

**CDC Ebola Response Oral History Project**

The Reminiscences of

Leah F. Moriarty

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Leah F. Moriarty

Interviewed by Sam Robson

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Interview 1 of 1

CDC Ebola Response Oral History Project

Q: Hello, this is Sam Robson here today with Leah Moriarty. Today's date is December 20<sup>th</sup>, 2016, and we are here in the audio recording studio at CDC's Roybal Campus in Atlanta, Georgia. I'm interviewing Leah today as part of our CDC Ebola Response Oral History Project. So Leah, thank you so much for being here with me today. I think my first question for you is going to be just, can you pronounce your full name for me and tell me what your current position is at CDC?

Moriarty: My name is Leah Moriarty and my current position is as a public health analyst on the Global Health Security Agenda Optimization Team, short is GO Team, and that's in the Division of Global Health Protection.

Q: It's cool to work on the GO Team.

Moriarty: Yeah, we thought of the name. [laughs]

Q: Well done. Can you tell me—if you were to give someone an elevator description, like a two-to-three-sentence description of what your role was in the Ebola response, what would you say?

Moriarty: I was sent to work on the epidemiology team in the Mali Ebola response, but I was definitely a jack-of-all-trades doing anything from epi [epidemiology], contact tracing, communications work as well.

Q: Thank you for that. And now we will shift back drastically. Can you tell me when and where you were born?

Moriarty: Sure. I was born in Boston, Massachusetts, almost thirty years ago today.

Q: Okay, awesome. Yeah, Leah's birthday is Thursday?

Moriarty: Yeah.

Q: Happy Birthday.

Moriarty: You, too.

Q: Mine was Friday. So, did you grow up in Boston?

Moriarty: Yes, I grew up in a suburb of Boston called Newton.

Q: Like throughout your youth?

Moriarty: Yeah, like same house, yeah. My parents are still in the same house.

Q: What did your parents do?

Moriarty: My mom actually works in public health. She works in health services research for the Multiple Sclerosis Society, so definitely implanted a public health seed. And my dad just retired, but he was working as a heating and air conditioning engineer.

Q: Awesome. So what was it like growing up?

Moriarty: Newton, Massachusetts, is a very nice suburb life, so definitely has really good public schools, very kind of straight up, really nice, safe place to grow up, so it was a good time. My mom would talk to me a lot about public health and things like that. I didn't know I wanted to do public health the whole time, but I think there was definitely something there and definitely like a sense of altruism that I grew up with for sure.

Q: What kinds of things were you interested in doing in school, outside of school, through high school?

Moriarty: As a kid, I was a theater kid. [laughs] When I was really little, I had dreams of being on Broadway for sure. My brother did sports and my parents were like, you're tall, you should do basketball and do sports, but I was really uncoordinated and really didn't

enjoy the sports. [laughs] I swam for like a minute in high school and then was like, just kidding, I'm going to do theater. Yeah, that kind of stuff. And I started taking French in high school and I really liked that. And went to France for a summer and learned French and hung out. I was really excited about traveling, I think, starting from then.

Q: Where did you go in France?

Moriarty: I was in the South of France for a summer in Cannes where we took class every day but the class was on the beach, or the classroom—I was inside in a classroom but you could see the ocean. So I was like, yeah, I'll keep learning French, that's fine. [laughs]

Q: How did you get over there?

Moriarty: It was a program. My mom took French too when she was younger, so we could take any—we had to take a language. A lot of people, like my friends took French so I was like yeah, I'm not going to take Spanish, everyone's taking Spanish, so I'm going to take French. My mom was like hey, the only way to really learn it is to go there and we found—I think I Googled it and the program is called Abbey Road, so it must have been the first thing that came up because it started with an "A."

Q: Can you tell me what some of your greatest hits were regarding theater in high school?

Moriarty: I was in *Les Miserables* in high school and my mom also says that's the best production, even when she hears other recordings of it. She's like, "Your high school one was the best!" [laughs] *Bye Bye Birdie*, I was in *Joseph and the Amazing Technicolor Dreamcoat*, it was a good time. Our theater program in high school was really good so it was—I swear the cool kids did it, too.

Q: The cool kids in my high school were band kids, as far as I was concerned anyway.

Moriarty: Yeah, exactly.

Q: So when you were thinking about what to do after high school, were you still thinking theater? What was on your mind?

Moriarty: No, I think I realized that I wasn't one of the best, unfortunately, but it was still a good—I wanted to be a psychologist, I guess. I went intending to major in psychology. I didn't really know, like maybe social work or kind of an individual—I know I like people and talking to people, so I knew I wanted to do something like that. But I also knew I had that travel bug, so wherever I went to college, I knew I wanted to study abroad too. It's kind of a big thing for me.

Q: How did you decide where to go?

Moriarty: It was really cold in Boston, so I knew I wanted to be south. I only looked kind of like [Washington], DC and below. I visited American University in DC and loved DC as a city. I liked that it wasn't kind of like in—it's kind of like Emory [University], right, in Atlanta, where it's in the city but not, a little bit suburb. And they had, you could do a year studying abroad, they encouraged everyone to study abroad. So I was like, yeah, I'll do that, I'll go there.

Q: Okay. So what did you major in?

Moriarty: I majored in psychology. Looking back on it—well, now they have an undergraduate degree in public health, they didn't have—that just started a couple of years ago. I was like, man. Yeah, they have a really good international studies program too so I was able to take advantage of that.

Q: Where did you study abroad?

Moriarty: I did a semester in South Africa, in Cape Town, and then a semester in Accra, Ghana.

Q: Were those your first times in Africa?

Moriarty: Yeah.

Q: Can you tell me about it?

Moriarty: Yeah, I was just visiting two friends that I had studied abroad with in Cape Town so we were reminiscing because it's been exactly ten years in 2017, which is crazy. In Cape Town, they had us living—we lived in the dorms. I lived in the dorms with two guys from Lesotho and they were the coolest guys ever. They took me around with their friends, so I felt like—you know, there's some people that lived in a house with only American study abroad people, so it was fun to go hang out with South African students. We volunteered at a tuberculosis hospital there in the pediatric ward and I think it's that experience probably that made me want to do public health. Just going from Cape Town, where we were living and the school is just so beautiful and it's definitely a nice—you know, lots of money in the school and things like that. And to go to this hospital right outside of Cape Town that was just really run down and these kids—when you're in a TB [tuberculosis] hospital and these kids would be there for six months or more. Some parents would drop them off and never come back, which is terrible. And a lot of kids had dual infection with HIV [human immunodeficiency virus]. I didn't have many skills to provide to the hospital, but they just needed extra hands so the nurses could do something. We would play with the kids and help change diapers or just play games. I really liked that and I felt like I learned a lot from that experience.

Q: Were you doing psychology at all in South Africa?



Moriarty: Yeah. I studied at the University of Cape Town and I took some psych [psychology] classes there. I had one really cool professor that was there during apartheid and talked about the psychology of apartheid in South Africa. Just being there and studying psychology there was really cool. Yeah, I think I got more into kind of the macro of that too, of how it affected the country as a whole and how something like the sociology of it as well is interesting to me.

Q: Sorry, I'm skipping around a bit. Are there any moments that you remember especially from volunteering in the hospital or anything like that?

