

CDC Ebola Response Oral History Project

The Reminiscences of

Abbigail J. Tumpey

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Abbigail J. Tumpey

Interviewed by Samuel Robson
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Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson here with Abbigail Tumpey. Today's date is February 1st, 2018, and we're in the audio recording studio at CDC's [United States Centers for Disease Control and Prevention] Roybal Campus in Atlanta, Georgia. I'm interviewing Ms. Tumpey as part of our CDC Ebola Response Oral History Project for the David J. Sencer CDC Museum. Ms. Tumpey, thank you so much for being here with me.

Tumpey: Thanks for having me.

Q: Of course. Could you please state your full name and your current position with CDC?

Tumpey: Yes, it's Abbigail Tumpey, and that's Abbigail with two Bs, Tumpey, T-U-M-P-E-Y. I am associate director of communication science for one of CDC's centers. It's the Center for Surveillance Epidemiology and Laboratory Services.

Q: Is that CSELS?

Tumpey: CSELS, correct.

Q: Okay, cool. If you were to briefly tell someone, like in an elevator, in a couple sentences, what your part in the Ebola response to the West African outbreak and the domestic fears were, what would you say?

Tumpey: I would say I led communications for all healthcare issues.

Q: Perfect. That is the best, most succinct capsule description I've ever heard. Thank you. [laughs] I get through with that and some people are like, well, let me take twenty minutes. That's good, thank you. Can you tell me when and where you were born?

Tumpey: Yes, I was born in September, 1976, in Marshall, Michigan.

Q: You're from Michigan? I'm also from the Midwest. Did you grow up in Michigan?

Tumpey: I did. I grew up in Battle Creek, Michigan, and I went to school at Michigan State [University] and became interested in coming into public health. I actually worked when I was an undergrad [undergraduate student] at Michigan State. I worked with a former CDC EIS officer (Epidemic Intelligence Service). These are kind of our elite disease detectives. While I was an undergrad, I studied under one of those individuals and became interested in CDC and public health, and knew very quickly that this was the career path I wanted to take, and surprisingly, was able to get a job fresh out of undergrad straight into CDC. I started working at CDC in the gonorrhea lab [laboratory]. I was doing molecular testing on drug-resistant gonorrhea back when drug-resistant gonorrhea

was first coming onto the scene and really making people concerned. I stayed there for four years and then have moved throughout the agency.

Q: Was that interest in public health—do you think you were going in that direction even in high school, would you say?

Tumpey: I definitely was interested in a career that incorporated math and science and medicine in some way. When I actually went to Michigan State I was thinking I was going to go to medical school. I'm not actually very good at standardized tests, which you have to be good at standardized tests in order to get into medical school. But considering that I was doing some of this—I was doing, actually, public health research at the time on communication around immunizations and trying to get parents to make choices on immunizing their child. That was very fascinating to me at the time and I shadowed a variety of doctors, but I also shadowed some folks in the public health field and really started to see that if I went the route of going into medical school, I would kind of be looking at one individual patient at a time. And what I loved about public health was that I was looking at whole populations. I immediately became interested in that. Also right around the time period, there were several books that were pretty exciting, so *The Coming Plague* had just been released. *The Hot Zone* was still on the top of the lists of books that we were reading in undergrad. Those were certainly books that attracted me to CDC and into this field.

Q: Cool. I'm jumping around just a bit. Sorry. Was the town you grew up in Battle Creek?

Tumpey: That's correct.

Q: Okay. Can you describe Battle Creek and what it was like when you were growing up?

Tumpey: Battle Creek is known for being the cereal capital of the world. They are most known for an event where they have what's called the "Longest Breakfast Table" where they put tables end-to-end down through the main streets and they serve free cereal breakfasts. In my mind, it was kind of the perfect Midwest upbringing. I grew up in a high school that was very diverse, so I had a lot of different types of friends with different backgrounds. I was certainly involved in a lot of activities—everything from sports to music to community activities, etcetera.

Q: What kind of community activities?

