken out of circulation. So we had quite an adventure. We arrived at the destination after eight hours and they said, "This is an RSO [regional security officer]-approved accommodation." We looked at each other, and I thought, well maybe when the Belgians were here. [laughter] He said, "Do they know it's a ruin?" So somebody got a key to something and had to sweep out these old

rooms, and again it started to rain and we thought, all we've had to eat all day is bananas, but we'll try to start fresh the next day. And then he said to me, "I don't know." And I said, "We're going to find somebody, we're going to find some water, boil it, have at least tea." He said, "Great, I have these tea bags," and I said, "Perfect." He looked at them and said, "Oh no, I grabbed decaf [decaffeinated] Earl Grey," and I said, "It's going to be the best cup of tea we've ever had." [laughter] So then again, we got to work together in Ebola because he was the team lead. So we always kind of joke that every few years we get on some assignment together.

Q: And then going back to the initial, was it an email from Global Disease Detection that asked—

Moorhouse: Yes.

Q: Do you remember the content of the email? What were they asking of you?

Moorhouse: They said, we've learned that you may be interested in working on the Ebola response in Guinea, what is your specialty? Do you consider yourself to be an epi [epidemiologist] or health comms [communications]? This is what we're looking for. So I wrote back a long email kind of about my experience and Michael said to me, too much detail. Which I've always felt at CDC, many of the epidemiologists come in through the EIS [Epidemic Intelligence Service] program, and since I came to CDC much later in my career, I do consider myself to have that field epidemiology experience. Not classically

trained like an EIS officer, so I always felt within CDC, a lot of times public health advisors can be moved into a management and operations role, which wasn't really necessarily what my background is. So I always feel like a bit of a misfit, but it generally works out on field assignments. I like to now have a little bit of both. And I got the email and I said, yes, I'm willing to go. I knew that people were trying to get terms of reference and what exactly am I going to do, and I know in those sorts of situations that you may have something written down but it's probably going to be totally different when you get there.

Q: True that. As I'm sure it was.

Moorhouse: It was. Yes.

Q: Can you tell me about the first day arriving in country?

Moorhouse: The first day I arrived in country, I got to the hotel, put your bags down, meeting in thirty minutes. I thought, okay, perfect, at least I have time to shower and settle in a little bit. And I did that and I remember there being a meeting, I think it was a call with Atlanta to try and determine what we were working on. At the time, it was unclear—it was early in the response—who was doing what. Obviously, MSF ran the ETUs, WHO was coordinating the response. How would we best fit in, would we have access to these data? Then it was, okay, work with the hotel, get a training going. And

then I remember saying to Michael, “We don’t have enough vehicles.” He said, “Well, fix it.” “Okay, we’ll do it.”

Q: Was that all in the first day?

Moorhouse: No. The first, I arrived maybe in late afternoon, maybe it was the meeting, then we had dinner together, then it was try to figure it out. But I think the next day, it was meet with the hotel, figure out vehicles. And this is in 2014, so every day was intense. I didn’t necessarily know what I was going to be doing each day, which was fine. I do remember very early on, Michael said, “Can you go with the epi team, they need some help investigating this case at a hospital.” I said okay. And the situation was confusing. What they were describing—and I was with a medical epidemiologist and I said to her at the end, “What they appear to be describing is perhaps she died of cancer and nothing related to Ebola.” And trying to piece together—they’ll say things like, “She was traveling with her son,” and she’s thirty and he’s twenty-two. And we sort of looked at each other and then he said something like, “Not direct-direct.” So every time something was confusing, we’d use that to each other, myself and my colleague, “not direct-direct.” I actually had dinner with her last night and we laugh about it all the time. Because you’re trying to piece this together and stories aren’t necessarily sometimes told in maybe the way—of course I’m jumping around, this is an interview and going back, but you’re trying to get what happened yesterday up until five o’clock and bits and pieces come in. So I remember explaining that, and then a later tour, there’s a story about that where you can’t—I know Atlanta always wanted “how many cases, what exactly

happened," and you're in an area that's hot and it's dusty and you're trying to piece things together and there's not always the same kind of logic that we might apply to trying to gather such information.

Q: Did you ever find it frustrating trying to translate that experience back to Atlanta?