Moriarty: Yeah. I think there was one little girl, her name was Jacie-Lee, she was a baby, she was an infant, and she had—and there was another, I forget the other one's name, but my friend Laura and I were just really obsessed with these babies. Every time we'd go in, we'd go just sit with them and hold them. I do remember when, I think Laura was looking at the chart on babies that had—it was like to get their medicine, their tracking charts or whatever, and Laura saw that the baby she had been hanging out with every day was co-infected with HIV and she just noticed it on the chart. They didn't tell us, of course, but yeah, I just remember finding that out and it just getting really real in there. This baby that was so cute and seemed really healthy—you know, we weren't in where they had like acute tuberculosis infections, usually they were recovering. I think just thinking about that baby and where she could go and where she is today, that kind of got real for us.

Q: And then you also studied in Ghana?

Moriarty: Yeah, I studied abroad in Ghana at the University of Ghana outside of Accra and Legon. Yeah, that was also a really great experience. I also had a roommate that was from Ghana and that was cool too. I didn't get as close with her as the guys from Lesotho, but yeah, I got some really close friends there too. There were more students from different schools. I think there were only a couple of us from AU [American University] so it was fun to make friends from all around the country and different schools. And I worked there, I had a little bit more substantive internship there at this local organization called AFAWI Ghana. I don't even remember what it stands for [Alliance for African Women Initiative]. I feel like it's one of those ones that used to stand for something and that doesn't anymore. But it was run by this guy named Phillip and he's a super ambitious kind of like idea guy, and he just wanted my friend Lindsey and I, you know, he was just like "Okay, I just need you to help me execute this thing, and I have all these ideas." They had all kinds of projects. They had HIV support groups that they had people coming in and talking to each other every week, so we sat in on those and we'd take notes at those. And then we did one project on domestic violence among the women in the marketplace. So we'd go, we did this big survey in the three different markets of Ghana, of Accra, and just asked them about their experiences with domestic violence. The idea was that the organization would then write—do like PSAs [public service announcements] on the radio and things like that and inform, you know, communications material. That was the first time where I could do something systematic to get information, and you know, for action, so I really liked that experience.

Q: So tell me about, you know, wrapping up your college experience and—

Moriarty: Yeah. So I graduated in 2009, so like A) it wasn't a great time to find a job and B) my senior year I had this internship at an organization called ONE. It's one of those like ONE and (RED) started by Bono [Paul David Hewson]. And I worked—it was really random but I loved it so much. So they're a global health advocacy organization and I worked on this team, it was called like the Special Projects Team, and my bosses, my two bosses, basically worked directly for Bono. I just helped them do things. [laughs] I would do anything from reading the fan mail to him and requests for Bono to come speak from anywhere like a university to “our school club,” we want him to come over, to some crazies that would be writing him letters on the ONE Campaign. But then one really cool thing I got to do was help out with—there was a U2 tour going on at the time, so I would help do VIP [very important person] tickets for our supporters, like give out tickets or offer special tickets that members of Congress could buy because we couldn't give them tickets for free. I did work for this one lady who—so during the tour, when we were trying to give out these tickets and I was sent to go work, this woman that worked for the U2 tour that was like the craziest woman ever. She was in charge of all of ticketing for concerts for U2 and I was there to help her and make sure that our people got tickets. Just random experiences like that, that were very peripherally doing something for global health and advocating both grassroots and the US government to support global health efforts and anything for global development. So I interned with them and then they offered for me to stay on for—and they knew I was applying to Peace Corps, so at that

point I was like, I'm going to apply to Peace Corps. I want to do global health, this is what I want to do. So I got to stay on there full time while I waited because the Peace Corps application back then was like a year it took. So I started in December of 2008 probably and I was doing this fun job, going to U2 concerts and organizing volunteers to go sign people up to be members of the ONE Campaign while I waited to get into Peace Corps. It wasn't too shabby. I stayed in DC. I had a lot of friends that stayed around too. And then I got my invitation to Peace Corps Senegal.

I think originally they had been talking to recruits—yeah, it used to be the longest application process. I think it's a lot shorter now. You fill out the application and there are these four check boxes where you'll say, "I'll do anywhere and do anything," "I will do anything but I want to go to a specific place," or maybe it's three check boxes. Or "I want to do a specific thing but I'll go anywhere," kind of that thing, and that's all you're checking. Now, you apply to a country which is—yeah, it's funny to think about. They knew I spoke French because, you know, and so I think originally they were going to send me to Morocco which would have been cool. But I remember the woman calling me and saying, "I've got this other one for you, I think you're really going to like this assignment," but didn't tell me what it was. They are not allowed to say anything until you get it in the mail. So I got this packet in the mail and it was like, you're invited to come to Peace Corps Senegal. I was super excited. We had a Senegalese French teacher in my high school and we had watched a lot of Senegalese films, and originally when I was looking at studying abroad I wanted to go to Senegal but they didn't have a program with AU. So I was like, this is awesome, like super excited to be sent there. I forgot when

I got the invitation, but then it's—you won't leave for months later. I probably got it, like if I started December of 2009 and then wasn't leaving until March 2010.

Then I got my invitation to Senegal and I accepted it, finished up my work at ONE, the U2 concerts, and packed way too many things and went to Peace Corps Senegal. [laughs] I remember—this is I think one of the saddest I've ever been; not really sad but the most was I remember my parents took me to the airport and they were both really excited and supportive of me going there and knew that I was destined to do something like this. But my dad started crying at the airport. I don't think I had ever seen my dad cry before in my life. Like he just started crying and I was like, oh my gosh, maybe I shouldn't go, maybe I should just stay here and live in my parents' attic. [laughs] But it was fine and I went. I remember I had way too much stuff too. Like I packed everything and I didn't use any of it and probably left it all there. I think people in the village I was in are still wearing my clothes that I left there which is, you know, wasn't in vain. [laughs]

That was like March 2010 that I went to Senegal. When you get there, there's a two-month training, so you go and you live in this—you live with a family. So in the first weeks, you're at a training, you go back and forth in the training center to go to these families so you can learn the language. The first week you're at the training center and it's like going to summer camp because you're trying to make best friends with everyone. This girl from my high school that I was pretty—I wasn't close with her but we were friends, we were friends in high school, we did a cappella together, and she was randomly in my training group so that was cool. They put us in the same room too, we were bunk

mates in training. And we were like, did you know that we went to high school together? They were like, no, this is just totally a coincidence. We ended up being sent to the same region as well. She's one of my best friends now so that was really funny. But yeah, it's like summer camp, you're trying to make all these friends and they're also kind of trying to get your personality because they kind of place people in locations or with kind of the ethnic group based on your personality, which is a really weird thing to do. For example, Wolof is the most widely spoken language of Senegal. They are known for being very—kind of like amped up and loud. So anyone that's kind of crazy seeming or louder, bolder, they get put with the Wolofs. The really chill and more quiet people get put with Pulaars. They say, we swear, it's a thing that works. And this is like Senegalese people that work at the training center so this isn't just Americans doing it. So they're trying to get your personality, doing interviews and stuff. They interview you your first day and they asked me if I liked biking, and I had learned how to bike the month before I went to Peace Corps because I was a stubborn child and didn't want to learn how to ride a bike—I was like, I really like roller blading. So it was really annoying. But when they give you your information pack when you're receiving your invitation, they were like, you'll probably be biking around. So I asked my friend Katie to teach me how to ride a bike. So she taught me how to ride a bike a month before. So in my interview they were like, “Do you like biking?” I was like, “Well, I just learned, but I love it, it's super fun.” They were like, “What's the farthest you've ever biked?” And I was like “Probably five miles, I don't know.” And they sent me to the region of Kédougou, which people nicknamed as “bros on bikes” because they sent all these dudes there that are really into biking because you have to bike like two hours to get to your village. I was like sure, yeah, okay. So they

sent Meera [Sarathy] and I there, which Meera knew how to ride a bike, but we were just kind of like these girls and we were like yeah okay, that's fine. Everywhere else, I mean Senegal, I think Peace Corps in general has many more women than men, so this was the one region where we were outnumbered. It was just kind of funny. So I got put with the Malinkés, who are also known as being more "chill." They put more relaxed people in the Southeast, the "Dirty South" of Senegal.