Tumpey: One of the things actually ended up getting me to Atlanta. Early on in maybe junior high, high school, I joined a drug prevention organization. It happened that the drug prevention organization was a national nonprofit that was based out of Atlanta, and so I started making connections with individuals in the organization, including folks that were based here in Atlanta. When I worked my way through undergrad at Michigan State

and I was just about to graduate, I contacted several folks that had been part of the drug prevention organization and they had contacts at CDC. It was really kind of—something that I started in eighth grade and contacts that I made in eighth, ninth grade that resulted in me ultimately ending up at CDC. Because my resume ended up being passed through one person after another and by the time it reached the last person who called me up and hired me, he wasn't really sure how he got my resume. [laughter] But it made it so that I was able to get hired pretty quickly by CDC. It really is those kinds of personal contacts that sometimes happen in your life that can impact where you end up going.

Q: Good lesson for anybody young who's looking to get into public health for sure.

Tumpey: Totally.

Q: So you go to college, you get to know this person who is—were they currently in EIS or had they been an EIS grad?

Tumpey: She was a former EIS officer. Her name is Dr. Ruth Ann Dunn. She was part of the EIS class maybe 1980-1981 timeframe. She had gone through CDC, had worked at CDC, and had moved back to Michigan State University. At the time, Michigan was about forty-eighth in the country for immunization rates. It actually became an issue where the governor's wife, kind of the first lady of Michigan, took this on as the public health thing that she was going to focus on. Given that we were right there—East Lansing is obviously next to the capital—we got involved in doing some education efforts and

studying those educational efforts to see if it impacted parents' choices on immunizations. Even though I was going through school, I was actually working on a degree in medical technology—I was basically trained to be a microbiologist, trained to work in a lab in a hospital or other clinical setting. But at the same time, I was doing this what I now recognize is communication research. It's kind of interesting that even though I started my career at CDC in the laboratory, I really ultimately went back to doing communications long-term. In my twenty-year career at CDC, I've spent sixteen years now doing communications.

Q: I didn't get that part at first. So the first four years were gonorrhea in the lab?

Tumpey: That's correct. Yes, so I was a microbiologist in the gonorrhea lab and worked in the lab for four years. I actually started going to school in the evenings working on a Master's of Public Health, which is a particularly helpful degree here at CDC. It was right around the time of the anthrax events and 9/11 [the terrorist attacks of September 11th, 2001], and so some really changing times for CDC and changing times for public health and risk communications, etcetera. Ultimately, as I finished my Master's of Public Health, I decided I wanted to go in the path of going into communications at CDC. I was fortunate enough that—actually, we're talking about Ebola today, but ironically, the branch that dealt with Ebola [now CDC's Viral Special Pathogens Branch, but was the Special Pathogens Branch at the time] had a communications position open. They were really ideally looking for someone who understood the lab background and understood all that hard science, but could also do communications for them. So from the gonorrhea lab,

I went into heading up communications for Ebola and several other what we call zoonotic diseases, animal-to-human diseases, for about six years.

Q: Can you just tell me a little bit about that? Who you worked with and what you work was like?

Tumpey: Yes. When I first started working doing communications in Ebola, I worked with several legends in the field, Dr. Tom [Thomas G.] Ksiazek and Dr. Pierre Rollin and Dr. Stuart [T.] Nichol, all of whom played active roles in actually this recent Ebola outbreak that we're talking about today. When we weren't working on Ebola, we were dealing with other issues. Hantavirus, for example, and a variety of other exotic zoonotic issues.

Q: I've had the opportunity to interview Pierre a couple of times for this project and just really enjoyed those interviews. Can you tell me, what was Pierre like back then? What was it like working with Pierre?

Tumpey: He's great. He is brilliant, and so is Tom Ksiazek. I think they are very passionate, hardworking people. They also very much speak their mind—

Q: Yes.

Tumpey: —on things. One of the most notable outbreaks that I did in my time with them was actually the SARS [severe acute respiratory syndrome] outbreak. What was interesting at time is they weren't really sure what it was, and so they were treating it as if it were a BSL-4 [biosafety level four] pathogen. This is our highest-level laboratory. It immediately came to our particular branch, which at the time was called the Special Pathogens Branch. But what happened was when they actually grew up the virus and looked at it under electron microscope, Cynthia [S.] Goldsmith and Sherif Zaki were able to see the virus and see that it had this characteristic crown around it, which is a coronavirus. They were able to very quickly figure out that this particular SARS outbreak was caused by this coronavirus. And while everyone else, all the other communications people in the agency were answering phone calls, talking to press, working on websites, the one communications thing that I focused on during that outbreak was actually creating an easy-to-use lab manual [laboratory manual]. We actually were sending diagnostic tests out to state and local health departments, and they needed to have a step-by-step process for how to run the tests. Given my lab background, and straddling still the careers of laboratory and communications, that was the project I ended up working on for that particular outbreak. It was a nice blend of the diversity and expertise I had at the time.