Moorhouse: Sure. I remember there was a breakfast with the director, and we all had to tell a story, and I told the story of I was out with the contact tracing teams and it was a large extended family and people were very emotional about this situation. Someone had contracted Ebola and taken a taxi and it didn't make sense. He kept talking about when my brother died. So we were very worried about, whoa, wait, your brother wasn't woven into this. And then later, finally, we pieced it together, and what he was saying was his brother had died many years ago, so we took his nephew in. So we're going back to twenty years ago, and I almost wanted to say, stop, that's not part of my Ebola case or that's not part of this right now. And I thought, that's very insensitive of me to even think that, but I just was trying to focus on your nephew who lives with you because your brother died. Traveled somewhere? Yes, he did. And we're trying to establish the context and which hospital he was in. So then you have to really think in terms of okay, how old is he? Fifteen. Did he travel alone? Oh well no, his aunt went with him, and this person with him. But unless you ask those questions, they might be—clearly, he traveled with family. Then it was a long story of he went to this hospital and it was closed, and this hospital didn't have the medication. So we're trying to figure out all of the places that he could've been. And then you're trying to explain that to Atlanta when it took you an hour

just to glean that the brother died twenty years ago, so the nephew lives with him, and he traveled with his aunt and this person, and now he is currently here. And then they start talking about someone else that died and we're like, can we just focus on the guy who took the taxi? So yes, it was fascinating but frustrating at the same time because you feel this pressure to get this information.

Q: [pauses] Sorry, I have a couple thoughts as someone who does interviews. I don't know much about the—does a similar contact tracing practice also exist for Guinea worm?

Moorhouse: No.

Q: I guess transmission is different.

Moorhouse: Yes, exactly. Since it's a parasitic disease, you're trying to track down—that strategy is more focused on prevention because someone can contaminate a water source and then everyone could be susceptible if they didn't—or at risk if they didn't use a filter. But it's not the same kind of contact tracing, where you'd use in a typical STD [sexually transmitted disease] investigation or with Ebola.

Q: So this process of taking people's narrative and establishing a timeline, was that new for you for this response, or had you done that kind of contact tracing before?

Moorhouse: When I worked for the city public health department, we had an HIV/STI program and there were disease intervention specialists that I supervised. So a little bit of that, trying to piece it together, in that context, but actually interviewing people. A little bit with the STDs I did, but it wasn't my primary job. Of course, it was all in the US. That had its own challenges. You're asking people very private, intimate—"could you tell me about your sexual partners"—some were more forthcoming, some were saying, I don't know, I met him on an anonymous site, here's a screen name. Trying to piece that together in the chains of transmission was very fascinating. Again, it had its own challenges because people don't remember or it's anonymous. And this was more, you have the emotional and the fear and the stigma and everything woven into that. It just took time to get these stories, and I think it was—even though it was frustrating, it was hard, it was so enjoyable as well.

Q: What was enjoyable about it?

Moorhouse: Just finally putting the pieces together and maybe letting people know slowly that we're here to help, we can help you prevent this, this is why we're here to talk to you, this is our job. And sometimes you'd walk into a house and they'd say okay, this is really important, someone from outside is here.

Q: So that kind of positionality affects everything too.

Moorhouse: Exactly.

Q: You mentioned that the stigma that people are experiencing can change their stories or how they change them. Do you remember a particular instance in which you felt that might have been the case?

Moorhouse: Back to the Ebola survivor that I met, she said that even people in their area of town—I'll think of the translation, they're little—in their neighborhood, she said, yeah, there were people that wouldn't walk by them or people still didn't understand that they were actually a survivor. MSF did a lot to put together certificates so they could show people. But there hadn't been an outbreak of this magnitude. People didn't understand. They just knew Ebola as people got sick, they die and it's contagious. I saw a bit of that. I didn't have any, for me personally, when we went to homes, we didn't have any resistance to people entering. I know that where Pascal and I worked in Macenta, that area, they were bringing in anthropologists because they were having so much trouble actually gaining access into the communities. We were told a very long story about how in their traditional beliefs, they told us that someone with Ebola or another traditional healer came to their village, and he got sick and died. In order for this chain to be broken, a certain amount of people had to die. So this was what they were believing, but then when that continued on, they finally allowed some help to come in and help break the cycle. So, you have that hard balance of people's strong traditional beliefs that you want to respect, but at the same time you know that people are dying, and how do you break those barriers?