Q: Is that something they actually say?

Moriarty: Sometimes Peace Corps—Peace Corps volunteers think of a lot of things that some are more appropriate than others [laughter] to say about, no, just like their experiences. But I was really psyched. So Malinké is a minority language and people in Senegal and there's lots of similar languages, like the Mandé people, it's a very big group of people in West Africa, but in Senegal it's a smaller group of people. So it's just me and these two other guys learning this language. The three of us got put in this little section outside of Dakar where we were staying with the host families during training. But it was really hard to find families that spoke Malinké or a language close to it because they were all in southeastern Senegal where we would go. We got put on the beach because there was this one neighborhood that they had to find for us. We're like okay, that's fine, we'll be here for two months but then we'll get sent, you know, the farthest away from the beach as possible. But they could only find—they couldn't find Malinké people and they found Mandinka people and they were like yeah, it's basically the same language. It didn't turn out that way, but kind of. My friends, Spence [Riggs]

and David [Puhl], the three of us became super tight and everybody else in our training group liked to call us the “Manstinkas” because they were so annoyed that we were all so close. We’d go and sit under a mango tree with our language teacher and learn Mandinka. And this is where my dog’s name would come in. There was this little five-year-old girl that was the daughter of Spence’s host dad named Nafi, and she was like five and super scrappy and adorable and she would stand behind our teacher, Aziz [Diatta], while we were trying to learn, and do dances. She would do these sassy dances to try and distract us. So when I got my dog, I was like, I feel like she should be named Nafi.

So yeah, we did the training and then we’d get just driven out to our village two months later after some training, and then they do also training in kind of what to do, like projects that you can do, but not really. They kind of just, yeah, it’s fine. And I was the first person in the village that I got put in and I think it was the farthest they’d ever put anyone from Dakar. It was basically in Mali, was where I was, and it was a village called Nafadji and I got put—I lived with the village chief. I got a new name, they named me Mbamoussa, which no one had ever heard before, and they just like put me there. I kind of spoke the language but not really because they had taught us kind of the wrong language. So the first week, one of the things they suggested you do is pick somebody every day the first week and follow them around the whole day. So I asked my host brother, or my host sister, who I was named after, her husband, and I was like, what are you doing today? Can I follow you around? I didn’t actually say any of those things because I couldn’t, so I was like you, I’m following you. And I could speak French but most people didn’t speak French, they just spoke Malinké. So I could talk to the people I



worked with at the hospital and things like that, but my host family, yeah, it was just Malinké mostly, except for some of the kids who could speak French because they went to school. So it was like me and the kids. So yeah, I went hunting with this guy. He took me on his motorcycle, which was against the rules, but I'm going to say it now, into the woods and we went hunting and shot this thing. It was like the deer of Senegal. I brought it home and really excited. It was super fun, but yeah, it was crazy. I was like all right, now I'm out in the middle of the woods just like hanging out with this guy, you know, with guns, just chilling. Yeah, we ate this meat and then I got really sick the next day. I just remember feeling really sick and nauseous in this hut, you know, I lived in a hut and I was like, what did I do? Why am I here? And I remember calling—one of the second-year volunteers would help us with training and I was like “Joey, why am I here?” She was like, “It'll be okay. Just get through it, try to get out.” I had a Gatorade packet, like a blue Gatorade packet and I was like okay, I'm going to get up, I'm going to go to the health post and hang out with my counterpart and watch TV [television], just like be out with people. The minute I walked out I threw up blue throw-up like in front of the entire village, and they were like, what did we do to the white girl and why is she an alien and throwing up blue things? So off to a good start there in Nafadji. But yeah, it was fine, they were worried but then—so I worked at a health post and they put—the Senegalese health system kind of works where if you become a nurse or a doctor and join the government health system, they will send you out to these health posts. There's not a lot of people that are educated where I was, so they'll take—basically they send people from Dakar and from the big cities out to these places. So the people I worked with in the health post and the district hospital were all from Dakar so they all felt this like—you

know, and I felt a friendship towards them and they felt a friendship towards me where they were like, well, we got sent out here against our own will too. It was probably more against their will. I was like well, I did choose to come here but, you know. So I was able to speak French with them and they became some of my definitely closest friends. So that was nice to have that. I think some volunteers didn't come in speaking French so they were totally lost if they didn't have something before, which they probably became better at Malinké or the local language faster out of necessity. So the first few months I was just kind of like hanging out trying to figure out how to be there. I ended up working on a few really cool projects. I actually ended up moving from Nafadji to the district capital of Saraya a year in because they needed—the volunteer that was there before, he was a year ahead of me, I ended up working really closely with him on the cervical cancer project that they needed somebody based in the district who knew what was happening with that project. I ended up taking his place a year in. It wasn't too far from Nafadji so it was still like the same area.

Also, five weeks in to me living in my village, I broke my ankle riding my bike and got sent home real quick, like to [Washington,] DC. I was just like riding my bike and I was literally dismounting—it was like the most freak accident ever and the bike just fell on me. I was in Kédougou, I was in the town, the region, because we were doing July 4<sup>th</sup> celebrations, which were always crazy with the other volunteers, and the day after, yeah, the bike fell on me, my ankle snapped in half. I remember at first just like laughing when it happened because I was like, what just happened to me? And my friends were like, this doesn't look good, and there's no x-ray machines where I was. I remember calling the

Peace Corps people and they were like, well, there's no x-rays there and even if you got an x-ray like anywhere between here and Dakar, they wouldn't be able to do anything about it, so you should just come up to Dakar. But it was already—basically it took twenty-four hours for me to drive on Advil with a broken ankle to get to Dakar, which was terrible. I had to go and stay overnight in the Peace Corps Regional House and Spence, my very good friend, literally carried me to the bathroom to pee because I couldn't walk. You make these friends where nobody else would have to do anything for you like that ever, so we have a special bond. Yeah, so I went home real quick because I had to get surgery in DC and everyone was like, are you going to stay? You just got to your village, why would you want to go back, kind of thing. People thought that I wouldn't go back, but I went back and it was fine, like it was just starting over. So that was a little snafu.

I ended up working on some cool projects, I worked with the University of Illinois at Chicago on the cervical cancer project where we trained midwives and nurses, or people from the University of Illinois Chicago medical school [University of Illinois College of Medicine] trained midwives and nurses how to screen for precancerous cells on the cervix. It's this really cool way to do it where all you need is vinegar, if you just put it on the cervix, it changes colors if there's—it turns white if there's precancerous cells on it, which is cool, you don't need electricity, all you need is a speculum and some cotton balls and vinegar. So it's like a perfect kind of thing. So we went around and taught these women [midwives and nurses] how to do it and then we did kind of a training-of-trainers thing, so a few of the really awesome midwives kept doing the training. The University

of Illinois Chicago, they only had to come a couple of times and then I could keep it going, like facilitate these trainings. That was definitely the most meaningful project that I did that kept going. I think to this day people are doing that. It was adding a service that wasn't there before, which was cool.