Q: Yes, I was going to ask how that lab experience had informed your communications work and everything and you just answered the question. So, thank you. So you were there for six years in Special Pathogens?

Tumpey: Yes, I actually did four years at the branch level and two years at the division level, which included overseeing a variety of branches. I took on other branches including rabies and pox viruses, etcetera.

Q: What was that like, expanding the scope?

Tumpey: It was good. In my time in communications at CDC, I have worked my way almost systematically up the organizational ladder. I didn't really mean to do that, but it has ended up working out well. I started at the branch level, I went to at the time what was a smaller division, and then moved to a large division where I was head of communications for all healthcare and patient safety issues. Now most recently, I lead communications for one of the centers within CDC. There's about a dozen or so centers, and I'm head of communications for one of them now.

Q: I'd be interested to know what it's like—how you see the differences between working for a branch and then having kind of a larger oversight. Has your work changed? Has the work itself changed?

Tumpey: Definitely your work changes. I will say I really like working directly with our scientific staff and our medical staff—we call them SMEs, subject matter experts—in a particular topic area. Because that's where you really get to get all the details of an outbreak and really get into the nitty-gritty and feel like you're really making a difference. Certainly, as I've moved throughout my career, I often find myself gravitating

towards projects where I can interact with a diverse team of experts and tackle some sort of complex problem.

Q: Right. Was it early on—I'm wondering—communication work, who was communicated to always? Were your lab communications, for instance, going always out to people within the United States, or was it international, and what it might have been like managing those.

Tumpey: It was interesting. When I first started doing communications for Ebola, we kept having—and this is years ago—but we kept having these, what at the time looking back, were these small popup outbreaks. Where it would be in a very, very remote area. We'd have a hard time getting a team there, but once we got a team there, they were able to quickly do case finding, quarantine, etcetera, and pretty soon get the outbreak under control. Up until the most recent Ebola outbreak, that had been my experience with Ebola. We'd go in, we'd quarantine affected individuals, and it's over. Certainly, obviously, that wasn't the case with the Ebola outbreak we had most recently. But one of the things I think as I've moved throughout the agency, your communications have to change based on what you're doing. In some of those smaller outbreaks, we would create, for example, education materials for clinics, etcetera, that were just images. Images on must wash your hands here, wearing goggles, don't touch your face with a gloved hand. Things like that that were really simplistic. Sometimes we would do it in a couple of different languages, but we also would leave them blank so that we could write in maybe local dialect. As we work on communications, any topic—it may be that the needs of the

population or the needs of the outbreak might change, and that's something that certainly obviously keeps us on our toes.

Q: Can you give an example of that?

Tumpey: Obviously, the differences between locations and locales and cultural experiences—I think also really looking at what are peoples' risk perceptions, for example. Making sure that when we're communicating or when we're going in to deal with an outbreak, we're not doing anything that is—or at least we're explaining what we're doing and the steps of the investigation. Certainly, that's something that is challenging during Ebola outbreaks because they see people come in with a lot of personal protective equipment and there's a lot of misperceptions. I'm sure you heard some of that from other communications staff who were deployed particularly during this outbreak.

Q: Can I ask, what were you involved in immediately before the West African epidemic started to catch fire?

Tumpey: At the time, I was head of communications for the division in the agency that handles healthcare quality issues [CDC's Division of Healthcare Quality Promotion], so I was leading all communications for CDC's patient safety portfolio. It included everything from healthcare-associated infections, really any infection that could spread within a healthcare facility, to education around appropriate infection control. We had been doing

a lot on antibiotic resistance. Novel antibiotic resistant pathogens were emerging in the United States. We also had just come off of—we'd had a couple of other healthcare-related outbreaks, including contaminated medications. Just shortly prior to the Ebola outbreak, we had done a very large multistate investigation of fungal meningitis where a steroid medication was actually contaminated with a rare form of fungus and it ended up being used and injected into individuals' joints and backs and hips and elbows, etcetera. But the worst form of this manifested itself as a fungal meningitis that ended up being very deadly. So I will say that in the couple years prior to this Ebola outbreak, I was so busy and so back-to-back on such a diverse portfolio of work that it's almost like those years blend together for me. [laughter] I have a hard time looking back and recalling exactly which item happened in which year.