Q: Was the experience in Macenta, was that on the first trip?

Moorhouse: That was on the second trip. The first trip, it was harder to get into the field. They worried about security, people being resistant. Things really opened up on the second trip.

Q: So the first one is mostly in Conakry?

Moorhouse: I was in Conakry the whole time, and then the second trip, I spent about two weeks in Macenta.

Q: Which is in the Forest Region.

Moorhouse: Yes.

Q: Right where everything originated for this epidemic.

Moorhouse: Exactly.

Q: That's fascinating. Staying on the first trip for a bit, the hotel worker training, when you said the thing about how CDC was initially like, why are you training people in a five-star hotel? And then recognizing, yeah, but the staff who work here, they go back

home and their homes are not five-star homes. That seemed pretty powerful to me. Can you tell me more about how that developed?

Moorhouse: Sure, and that's what Michael said, the hotel had been asking for it and he said that could be one of your first projects. So myself and another colleague put together a presentation. She was an expert at PowerPoint and she did most of that work. Then there was the CDC staff based there that helped to make sure the French was adequate, and then someone from the CDC office actually delivered those presentations. It was just a short, one-hour—sometimes with trainings, it's this very long, involved—and we thought, how can we make these very key messages easy to understand? That's what we did and people stayed and they asked questions. They wanted to know more. We had just pamphlets, very basic, printed. I think at the time, our clearance processes here are so lengthy that we didn't put our logo on it and we said okay, we're going to work through UNICEF [United Nations Children's Fund] or whomever can print these, it's not about getting the credit, it really was about we need radio messages, we need information. Also, Michael had met a local artist who designed things for us as well. We were working—when I left, I think it went through different versions. There was a big problem with people, of course when someone died, transporting the bodies and the ritual of wanting to wash and cleanse the body, so how do we get the message out about don't transport bodies? Working with local artists and yeah. But the problem is, sometimes you can think with the materials, this is easy to understand, but in such a response, you lack the ability to actually field test things. And what works in one country may not be appropriate at all.

Q: Do you have an example from this response?

Moorhouse: I remember we had the, don't transport dead bodies, and you had a picture with a cross in it. However it was designed, they said okay, you wouldn't have someone wrapped in a blanket, or I can't remember exactly. But they said no, we'd have it like this, and then there was a different version of that. I think that sticker is probably the one that was actually used somewhere.

Q: Was it because Guinea's mostly Muslim?

Moorhouse: Yes, exactly.

Q: Well, that's really neat. Is there more to say about the vehicles, coordinating work?

Moorhouse: I think they had rented a couple of—the [US] Embassy was incredibly supportive in Guinea. I can't say enough good things about the staff there helping with whatever we needed. The embassy, due to traffic, maybe it could take forty-five minutes to an hour to get over there, so that was taking a bit of our time. So I went over to the embassy one day to try to figure out, how could we get access to some—we had a small amount of money that we could use, and one of the staff said, "My partner owns the nightclub right across from the hotel, so I can bring money over." Michael Kinzer later reported that I made a shady deal to pick up money in a nightclub to get things going. [laughter] So that was one of the options, if we wanted to get T-shirts or things like that

printed, pamphlets. Basically it was just getting the rental cars and making sure the vehicles actually worked, and some of the drivers were not showing up on time. Then later, once the response started to grow, they actually hired logisticians to come and take care of all that, so I saw a tremendous amount of change and support. Even being somewhere and the power cord, because of the wild power fluctuations, just exploded, so logistics would send you out a new one right away. I can't say enough good things about having that kind of support in the field.

Q: And that mostly came from the embassy?

Moorhouse: No. My first tour, there were eight of us. The second tour, there was probably fifty people.

Q: It's something CDC built up with their staff over time.

Moorhouse: CDC built up. They realized that they needed to actually have—you've got all your scientists, you've got all your communications people, but you need logistical support.

Q: Right. Did they realize that because of the feedback that you were giving from the field?

Moorhouse: Yeah, I think from numerous sources that it would be ideal to have that. And I think part of the struggle was they said, we don't have maybe—there is one francophone logistician that I know, but they didn't have many. So what they did is they hired someone in Guinea who was bilingual and then they could bring people in that only spoke English and they all worked together. They were fantastic.