Q: I know you said with the x-ray it's like when you're that far out, even if I get an x-ray, I'm not sure I can do anything about it. If someone screens positive for the precancerous cells, is there anything they can do about it?

Moriarty: Yeah, so they can. The next step in this training, which happened after I left, was to teach people how to do cryotherapy, which is you can burn those cells off. All you need is a CO<sub>2</sub> [carbon dioxide] tank, you still don't need electricity, which is cool, but you can do that. They could also go to Tambacounda, which was like four hours away, so that was definitely a big consideration, ethical consideration, in doing the screening is making sure that people got treated. It's such a slow-moving disease unlike most of the things that we're working on. I mean you could also just—some people they just recommend to re-screen, but there are definitely services in the country, like four hours away, that they could get. And we made sure that they would get it if they needed it. But while we were doing the screenings, I mean there were so many women that had not had a vaginal screening ever except for when they were having babies, maybe, if they went to the hospital. So we found a lot of other things besides precancerous cells. So that was interesting, that was the coolest thing. Then the women's health stuff was my favorite, my favorite stuff to do. My host sister, Mbamoussa, she had seven kids when I got there

and then she got pregnant, which was really not a great thing in terms of safety and health, but she never—we didn't notice she was pregnant for a while and I was like, have you gone—she didn't have any prenatal visits really and she was like really, really pregnant and we were like there could be twins in there. It looks like there might be two. I brought her to the health center and it was on Tabaski, which is like the Christmas of the Muslim world, and they recommended that she go to Kédougou to the hospital where she could get a C-section [caesarian section] maybe. So I was like, okay, we're going. I brought her to the hospital in Kédougou and hung out there and it was so crowded, there were like two women to a bed just hanging out. I was like okay, she's going to be overnight, she's so uncomfortable, what am I going to do? So I went and got my computer from the [Peace Corps] Regional House and we watched *The Triplets of Belleville* because it doesn't have words. All these women were watching and found it hilarious. They were like, okay, she could need a C-section but because it was the Christmas of Senegal, there was no anesthesiologist. The surgeon was there but no anesthesiologist, which is like the theme of Senegal or a lot of the developing world. It's like we have this but we can't do it because we don't have this other thing. We have TVs but no electricity, you know, that kind of thing. She had malaria, too, so it was just like this scary thing, but then she had these two babies in like five seconds because when it's your eighth and ninth kid you have babies in five seconds because of gravity. But she had these twins and everyone was healthy and happy and it was great. And a week later at their naming ceremony, she was like "So, what are you going to name the babies?" And I was like, "What do you mean? What do you mean what am I going to name the babies?" She's like "Yeah, I want you to name them." I'm like, have you run out of names?

What's happening? You know, because a lot of volunteers get this honor and then sometimes they're like okay, we want you to name them, but we want you to name them this, like we have an idea. I was like okay, but what should I name them? And they were like, "What's your mom's name?" I was like, "Her name is Deb, she's Debbie." And they were like okay, yeah, her and something else. I said, "Well, her sister's name is Lizzie." So there's two twins in Senegal now named Debbie and Liz, they call her "Jebbie" because they can't say it. So that was a fun thing that happened. And my parents got to come and Aunt Liz and Debbie met Lizzie and Jebbie and that was a really special experience. Now they are about five years old, which is crazy.

Basically, Peace Corps gives me this excellent work experience, especially with that, the cervical cancer project and HIV. I worked with such amazing people and learned so much. I became really good friends with this midwife named Fadoo and she was the most incredible person I've ever met. She's from the area and one of the only women that could speak—she spoke Bambara, she was the one midwife that could speak to the women who lived there. So everyone could trust her and loved her. And then she came to the US on this State Department, it was like HIV/AIDS [acquired immune deficiency syndrome], like anyone who worked in HIV/AIDS could apply to come there. So we hung out in New York when I came back from Peace Corps, which was super fun. I miss her a lot, she was a good friend.

So I had these great work experiences, but mostly it was the people that I interacted with. And everyone always says it changes you more than you can affect other people's lives,

which is totally true. So no regrets on that front. It was definitely the hardest thing that I've ever done.

Q: Can I ask, you mentioned that you were so close to Mali, it was basically Mali?

Moriarty: Yeah.

Q: Was that just geographically or were there some cultural similarities?

Moriarty: I think the correspondence—like people there, I think, they were closer to Bamako in terms—yeah, more culturally similar to Mali than it was to the rest of Senegal. So people would have family in Mali but had never been to Dakar but had been to Bamako kind of thing. We would bike. So I broke my ankle or whatever, but then after that I biked everywhere, so we would bike to Mali several times and sometimes we'd have Mali cell phone service, so yeah, basically we were there. So that was a little precursor to later.

Q: Interesting. So what happens after Peace Corps?

Moriarty: While I was in Peace Corps I knew I wanted to get an MPH [master of public health degree]. A lot of people applied to grad [graduate] school while we were still there so it could—like seamless transitions because a lot of people came back and hung out and didn't know what to do for a while. But it was funny applying to public health school;

other people were applying to med [medical] school. I was really excited about not having to go home for interviews and things like that. So yeah, I applied to the top ten public health schools and from there decided to go to Emory, partly because they had a good global health program, they really liked Peace Corps volunteers. I got some money to go there and they have the Certificate in Global Complex Humanitarian Emergencies, which I was really into. So I was really into all the women's health stuff in Senegal, but there was something about it that made me really impatient and the idea of responding to an outbreak was really appealing to me and doing something that was more like immediate satisfaction kind of thing. [laughs] There was this yellow fever outbreak that happened when I was there and I helped folks do some of the vaccination campaigns after. At the end, I really liked doing the mass testing days for HIV because people would get their results right away and then we could do something about it, like alright, so that kind of stuff. So I was really into that, so I was like, yeah, emergencies, sure, that sounds great. That's kind of what drew me to Emory, and Atlanta was cheaper than living in New York so that sounded good, too. I had nothing. My mom was like, again, tried to get me to go to BU [Boston University] and live in their attic, but no, that was a no. [laughs] Hard pass on that. So yeah, I went and was home for the summer, just hanging out, so that was fun and babysat for a summer and then moved to Atlanta and went to Emory and studied global health, took a lot of epi [epidemiology] classes and did their Certificate in Humanitarian Emergencies. I mean Rollins [School of Public Health] is a great school, it's next to the CDC, obviously that's a great thing.



I learned more about epidemiology, which I didn't know that much about and I feel like I had this kind of random disdain—I mean I had this disdain for math and statistics in college and in high school and I don't know why. I think maybe because my brother is a math teacher and I was like, I have to be different from him. But then I was like, wait, I'm really good at this and I really like math so now I'm all about it, obviously. So yeah, I got excited about epidemiology, the global health—I mean the faculty there is amazing. I got really into the preparedness and response stuff. I worked on the preparedness team of NACCHO for my summer internship there which is the National Association of County and City Health Officials. I was like yeah, I'll learn more about domestic whatever, domestic public health, which you can tell I still don't know much about it. [laughter] I think that kind of solidified wanting to do global health. And even at NACCHO people were like oh, well, can you do this project where we can talk about how local and global health are the same? Because I was like the global health girl around. So yeah, I finished up, I did mostly emergency response and vaccines. My thesis was on influenza vaccines and infants, so you know, things about babies always coming back. I also did an internship in the Travel Health Group at CDC so that was kind of like my first foray into CDC, and I really liked that and got a lot of encouragement to keep studying public health and become, you know, do EIS [Epidemic Intelligence Service] and become an epidemiologist and, you know, lots of people are encouraging me to do that. Then when it came to applying for jobs, which was terrible, applying to jobs, I was like oh, I haven't done this kind of ever because I stepped into that position at ONE and then just did Peace Corps. I was like okay, I'm an adult, I can do this. My friend had interned in the Office of Public Health Preparedness and Response here at CDC and her mentor was looking—and

she had already had a job and her mentor was looking for someone. She was like, “Roberto [Garza] is great, you should just apply to this job, you like preparedness and response.” So I did and met Roberto, who would become my mentor and boss and one of the most influential people at CDC that I’ve met and had a relationship with. So I went in and started working, I worked as an ORISE [Oak Ridge Institute for Science and Education fellow] for him and then he knew because I did Peace Corps I’m hireable so they could get me an FTE [full-time equivalent position] because of Peace Corps at CDC. So I was like, alright, I’m going to do it; I’m going to do the CDC thing, like be a fed. So that’s how I ended up here. That was like 2014, yeah, the spring right before Ebola hit. There you go.