Q: That's just normal memory, but it sounds like you were crazy busy. Can you just tell me about when Ebola started and then how you started to get involved in that?

Tumpey: I started hearing about the Ebola outbreak pretty early on. Many of the Special Pathogens Branch individuals—Stuart Nichol, etcetera—they started working on it actually in the spring, and I started hearing about it through the head of communications for our center [CDC's National Center for Emerging and Zoonotic Infectious Diseases]. His name is John [P.] O'Connor. John and I have been together for a long time in our careers. We've done a lot of outbreaks together. He has kind of served as a mentor for me. I remember at one point in time, he called me in the summer of 2014 and was telling me that this outbreak was horrible. He just kept saying, "This is like nothing I've ever

seen. This is really bad, and we're going to have to activate the Emergency Operations Center." I literally at the time said to him, "There's just no way." Every other Ebola outbreak I had seen up to that point, even [a] Marburg outbreak, which is kind of the sister virus, we had identified the outbreak, sent staff, our international partners sent staff, and pretty soon, the outbreak was under control. It was surprising to me that it was escalating to that level.

I actually started to get looped in right when the first American doctor and the American nurse got sick. They were, at that point in time, en route to Emory University Hospital. I remember that very first day when the doctor arrived. I had not been officially called into the Emergency Operations Center yet, but was by the following day. Pretty much as soon as he arrived, I was in the Emergency Operations Center, in the Joint Information Center, probably every day, every weekend day, for the remainder of 2014. At one point in time early in the response, even prior to the individual patient coming to Dallas, we were already at that point in time feeling exhausted. This was like, early September, and we were really only at the beginning—little did we know, we were at the beginning stages of the outbreak at that point. I remember one of my communication counterparts coming into the Joint Information Center. She was kneeling down next to me, I was sitting in a chair, and we were both talking about how exhausted we were. She said to me, "Do you know the estimates of what's going to happen with this outbreak?" At that point, I hadn't been privy to some of the modeling estimates and some of the work that had been done by a variety of individuals in the response—Martin [I.] Melzer, etcetera. She said to me, "I think that we're going to be in here for a year." I remember looking at her and

thinking, there's no way. There is no way we are going to be in here for a year. And now in hindsight, it's kind of surprising that I didn't clue in earlier that this was definitely something different. But it was kind of in that early stages of September timeframe. It was this pivotal moment when we started to realize that this was just on a course that was something completely different than what we had seen before.

Q: What do you think was getting in the way of just immediately getting that?

Tumpey: I think I just had been so used to—we fly in, we get the outbreak under control, and we are—our ability is to do this. I don't know. I think I was probably overconfident by what I thought our capabilities were, and I think I just was not fully processing at the moment the magnitude of what was ultimately coming with the response—not only the response in West Africa, but the response domestically, as well.

Q: So it sounds like you got formally called into the EOC once the Samaritan's Purse patients were sent to Atlanta.

Tumpey: That's correct.

Q: Had you been doing any kind of Ebola communication—domestic or about West Africa—before that, just informally maybe?

Tumpey: I had been—we started updating web content. We started looking at our recommendations. We had done a couple of phone calls to some of the hospital associations, etcetera. I would say it was definitely very informal, and certainly, once I got into the Emergency Operations Center and we really started thinking through what at that point were going to be the needs, both domestically and internationally, the amount of work was a bit overwhelming. Because once I did really recognize the fact that this was going to be something different, you start really tracking out, what do we need? Not only from a communications perspective, but ultimately from a healthcare worker education and training perspective, and that ended up being a lot more than I think we even realized.

Q: Right. I can imagine that with the introduction of these new patients that there might have been a swing of focus. Tell me if I'm wrong about this—a swing of focus from the international toward the domestic. Did that happen?