Q: On that first trip, who were some of the individuals you worked most closely with?

Moorhouse: Michael Kinzer, Negar Aliabadi.

Q: Yeah, she was in EIS at the time, is that correct?

Moorhouse: Yes, exactly. Ben [Benjamin A.] Dahl, Dana [A.] Schneider.

Q: What did you do with Ben?

Moorhouse: I've known Ben for a while as well because I worked in Global Immunization. He came over to be—at the time in those early days, because this was all going through—I want to say Guinea was something like a regional coordinating center.

Q: Yes. Right.

Moorhouse: Was that the term?

Q: Yes, he talked about that.

Moorhouse: So he was the person that—

Q: —coordinated travel and—

Moorhouse: —or with the different—there was so much communication between the different countries about what was happening and the messages that were going out and how to adapt things in different countries. And then trying to coordinate with all the different partners and who's working on what and try to avoid duplication. Ben had such an easygoing nature that he's always well-placed to do that.

Q: And what was your work with Negar like? What did you do?

Moorhouse: Negar was the one I was—the "not-direct-direct," so Negar and I did some case investigations together. I think, again, because there was eight of us, we had breakfast together, lunch together—well, if we got lunch. But dinner together, worked closely and still good friends with Negar. Of the tragedy in the Ebola epidemic and all of that, I think one of the nice things was meeting people from other parts of the agency. You can become insular in your own group, so that was really nice for me.

Q: Even during your first trip, which was how long?

Moorhouse: It was a month.

Q: Did you notice things changing during that month with either the epidemic or with how CDC was approaching the response?

Moorhouse: Definitely. As I was leaving, more people were coming in. I know when I told my division I wanted to go, they said, we don't know—or no, I only went for three weeks because they said that's all you can manage. Then there was more right from Dr. [Thomas R.] Frieden saying, we have to make this a priority. So when I came back, there was an immediate, will you go again? The first time I actually returned to the US, you just got off the plane and there's nothing. The second time you came back, you were asked to put a mask on, and a very tall TSA [Transportation Security Administration] person escorted you in to be monitored, which I never thought—fine if they wanted to monitor us, but all I could think was that's probably creating a lot of panic. People thinking, here's this woman walking away with a mask and she just sat next to me on this flight. So the perceptions—I was disappointed and I know CDC worked hard to try and change that. When I was leaving for the very first time, Dr. Frieden was coming in that night, so there was a lot of chaos. Not chaos, but preparing for him. And I knew Michael was—we'd set up for Dr. Frieden to meet the Ebola survivor. He was coming to Guinea last, and since we had such a small team, but they had bigger teams in the other countries because of the language—in any case, he was busy with everything. I got to the airport, I checked in and they took your temperature before you left and they said, I was with

Negar, and they said, “Oh no, you have a fever, you’d better step aside.” I thought, oh my gosh. I panicked. We just set up a containment room at the airport and Negar said, “What if set that up and we only have to use it for one of our own?” And I thought, oh no. I think it was just, we were waiting in the lounge, it was a bit stuffy, so just take your jacket off and we found another thermometer and they checked me again, and they said, okay, you’re okay to fly. But I think I’m still afraid of those little—the Thermoflash. On the first trip, they didn’t monitor you when you got to Paris, but then every trip after that there was monitoring as soon as you got off the plane. Which again I think was a good thing, but in Paris they just stood by the plane and took your temperature so that when you got into the mass crowds, people weren’t seeing that. So, I thought that they handled that well. Even in later days, they brought health officials over from European countries to actually help with monitoring.

Q: And I had asked about the CDC people who you worked with most closely in the first response. How about people from partner organizations, or from the Ministry of Health [and Public Hygiene], Guineans themselves?

Moorhouse: There was a coordination meeting every morning, so we worked closely with WHO and we would go to, I went with Negar to—they were open to giving us the information so we could do the contact tracing. I thought that that was a good collaboration. A little bit with UNICEF for some of the health communications things, but worked more closely with the CDC people, at least on the first trip. We were based in the WHO office at the time, so we had a room there. Then they helped us with some of

the logistical support and the coordinator, worked with him a little bit. My memory is a bit hazy on that though since it was a while ago.