Q: Yeah. Can you tell me more about Roberto?

Moriarty: Yeah. So we worked in this office in the Office of the Director, the Office of Public Health Preparedness and Response, on this like—what was our team name? It’s like the Fiscal Resources Operations, I don’t know, it’s like one of those like what does that stand for, the FRO Team, whatever. The work that we did wasn’t the most thrilling. We managed the intramural funds that go around for preparedness and response at CDC. So I got a lot of exposure to a lot of things happening at CDC because we gave money for people to do things. So it was a good first job at CDC because you’re making all these connections and whatever. But Roberto is just like the best team lead because we would do all these—he sat at a cube with us, which was cool, so there were four of us that kind of sat in this area and we all just got really close. We would have these busy times where

we'd all be like together doing the same thing. He wasn't above doing things. And then when we were slower, we'd go on field trips. His wife worked at a charter school in Atlanta and we went and talked at their career day. It was one of those things where even though the job wasn't the most fulfilling or exactly what I wanted to do, he was a good team lead and made it fun for all of us. And he was the one—so like the Ebola response started and I was still an ORISE fellow and ORISE fellows weren't allowed to deploy and he was like well, let's go to the EOC [Emergency Operations Center]. So we worked a little bit in the EOC, that was another cool thing I did at Emory, too, I was on the Student Outbreak and Response Team—

Q: SORT.

Moriarty: Yeah, SORT, you know SORT. So we got to go—I had been in the EOC before doing phone calls after outbreak responses and stuff so I was like okay, I've done SORT, I did the certificate, the Ebola response is starting and I can't do anything about it, I speak French, you know, I was super annoyed. My friends too, a lot of friends that did Peace Corps, we were all fellows and we were like, what the hell? We can't do anything about this. Roberto was like okay, we're going to get you the FTE and then you can go, whatever, we'll find you something, which was amazing because a lot of people didn't want their people to leave, but he knew this was something. So I got the FTE and Roberto was also the one—so now I'm getting my PhD part-time and he was the one that was like okay, you have to apply to this, I'm going to write you a recommendation and you're

going to keep studying. So yeah, very encouraging and he's since left CDC but we still chat all the time.

Q: Like parenthetically, what are you getting your PhD in?

Moriarty: In epidemiology at Georgia State [University]. I started the application during the Ebola response. I was like yeah, I'm going to do this.

So this was all happening, I got the FTE and then I'm in the returned Peace Corps network at CDC, like listserv thing, and they sent an email that was like, we need people with global experience who speak French. I was like, yeah, hey, and this was for the high-risk, non-affected countries team. So I reached out to them and they were like, actually we want you to go to Senegal and do Ebola preparedness stuff. I was like that sounds amazing; obviously, I would love to go back to Senegal. So I started getting the paperwork going, I was going to go work with the Ministry of Health [and Social Action] to do Ebola preparedness. And part of the HRNA [high-risk non-affected countries] team was that if there was an outbreak in any of the other high-risk, non-affected bordering countries of the three affected countries, that we would go respond. We would be the first responders because we would already be in the neighborhood kind of thing. So yeah, I was starting to write back to people in Dakar like, oh hey, I'm coming back, let's hang out and, you know, I'm going to go work. Literally two days, I think it was like two or three days before I was supposed to leave for Senegal, they were like, there's Ebola in Mali, so we're going to have you go there. Like, just kidding. So I was like alright, it

sucks I'm not going to Senegal but I want to do outbreak response and this will be a much better experience and I'll feel more—I know I was going to feel like I was doing something in Senegal, I don't know. So they were like, you're going to Mali, and I was like okay, let's do it. I met my parents in DC real quick so I could drop off my dog with them. They were like, you'll go to Mali, we'll see if this is a big thing and then if it's not, we'll send you back to Senegal and do your preparedness thing. Okay, sounds great. So I dropped off my dog, I flew from DC and was going to meet everybody else in Paris. I left my BlackBerry in the cab on the way to the airport, which was the EOC BlackBerry that was the best tool for public health. This was horrible because it was my first response, I knew I was going with all these more seasoned people, I was like the baby. I was like of course, I forget my BlackBerry. But Roberto, again, saved the day. He connected with Ryan [T. Novak], who is now my fiancé, to get me a BlackBerry to bring for me because he was going to leave right after me. I was like, oh my gosh, Roberto always saving the day. So yeah, it didn't start off on a great foot but it was fine.

So we get to Mali and we were staying at this hotel called the MiCasa, which was a hilarious name for a hotel in French-speaking Africa but it was this new hotel that was like, yes, we will take people from the US government to stay here. They started the restaurant for us while we were there, we were on the first day eating microwaved eggs in there, it was really funny. So yeah, they were like alright, you're just going to jump in. They had this case, this guy who had traveled from Guinea, from where the outbreak was biggest, and he crossed the border into Mali and no one had realized that he had Ebola for like weeks. He crossed the border, he got to this private hospital in Bamako, they didn't

realize it, had a lot of contact with people, got some other people sick. This is how it happens. By the time they realized it, it was too late and he had gotten other people sick and he died. It was already kind of like this scary thing and I think because it was in Bamako, it was a huge city, they were like, this could be a complete disaster. They were really worried that it would be, and I think we're really lucky that it didn't become a disaster. I mean we responded, but you can't—we only responded as far—you know, after we knew things, which was already too late. People were very on edge and there was this whole theme because Senegal had that one case and it was fine, and Mali had had one case a few weeks before, but it was not a big—you know, it was just one single case. She died, it was sad. Nigeria had those few cases so everyone was like, are we going to become a Senegal or are we going to be a Guinea? Be a Senegal, that was the theme of the whole thing.

So we just started. We went in, and they had set up an emergency operations center, the COU [centre d'opération d'urgence ], and we were working with all kinds of—it was like, CDC was there, Doctors Without Borders, all these NGOs [nongovernmental organizations] and stuff had just flooded in. They started, and we were one of the first, and then it was just crazy, these daily meetings with anyone working, and the response just got bigger and bigger, people just flooding in. We went in and we started working with—CDC's thing was contact tracing, so we started working with the contact tracing teams. Starting from the first day, we went out with a bunch of teams, and at that point they were doing contact tracing twice a day. They were just following up with people and you could tell, everyone was so on edge. They were like, we have to do it twice a day,

and we were like actually, maybe not, you could just do it once a day. And they were like, no way, we're going to do it twice a day. So just starting from the beginning you could tell that people were really worried. So yeah, that was what they assigned us to do. They were like alright, you will go out with this team and observe what's going on, just figure out if they are doing a good job at contact tracing and bring back notes.

So I go out with the team, and there were a few different teams. There was one, this guy went to this private hospital, so they decided that everybody at the hospital was a contact that they had to follow, even if they didn't necessarily come into contact with this guy, because they were being super conservative and worried about it. We went out and a lot of people who worked at the hospital were like, I don't want you coming to my house because the stigma is too great and we don't want people thinking that we're sick or something. They were like, we'll come to the hospital. It was really eerie going into this hospital that had—I think they still had some patients but they weren't taking anyone new so they were closed down, it was kind of—yeah. So doing that, and the data collection wasn't perfect and there was a lot of stuff that we can improve, but they were going. And then we went to a bunch of houses and had everybody in the household, which was in West Africa you have a household of thirty, and did contact tracing there. Just going to this one house, everybody in the neighborhood, you know, it's like oh, here's this white truck coming with people with the flash thermometers. Yeah, it looks pretty scary and especially because after one of the houses that had a case, they have to go and disinfect it so then there were people in their PPE [personal protective equipment] coming in this house. It just looks horrible, right? In these neighborhoods they are so close even

though—you're in an urban area, everybody knows everyone. In terms of stigma, it was not a good scene at all.

So yeah, we went out for a few days with the contact tracing teams and tried to work on improving some things. For example, some of the temperature taking wasn't perfect—they were pointing the temperature gun at the wrong place or things like that. But also, just gaining that trust because the contact tracing, you have to take people's temperature and see if they are healthy or not but also, people might not exhibit symptoms at that time. So making sure that the family trusts you so that they know to call you if somebody gets sick, it was a huge part of it. That was a big challenge that we were working on right at the beginning. Kind of daily we'd be going out and doing that and then in the evening they would have these meetings of the COU that would be hours, like hours long. It was terrible. We'd do it here, like you have daily meetings where every kind of group, surveillance, epi, the care team like Doctors Without Borders and people from the clinic would talk, but they are so—and I noticed this in Senegal, too, where you'd have to go, everything is so formal that you have to read all of the notes from the day before and then you have to give the floor to somebody and there's like a president that has to talk to everyone. Those meetings were like—and I was one of the only French—there were a few French speakers on our CDC team, but I was one of just a few, not everyone did. So I would often sit with my computer and translate, type translate so I knew what they were saying, which was good because I needed something to keep me paying attention because our days would be so long and then you'd have these three-hour meetings. It was like, I just want to go to bed. [laughs] We definitely had fourteen-to-fifteen-hour days of



working because we'd do the contact tracing, we'd do that, and then we'd want to bring all of the data from the contact tracing and enter it to make sure that everything is going well and being able to make sure that everyone that needed to be seen was seen every day. So we were doing that and in the meanwhile, more cases were coming. Overall, I think there were eight cases. I've got my little thing here, one two three four five six—yeah, eight cases. We'd be getting these alerts of whether or not—so it's like we're trying to control it, but at the same time it's getting worse. It was a very intense situation. I started writing because I was—also because I was the youngest and least experienced person there I was kind of like, I'll do anything, I'll do admin [administrative work], whatever you guys need me to do. I often would write the sitreps, [situation reports], I started writing those every day just so people with more experience could be leaders and do their thing.

But another cool thing, because they were so worried, they called in Pierre Rollin, who is the expert on Ebola. He came in and I was like, wow, he's famous. He had actually talked—he came in to my infectious disease class during my MPH and talked about Ebola. So I was like, “I know you, you talked to my class!” I was like the little—I was like, don't do this, don't talk like that. He was like, alright, who is this girl? But that's fine. He has this ability—of course he's French, so he speaks French obviously better than he speaks English even, so people could easily talk to him and people just trust—so it was like once Pierre got there, it felt like the situation was going to be handled. But going around with him to some of these contact tracing households was so cool to watch. And because of the trust thing where people, if somebody in their family got sick, they

were really worried about bringing them to the Ebola treatment unit because everyone kept going there and dying. If you see that, you're like, you're just making people die in there, like what's happening? So Pierre just goes into, you know, I go with him to this household and he goes and talks to the head of the household, just sits down—you know, some of the contact tracers going in there, rightfully, they were nervous, rightfully or not rightfully, they were nervous about going to the house and having contact with people because they were worried about their risk. They weren't as educated as maybe they could have been about their risks. Pierre just goes in and sits on their chair and everyone is like, what? He's sitting on the chair and he's touching things in this house, he shakes the guy's hand, like whatever. So I just sat with Pierre and watched him talk to this family about how—and they had had somebody in the ETU [Ebola treatment unit] at the time. He was like, "You can call them while they are in the hospital." And they were like, "What?" He's like, "You can come visit. You can't get close, but you can come see them." And just being able to tell a family that they could go visit their person that was in this scary hospital with all this PPE on. They were like, "Oh, that's great!" He gave them money for a phone card so they could talk—I mean it was just like, here's the world's expert on Ebola just chatting with this family. So watching that, I was like, yeah, this is cool. It was also fun going around with him because people kept asking if he was my grandpa or my dad and I was like, yeah, yeah sure. We were like father/daughter Ebola team, so that was fun. But because I spoke Malinké, and in Mali they speak Bambara, which is basically the same thing, they started sending me around these places and talking to the women in Bambara. So that was another kind of trust thing where they were like, who is this white girl that speaks Bambara? But I could talk to them and say,

you know, just saying things like if somebody gets sick, you can call us and we'll come. Just having that trust and being able to speak the language was really fun and I never thought I would be able to use that again, but it became really useful. So that was kind of like my special skill that I brought was these language skills and kind of knowing the culture because yeah, I was basically in Mali. I was like, I don't have expertise in anything but I can speak these languages, so that will be my thing.

So we would be doing that and then—I think the last two people were in the ETU and it looked like—so you follow these people for twenty-one days but it's really like after two weeks you kind of know it will be okay. Towards the end we started talking about okay, there's some things that need to be in place like the standard operating procedures and what you're going to do if somebody gets sick, like how to transport them, how to get information up and down, this is a system that you need for response that wasn't really solidified or in place. Pierre started drawing these little charts, going through—so the people from the Ministry of [Public] Health [and Hygiene], like okay, what happens when someone gets sick, where do you take them? Facilitating these sessions where he would draw on a white board and I was like wow, yeah, he really has a command of the room, that was awesome. We started drawing out procedures and decision charts of what would people do if they saw a suspect case. Additionally, they didn't have a case definition that was specific to Mali that they were using, which is kind of like learning, you know, in an epi class this is the first thing you do is you make a case definition specific to the situation. We worked on writing that and surveillance commission of the EOC. So we started doing things like that and we had set up a CDC office in the [Grand]

MiCasa [ACI 2000] hotel. They had space, and CDC Foundation had given us all this equipment including a laminator. So we drew out these things, thanks to Pierre, just like on PowerPoint, these decision trees and charts about what to do if there's a suspect case as well as the case definition. We made like five copies and laminated them and the people in the EOC were like, we love the laminated things, and we were like okay, and they were like, we would like five hundred, and we were like, okay. But the laminators were the one-at-a-time laminators, so we couldn't make five hundred but we did make—we stayed up all night one night and just laminated things. This was me along with a bunch of other PhD epidemiologists putting one sheet in at a time to laminate things. We were like, yes, this is going to stop Ebola, [laughs] this lamination. They asked for five hundred, so we got an organization to print the five hundred copies and we started handing them out to everyone. We had the laminated copies, and the outbreak was—they didn't declare it over, but there were no more new cases. The last two cases had lived, so that was a great, exciting thing. The contact tracing had improved a lot. We started out, obviously, from the first case not even knowing he was sick until two weeks later. If you look at the charts, day one of contact tracing started when it was obviously too late, to pretty much 100% success in contact tracing the last two, and then the outbreak stopped. I think compared to the other three affected countries, when they were just so inundated with cases that they couldn't carry out contact tracing as systematically as you could in this eight-case epidemic, it was kind of—it was exciting to see something that worked and a control measure that everyone says, this is the one control measure that definitely works because you'll catch cases early. And I would say that it worked. That was cool.