Q: It was a while ago at this point, four years ago. Can you—I really am jumping around too much, I apologize.

Moorhouse: It's probably my fault—

Q: It's not.

Moorhouse: —because it's hard to piece them all together.

Q: Well, there are so many different strands to chase and I am like a cat and I want to attack all the strands. When you're doing the contact tracing work, how physically are you doing it? Do you have a notepad in front of you and a pen? Are you sketching a diagram? What's it look like?

Moorhouse: Definitely we had some forms we could fill out, but you had a notebook. On my first two tours, I dabbled in it, if you will. I would go with the team sometimes. On my very last trip, that was my full focus. We were assigned to—I was in Forécariah at the time where there was another outbreak.

Q: In the third deployment?

Moorhouse: In the third deployment. That's when I arrived, and I think my title was to be the deputy and then I got another email saying I would do something. I just stopped paying attention to those. I knew that I was going and I was going to be assigned something when I got there. I wasn't worried about it. The only challenge was, do I bring nicer clothes if I'm going to be in the embassy, or do I bring my field clothes and my mosquito nets? You kind of have to pack it all and hope for the best. When I arrived, Ben said, "I think you're going to stay here and be the deputy." And the epi [epidemiology] team lead at the time said, "But I really need her to go to the field. Can you leave tomorrow at six?" I said, "I'll be ready." Because I really wanted to do that. So we went to the health department, we got there the first day, they divided us up into teams. We actually had our vehicle. There was someone from CDC but seconded to WHO who I knew, and she was helping out with some of the coordination. I arrived in the field and I said—we drove to our site, which was maybe an hour away. I said, okay, well there's this many houses to visit and you can go with this person. "But where you have to walk, that's really far, are you okay with that?" I said, "It's great." So we would go house to house. People knew they didn't touch each other, you kept a distance—

Q: You found people knew that?

Moorhouse: Yeah. I think the message was getting on, people didn't shake hands. That was something I noticed during the evolution, hand sanitizer. Not necessarily in the little villages, but everywhere, going into offices, you had to wash your hands. MSF would

spray your feet with bleach solution. Sometimes, the drivers before you got in the car would make you do that. So you're asking questions, anybody sick? You had a list of things to run through. Occasionally, we did find people on that trip—well, everyone would piece it together, come back and talk about how many contacts you'd looked for. You've probably talked to her, Margherita Ghiselli?

Q: Yes.

Moorhouse: Okay.

Q: Who was seconded to WHO?

Moorhouse: Exactly. She put together the most beautiful transmission chain I've ever seen. In the language she would write, "So-and-so died in the arms of his wife." She really pieced that together and would update it daily, and it was really interesting to see. Again, we had these stories of okay, there was someone who went to a funeral, his mother had washed the body, he left, then became ill and started to travel east with his two wives and his children. As best we could piece it together, as the children got sick, he left them and then he ended up dying but nobody wanted to talk about it. Trying to piece that together. I think Margarita was fantastic. We'd come back and say, I think this happened, and she was instrumental in putting that together and really figuring the pieces out. But we would go to villages and we'd see people that were sick, we'd call ambulances, MSF would come and get them. It was heartbreaking. Or you'd have

someone say, “But why can’t I go to the hospital with my wife?” And then they’d want information from you the next day and you may have learned that the wife died, and did they get that information? Because it was so far away and the communications weren’t that great.

Q: Right. Are they learning that their wife died just in the course of your epidemiological contact trace?

Moorhouse: Exactly. In that case, one of the local health workers would come and talk to them and they also had the health communications staff. It was a good multidisciplinary team. You had the contact tracers but you also had the health communications people. I remember, I had a great picture somewhere, I still have it, someone said, “We’re just going to cross over this very secure bridge.” You’ve got this log with water gushing under it. The first day they took my notebook for me. And then the next day they said, oh you got it, you can carry your own notebook. Which was a nice compliment. And then everyone on the team said, I want to go with that group, I want to cross over the secure bridge. [laughter]

Q: I love that. The very secure bridge.

Moorhouse: “Madam, it’s very secure.” [laughter]

Q: What was your mood like on that first trip when you have all of this massive range of things you can do? You never know what you're going to do each day, you're in the middle of a horrifying situation in Guinea. What was it like?