So it was starting to end. I had signed on to stay for six weeks but everyone else, they were like, we can only stay for a month. So they were like Leah, we're going to leave you here, but more people would come in. More people would come in but the team didn't need to be as big as it was. So I was like alright, you're going to leave me alone, whatever. [laughs] I just remember being really nervous. They were like, it's fine, you'll be—there was this one guy from the Mali CDC office that was the best, [Adama] N'Dir, who is now a good friend of mine. They were like, you'll be with N'Dir, it will be fine, and I was like okay. So the response team left and other people came in. Three people came in, it was my friend Rupa [Narra], who was an EIS officer. They were like, she is going to be the team lead, and she was like, I am an EIS officer, I have no idea what I'm doing. But she was great and she was the team lead. And then now my very good friend Amanda [MacGurn] and Andy [Andrew Demma] came in to do border health, airport stuff. And so now those are my very good friends. They came in and I was going to—so the outbreak was ended but they still had the EOC set up and everyone was still on edge because, of course, there could be more cases, but the head of the EOC, the incident commander, Samba [O.] Sow, was like, "Everyone needs to get out of the city and go do something." We were like, what? He was like, "I'm sending you guys on teams to go out to other parts of the country and make sure they have surveillance systems and are looking out for Ebola cases." It felt very impulsive, we were like oh, okay, let's go. So he sent N'Dir and I out to Sikasso, which is in the southeastern part of Mali, and the day before we left, I got really sick, like I got amoebas, I had gotten a parasite and it was terrible, very similar symptoms to Ebola. I knew I didn't have Ebola, I didn't have contact with anyone, but at the hotel and stuff they were still taking people's

temperatures, like anywhere you'd go, so I was like, well, I can't leave the hotel because I have to be here. So we left for Sikasso a day late and that was kind of terrible. But anyway, so N'Dir and I went out for a week and it was so fun. We went out with tons of our laminated sheets so we could go to all the health posts and the border posts because this was, where is it? We went on the borders to—like we went to three different borders. Anyway, we gave them our sheets on how to test people for Ebola and what to do and make sure that they had isolation areas for people if they had symptoms of Ebola. So more of that preventive, setting up systems kind of stuff that I really liked, but it was also just going out there and being like, wow, I really hope that there's not—like there is one gold mining area where they had tons of people from all over West Africa, like really hope you guys don't have any Ebola cases here. But just going from the really intense response, like very tense atmosphere, to going out and being able to see some other parts of Mali while also doing good work, was fun. I spent my birthday there. N'Dir and I hung out and ate dinner and, you know, this is my birthday. I'm just like in the middle of nowhere, in Mali.

After I got back from that, I remember doing Christmas with our team. We did Secret Santa at the hotel. I think the relationships and friendships, again, it's like Peace Corps where you will never have these experiences, like you had these weird kind of situations that you get thrown in with people, just really brings people together. I remember having Christmas with them and it was fun.

Then we were starting to prepare for this religious festival thing called Maloud where there were, I think, over one hundred thousand people that would be coming from all over West Africa to Bamako and being in this stadium where these religious leaders would be there, which is great—let's have hundreds of thousands of people from all over West Africa where there's an ongoing Ebola outbreak coming here, this is going to be terrible. There were some conversations about should we cancel Maloud, which again, is like canceling Christmas or canceling New Year's. It was interesting just witnessing those conversations, just again, how Ebola generally affected everything.

This was cool, we had a couple of social workers working in the EOC on the response and they went and talked to the religious leaders that people were going to see about Ebola. You know, it would be great if you could tell your followers and your congregations that if they're sick, please stay home. It was also, I think, a lot of people would go to be healed by these people, not necessarily for Ebola but for other things. So that was another terrifying thing. Just everyone coming together, and they were like okay, if we can get through this, alright, we've just had this Ebola outbreak and now we have to prepare for this. That was kind of the last thing that I worked on there was preparing for that. I actually left right before it but Rupa brought me back a t-shirt for the Ebola response team for Maloud. [laughs] Luckily, and I think probably surprisingly, nothing happened, and I think that was something to be really proud of. They set up a lot of checkpoints and I'm sure the educational materials were probably effective and helpful. So yeah, that was kind of a nice way to end the story of Ebola in Mali.

Then I came home and went back to my job at OPHPR. I went again a few months later to do an assessment, like an Ebola preparedness assessment in Mali, so it was cool to go back.

Q: What did you find on that trip?

Moriarty: It's interesting. It was WHO-led, so I was part of a team of a bunch of people doing this assessment and I was the only—there were two of us that were there during the response. So it was interesting being like—knowing a lot of the answers to some things but not like if we weren't there—I don't know. There was definitely some discrepancies in what people were saying in the assessment to what I thought actually happened, which is interesting now in my job we do a lot of—we talk a lot about different assessments for global health security and preparedness. So that kind of opened my eyes to that.

Q: Do you have an example?

Moriarty: They were saying—I'm trying to think. I think they were like, oh yeah, we have—everyone is trained on using personal protective equipment and we have it at all the hospitals. And we're like, well, I don't know if you do. Just that kind of—I don't know if I saw that. But then, even some of the things on the other hand where they were like, we don't have standard operating procedures for everything, and I was like, yes you do, here they are. So on both ends, I think it's probably easy to quickly forget. I feel like even during Ebola there, all of a sudden there's hand sanitizer everywhere, like on the



streets being sold, and that had already kind of stopped when I was there again. It's interesting how quickly people can forget. So that was interesting, too.

Q: Can you tell me about meeting Ryan and working with Ryan?

Moriarty: Yeah. So I was actually dating somebody else at the time and I mean nothing happened while I was there. So yeah, we met the first day of the response, I guess right before we left when we had like a one-day training kind of thing before we left. And we, I mean we clicked as friends very quickly. He's from Massachusetts too, so he's from like two towns away from me and so we clicked on that. He also lived around the corner from me in Atlanta. So we were just interested in a lot of the same things and there were a lot of—like we had to, just in general as a group in the response, there were some times where we needed to have fun and laugh at the situation. There were a couple of times where we had fun. We had Thanksgiving while we were there and one night we went on this boat ride on this river there where the whole team went. I remember Pierre took these amazing pictures and yeah, so there was some fun and there were a lot of laughs because you just had to laugh sometimes. Like, I'm working fifteen-hour days and you know, lots of over-sharing [laughs], you know. I remember one day, I kept saying—we didn't get out to eat a lot, there were a lot of Clif bars, and you know, just like going out, and I was like I—and nobody wanted to eat street food. I was this Peace Corps volunteer that was like, somebody get me some street food. I missed West African food. And they were like, absolutely not, you are not doing that. So one night towards the end, I was like, I need a bean sandwich. In Senegal I used to eat bean or like egg sandwiches that were on this