Moorhouse: There were days when I just found it incredibly sad, like when I met the survivor. There were days when I felt, I'd kind of jump out of bed like okay—I always felt like, what can I do to help? What would be the most beneficial? I loved it. I miss that. There's a part of me that always misses working with the Carter Center and being in those little villages every day. Or being on a contact tracing team. Of course, it's important to coordinate but there can be a lot of meetings and there can be a lot of situation reports and everyone needs the information. There's no denying that. But to actually be in the field and be the one who is seeing that and collecting that information, I wouldn't trade that for anything.

Q: So what was it like coming home that first time?

Moorhouse: I think people were, you know, neighbors, like, whoa. People actually asked me, why would you do that? I think there were other people who were just fascinated or people who didn't know which questions to ask. But I didn't experience any true—I know some people felt that their families didn't want them to stay with them. I didn't experience anything at all like that.

Q: If someone asked you that question, why would you do that, do you remember what you would say?

Moorhouse: I would say because I'm a public health professional and this is exactly what I signed up to do.

Q: In a way, you've been doing this your whole life.

Moorhouse: Right. Not with this highly infectious disease, but working for the Guinea Worm Eradication Program, I'd go to one village one day, I'd say, I saw seventy-five cases of Guinea worm disease today. So we're treating the cases and we're treating the water sources and bringing patients to the hospital. You felt really like you had an honest day's work.

Q: You talked about some of the maneuvering taking place with staying in your department and then they really want you to come back to Guinea. Did you ever feel any frustration that you were being deployed and couldn't get your work done for the division you were in?

Moorhouse: It was challenging because occasionally, I'd get a message saying, do you think you can work on this right when you get back? And it was maybe some hiring transaction and someone needed something written up. Certainly, sometimes I wanted to write back and say, "Out of all the people in the division, there's no one else that can

write two paragraphs while I'm here?" I mean, that's exactly how I felt. I think I said that in a more diplomatic way. So, yes. And also because I volunteered to step up and do this and I thought if other people didn't want to go, that's fine, they had their reasons, whether its family or they just didn't feel right. I completely respect that, but I wish there had been more, wow, she's volunteering to do this. There was pressure of a certain amount of people from the division, there were relentless messages coming from Barb [Barbara J.] Marston or from Dr. Frieden's office saying we really need your support again. And you felt you couldn't say no. So yes, to have more support from the division at that time would've been—I don't think it was horrible, but I do remember getting that, saying, can you work on this as soon as you get back? And I thought—that's not a unique skill set that only I possess, writing two paragraphs. At least I hope not. [laughter]

Q: Do you remember how long you were back between deployments one and two?

Moorhouse: Yes, August of 2014 and then I went again in October of 2014. And then the third deployment wasn't until June of 2015.

Q: When you got back in October, was it immediately apparent that things had changed in any way?

Moorhouse: Oh yes. Going from eight people to we all worked as one team. And then going back in 2015, you had sub-teams. I thought that I almost preferred the smaller group. Because we were a smaller group, we could have breakfast together and say, okay,

who is doing this? And people fell into their natural roles in helping with this or coordinating. It was pleasant. I thought, I know the agency wanted to support the response and that was fantastic, but I think that just putting fifty people into Conakry without a little bit more clarity, I think was challenging. I did get the sense that people were trying to—myself included, I was the liaison to the DART [Disaster Assistance Response Team]. I didn't know exactly what that meant, it took me a couple of days to figure it out and everyone was so busy and then I thought, okay, they want information on what CDC's teams are doing. Why don't I go and work with the CDC teams and see who needs help? The airport team needed some extra help for a couple of days, I did that. I wrote up a little report, team leads cleared it, and they could tell, this is what CDC is doing. Ben then said to me, "I really need someone to go to Macenta and I know you won't mind traveling." "Sure, can I write a report and give it to"—and the DART was happy because I was part of their group. So that worked quite well. And then when I went for the third time, that's why I really wanted to be with the contact tracing team. I thought we're a small group, we all had breakfast together, got in the vehicle. We knew exactly what we were supposed to do, and I really enjoyed that.

Q: It sounds like in your work as the liaison to DART, you were still able to go out and do this response work.

Moorhouse: Exactly.