really delicious village bread and they would fry eggs in oil or like have these super oily beans and homemade mayonnaise that had been sitting out in the sun for like two days probably, but I was like, I need one, they're delicious. So I kept telling Ryan about these sandwiches. I was like, "Ryan, we have to get an egg sandwich," and he was like, "I know, but I don't know when because we're trying to respond to Ebola," and I was like, "I know, but we need a sandwich." So one morning towards the end, because he left before, he was like okay, we have to go get an egg sandwich. So we had the driver, I was like, "Man, we need a sandwich," and the driver was like, "What? You guys are so weird." Like, how do you know about this sandwich situation? So Ryan and I went to a random sandwich place on the street and had the most delicious fried, oily egg sandwiches with mayonnaise on it and he was like, that was the best sandwich I ever had and I was like yeah, that's probably when you fell in love with me, but you just didn't know it yet because of sandwiches. [laughs] So yeah, that's probably when it happened. But yeah, I mean, obviously nothing happened then and then we were just friends because he lived around the corner from me so we hung out a bunch. It was like six months later we were like yeah, this is it. [laughs] Yeah, I was thinking about it because when was it, 2014, so it was like two years ago when we were in Mali for the response. So now we've known each other for two years and technically we just had our third Thanksgiving together because we had Thanksgiving at the—where was it, I think we had it at the CDC [country] director's [Jacques Mathieu] house, we had Thanksgiving when we were there. But you know, our second Thanksgiving together as a couple. Yeah, so it's funny.

Q: Do you work together at all now?

Moriarty: Sometimes. He's worked in West Africa on meningitis for many years now. So sometimes we'll see each other in meetings but not really work directly together and we work with a lot of the same people, but we work in different centers. But I think in general, aside from being in West Africa together that one time, like having that in common, like he's been going for ten years and I obviously have a special place for that in my heart and I think having that place that we both know very well is something that we have. And we're like, we need to go to West Africa on our honeymoon. He hasn't been to Senegal, which is weird. Again, when I left Senegal, everyone was like, it's okay that you're leaving because you need to go find a man and get married. I was like, okay. So now I can finally, I mean every time I've called, like I call my family now and I'm like, "I found a man," and they're like, "Thank God." [laughter] "You needed to do that, you're old." But now they're going to start being like, where are the babies? So I feel like I need to take him there so they know that he's real.

Q: That's pretty funny. I love to hear about people's country counterparts, the people they worked with in-country, and it sounds like you worked with N'Dir a lot?

Moriarty: Yes. Yeah, so he's actually from Senegal.

Q: Oh, he's from Senegal.

Moriarty: My boss now, Maureen [S. Bartee]—so there's like three Senegalese guys that work in different country offices for global health security and she likes to call them the Senegalese Mafia because they are all like so good, they're like saving the world. So N'Dir is from Senegal but he worked at the Mali country office. So again, we bonded on Senegal and having that together. He was like, you've been to my home. And now he still works in global health security and things like that. So he and I work together more than probably me and Ryan.

Some of the other country counterparts, I worked a lot with the contact tracing supervisors. There was one guy called Ippolite and he and I spent many days together going around and doing contact tracing, so I feel like we bonded, and he was a doctor. And then this one woman who we had like a very contentious relationship with, I'm not going to say her name, [laughs] but she was in charge of a lot of the contact tracing and I think she thought that CDC was trying to steal data or something, but we're like, no, we're just trying to—and a lot of it was trying to figure out a system to put all these names and data in. Because there was the Epi Info, like viral hemorrhagic fever system that we could use, but because a lot of the information we didn't find out until later, we couldn't really use it, so we had to use [Microsoft] Excel. It was very complicated. We were trying to deal with the situation and it was very clear that she couldn't deal with the situation. So we were trying to deal with it and then giving her all the credit, like that was the goal. That's fine, whatever. But there was one time when we got in a fight with her. It was me and this other woman who was an EIS officer and so she and I were kind of like younger, whatever, but Maggie [Magdalena M. Paczkowski] was leading this—she was

so smart, she's a PhD epidemiologist, she knew what she was doing and everyone just needed to listen to her, basically. [laughs] But this woman, I don't even remember what she was mad at us about, she thought we were stealing data, something, and we were asking for a copy of something and trying to explain something and she just goes to me, "What do you know? You're just a child!" I was like, whoa, okay. And that's another West African thing is like age is definitely more of a big deal, but I was like, I did study public health, whatever, I'm just trying to help. But I laughed about it later, not in her face obviously, but I mean at that point, I was like okay, you know. So definitely some more positive things than others but mostly we can laugh about it now about some of the things that happened. You're in such an intense situation that it makes sense that people would blow up at you. But yeah, when people are blocking things that you're trying to do, it can be not so good.

Q: Right. In one of my interviews with Pierre, he mentioned this reputation that sometimes CDC has when working globally about being interested in—I don't know, like maybe kind of having an air of superiority and being focused on publishing and getting data, that kind of thing. And it sounds like maybe you heard—in that moment, were you hearing a little bit of the reaction against that?

Moriarty: Yes, definitely. I think so. Yeah, and I think Dr. Frieden had said something recently, and I think he was referring to just response in general, that was like if you're here to publish, then this is not the place for you. And I think most people aren't, but yeah, there's definitely a perception and I think some of it is not completely unfounded. I

was just there to do a response, but yeah, I think there's definitely that perception and I think that's where those soft skills come in, too, about getting trust and working with people. Yeah, I definitely learned so much from everyone there. I grew more in those two months in terms of my knowledge of epi and everything, just like sucking Pierre's knowledge as much as I could was the best part. [laughter]

Q: You had mentioned that when you were in public health school, I think it was in public health school, that you realized that doing something that's more immediate is good, being involved in emergency situations. Did that ring true for you through the Ebola response?

Moriarty: I think it did. I really like infectious disease and even like combining that kind of social stuff with it of like, you know, I think Pierre had thought that often in Muslim countries they might have been less likely to pass, you know, transmit Ebola because of funeral practices and things like that. Bringing behavior and infectious disease transmission together I think is fascinating, and that's what I'm looking into more for my PhD. In terms of like immediate things, I mean I told you about those three-hour meetings. Things are still so slow. [laughs] I think doing global health in general requires a lot of patience no matter what you're doing, but I definitely like the fast-paced environment. That gives me energy, being with people, having fifteen-hour days, doing this, yeah, it definitely gets me going. [laughs] I like it. Some people in epidemiology will like—they're like, put me in a room by myself with some SAS [Statistical Analysis

System] code for eight hours and that's my jam. I'm like okay, we need people like you, but I'm not one of them.

Q: I know you're working on your PhD now. As you're looking toward the future, what plans do you have for your career?

Moriarty: Yeah, I think it's going to take me a minute to finish the PhD because I'm doing it part-time, which is cool because I still get to work at CDC, which is fun. Most people tell me I should do EIS and I think I definitely want to apply for it, it's not necessarily—I don't want to say that is my goal, a lot of people are like, EIS or bust, but I do want to—I want to be more of a leader at CDC and being able to be seen as a go-to person in a response like this and being able to be confident in decisions and being able to fix problems like that. Yeah, I want to do that.

Q: Good deal. Is there anything that we haven't talked about, any moments, any reflections that you have, especially about your time in Mali that you'd like to mention?

Moriarty: I don't think so. I think that's it.

Q: All right, well, it's been a pleasure listening about your experience. Thank you for being here Leah Moriarty.

Moriarty: Thank you.

Q: And if there's anything else, you're of course, welcome back in here and we can do another recording.

Moriarty: All right. Thank you.

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