Q: I had imagined you sitting in a room in meetings all day with—

Moorhouse: There were definite meetings, and they were briefing, but they were trying to find out how they could support and they could also provide money to different organizations. But they also wanted to know really, to be able to coordinate and report on CDC teams. No one said to me, do this exactly. And I thought if they want to know that, that's the best way to do it, just go and work with the teams.

Q: So you're kind of DART's eyes on the ground about what CDC is doing.

Moorhouse: Right. But at the same time being useful to CDC and not just standing there observing and saying I'm going to take notes and write up everything you did. I can actually help you with this or, right—and Ben said, "We don't want to send the health comms person alone, can you go with them?" "Sure." And when we got there, they said, okay, we need some health comms but the contact tracing teams also need help. And I said, we're here to do what you need help with.

Q: When you reported back what you were doing with CDC to DART, did that change where they were allocating resources or anything like that? What did they do with that information?

Moorhouse: I'm not sure they changed how they were allocating resources. They seemed very happy that they had things to report on that CDC had done, and they also considered

me a member of the DART team, so they could say DART does a field visit. CDC could also say—

Q: How long was that second deployment?

Moorhouse: The second deployment was a month.

Q: You traveled to a lot of interesting places during your trips. Macenta, as we talked about before, in the forest region, what was it like in Macenta?

Moorhouse: The accommodations were very basic. We stayed at this little inn, I think there were four rooms and a common area. This was when I was with Pascal. And I woke up one morning to, “Help!” What’s happened? The lock on her door was just poorly made so she couldn’t get out. We teased her about this, of course, she had to climb out the window. And the guard had just been left there because the woman who was in charge of the hotel had traveled because her mother had died. He knew it was broken, but he was worried about spending any money. We’re telling him, this is broken. He was very nervous. He would get us bread and things in the morning and Pascal would always give him an okay, as a francophone, we want this, this, and this, and I actually had to say, “I’m sorry Pascal, I think your French is a little too fast for him, let me try.” Because we were getting the wrong things and I had to say okay, just shorter sentences. So we laughed about that all the time. Or when things were a bit confusing and she would say, I don’t understand, and I’d say, this is the way a story is being told. It’s not the language,

it's sometimes the logic of the way things are laid out. So we'd always laugh about that. She'd say, can you explain this to me, what's happening?

Q: You've given an example of, this person's actually talking about something that happened twenty years ago.

Moorhouse: Yes. We had very similar experiences. She'd say, "It doesn't make sense," and I'd say, "Hang on a second. So when did this person actually enter into the picture?" And then Pascal would say, "Oh my gosh, okay." Because we're looking at it very logically. It happened a few times. So we used to laugh and say okay, wait a minute, having worked in West Africa for so long, maybe understanding more of the context.

Q: At this point, do you think you can generalize a little bit about how people in Guinea would tell stories that are different from how we might tell stories here?

Moorhouse: We might give a story and say, I was born in Boston. I went to elementary school here. I did this. And they may start talking about something present day and then start talking—I'm trying to think of a good example. But the best example when I talked about earlier in the contact tracing, he kept talking about his brother. Because he wanted me to know that he'd been taking care of his nephew, which was wonderful but I was so confused, because why are you talking about the brother who died. Where is he in this Ebola chain of transmission? So that was just woven in at a time when it was crucial to be talking about who had died.

Q: Second trip, October to November?

Moorhouse: Yes.

Q: Was the third deployment at all in 2015?

Moorhouse: It was. It was in June of 2015.

Q: So some time had passed.

Moorhouse: Some time had passed and I think at that time I thought I've done my two tours but I kept getting the desperate pleas to help out. And I think that people thought the epidemic was a little bit more under control, but then they had that outbreak in Forécariah. I said, okay, I'll go one more time. And I'm glad I did. I think if I had to pick, the first and the third tours were my favorite.

Q: Was that because of the close work you were able to do with the smaller team?

Moorhouse: Yes. Without a doubt.

Q: Are there any memories that you have that I have not prompted you about that if you were to look back you'd think, that's important to me for some reason, for whatever reason?

Moorhouse: No, I don't think so. The stories and Pascal getting locked in her room and all these things that, you know, the team of eight. No, I don't think so.

Q: Do you have any other reflections about your time in West Africa as part of the response, even here that you'd like to talk about?

Moorhouse: Let's hope we don't have such another large-scale emergency, but I think the valuable field experience is great. I always wish that the agency will look at this in a more organized way and try to take those lessons learned of, was it efficient to have fifty people if they didn't have—I know that there are political pressures and you can't seem to be doing nothing. But how can you best support all of the needs and actually make it worthwhile? You have to look at, what's the perception of other organizations that are actually in the field if CDC only has fifty people in the capital? That's not necessarily helpful.

Q: Did you have conversations with partners about that kind of thing?

Moorhouse: Not necessarily, but I think sometimes they alluded to, hmm. And even in this recent outbreak in DRC [Democratic Republic of Congo], colleagues at WHO said, if

CDC can't go to the field, is it possible to have some CDC staff come and fill some of our positions at headquarters to assist on the response? So I think looking at creative ways to do this and to be supportive is really the way forward and being realistic about what CDC can do. Is it worthwhile if there's an outbreak right now in, I believe, in DRC that people are being allowed to go to the field, but again, what's the capacity of this small, rural area and really thinking that through as to what's the best way for CDC to support.

Q: I know it's not as massive, at least yet, as West Africa in DRC, but given your experience and your language skills, have you been asked to help in DRC in any way?

Moorhouse: I have not. But I'm also the acting team lead for the Global Rapid Response Team, so we do coordinate and help manage. We have the agency-wide roster, so we have been providing that roster and seeing if there's a need for more people to go. I do think that one of the things that sometimes saddens me is I think the further you go in your career, often the further away you get from the work. But I have enjoyed the role on this team where I'm supporting a lot of people who are in the field, and I think having that perspective of—our team was designed to, if we have team meetings, there are notes, there's a Skype call-in, and then the notes are always cut and pasted into the email. We understand what it's like to work in those—ugh, I want to open an attachment. Or having a phone and saying I'll download whatever app is easiest for you to text me on or however you can get in touch with me. That feels nice, at least I think I definitely appreciate that. And people who are in the field take priority. If someone in the field is

calling, they need something, we're going to have to hold off on whatever else we're doing. I enjoy it but I miss some days. I don't think you can live in the trenches forever but I miss those days sometimes.

Q: You said it was later in 2015 when you joined the Global RRT?

Moorhouse: Yes. I joined in September of 2015.

Q: My understanding is that it was created recognizing that CDC needs a stable of people who are ready to be able to deploy to emergency—do I have it more or less right?

Moorhouse: Exactly. The idea was to have a three-tiered system. Tier one is Atlanta-based, multidisciplinary team. Their full-time job is to respond to emergencies. Tier two is more loosely defined, subject matter experts throughout the agency and/or people have significant humanitarian response experience. And tier three is the agency-wide roster, where every year we take applications and people apply to be on it. So we could have up to forty people on call a month. We try to balance it out with different language and technical skills. It's still a challenge within the agencies, finding enough qualified French, Spanish, and Portuguese speakers.

Q: Is much of your work then supporting people in the field? What's your day-to-day?

Moorhouse: It’s a little bit of everything. Part of it was getting the team started, so a lot of it was hiring people and that’s a fast and furious and frustrating process. There’s no other way to say it. Then people got on board and it was, we’re trying to build this and people are calling us for responses and we’re sending people out and we had Zika. There’s literally someone who, she also worked on Ebola in Guinea, and she’s multi-lingual. She literally didn’t even sit down at a desk, she got called to work on Zika and was gone for a year. That and trying to work and build up the tier three. I think there’s an assumption that you have an agency-wide roster, it just kind of sits there. There’s a lot of care and feeding and training and troubleshooting and trying to advocate for we’re a new group, we’re not trying to take over what the subject matter experts do. We’re playing a supporting role. If they were to need additional support, like right now for Ebola, we’re not going to jump in and say hey, we’re going. No, no, no, that’s for you to work on. One of the main challenges is keeping the funding for that. I think it’s a great idea for the agency to have and hopefully we’ll be able to maintain it.

Q: Thank you so much, Lisa, for being here. Was there any last things?

Moorhouse: I don’t think so. Thank you for listening to all that and sorry—

Q: No, no, no. I’m so glad we got to sit down and talk.

END