Tumpey: Yes, definitely there was, and certainly that happened more so when the patient arrived in Dallas. But I would say for that first month prior to the patient arriving in Dallas, I would say I probably spent a majority of my time working on—we were sending a variety of staff to train people who were working in other clinics. You probably have talked to other folks who worked on the—there was a training that we stood up in Anniston, Alabama, and that was actually training individuals, medical personnel who were going to West Africa to provide assistance. In the early-to-mid-September timeframe, we ended up hosting a variety of media down in Anniston to open the doors

and let them know what we were doing from a training perspective and a preparedness perspective of making sure that Americans going to West Africa were educated on what they needed to do to protect themselves. Because at that point, a lot of the questions we were getting were around how we were protecting the Americans that were responding. The focus was at that point less so, what if individuals show up at an emergency department. There certainly were some of those questions popping up in press conferences and things like that, but really the focus up until the individual arriving at Dallas Presbyterian [Hospital] was West Africa.

Q: Can I ask how the opening up of the media to the Anniston training—how did that go?

Tumpey: It actually went really well. We had scheduled time when media were allowed to go down there and portions that they were allowed to see and film, etcetera, and so they were able to see staff who were being trained on using personal protective equipment and it went well.

Q: I'm sorry, where are we in the timeline? I guess just before the patient arrives in Dallas.

Tumpey: So we probably can skip to that.

Q: [laughs] How does that go?

Tumpey: I ended up getting a phone call, and I only remember about this phone call because after the entire Ebola outbreak was over, I found this scrap of paper that I wrote the information from the phone call on. It was an individual who was head of our infection control-related efforts, and he ended up being lead on much of our guideline efforts around Ebola. He called me and said, “Here’s what we know. Liberian national male arrives, Dallas Presbyterian. This is the date, this is the time, here’s his symptoms,” etcetera. I immediately grabbed whatever scrap of piece of paper was in front of me and I scribbled all of this information down, and ended up finding this scrap of piece of paper at the very end of the outbreak. I remember that when I picked it up, here it was like eight months after this happened, I remember having this wave of almost—I guess PTSD [post-traumatic stress disorder] might sound really traumatic, but honestly, PTSD of what unfolded after that event.

Immediately, we went into full force. We had a team that was sent as soon as we confirmed. We had a team that was sent on the ground. We were working on daily press events, even press events throughout the entire weekend. The information was evolving so much that we were having to literally update the messaging and talking points and the situation update almost live, like right before each press conference, and making sure that Dr. [Thomas R.] Frieden and others knew exactly what was happening and what was that evolving information.

Q: Can you give an example of one of those evolutions and implementing it?

Tumpey: There were quite a bit of things happening on the ground in Dallas that were evolving, so everything from—the individual had been in a house with children, so this whole family had to be moved, and they were literally moved one night and we had a press event the next morning. There were just things like that that were so rapidly changing in Dallas that we had to really keep tabs on all of that information and make sure that it was updated. I started immediately moving into this whole focus of—and there were, obviously when the nurses got sick, there immediately started to be some question about our guidance. My focus shifted to that, and my focus shifted to what we had out there on the website and what we were saying to people. I ended up in that first couple of weeks of October doing a lot of media myself, because there was just such an unbelievable volume of questions from healthcare workers to reporters to the general public.

Q: So that's where your—

Tumpey: That's where my focus went, yes.

Q: How were you getting these requests, these questions? Was your phone ringing off the hook? How—

Tumpey: Yeah, my phone was ringing off the hook. When you work in the agency for several decades, people—even external reporters start to know you, and if you call them

back once, they have that number. In many cases, I was getting phone calls directly on my cell phone, sometimes all hours of the night.

Q: Your personal cell phone?

Tumpey: Personal cell phone. Or work cell phone. I was getting emails all hours of the night. But I was one of many communications people in the agency who were having that level come at them. I personally ended up getting a lot of the healthcare questions. You know, what do healthcare providers need to know? What do hospitals need to know? What are we telling them? Some of the very difficult questions around infection control and our guidance and—how long does Ebola live in the environment? Things like that that were coming more in my direction.

Q: Why were those questions coming more in your direction?

Tumpey: Given that I was head of communications for healthcare-related issues and infection control-related issues, it ends up that in the agency, when you think about even just something like Ebola, it's hard to be an expert in everything, right? There would be another communications person who was an expert on what we were doing in airports and what we were doing to screen people and what were our recommendations on quarantine and things like that. Over the years, depending on where we are in the agency, we become our own kind of subject matter experts and we kind of have purview over certain topic areas that we will be able to speak in. And when you're doing an interview

and let's say a reporter goes outside that scope, then you can easily say, "Let me have my colleague call you back and get that information to you."

Q: Did your training in the lab have any part of it, do you think?

Tumpey: Certainly, that was helpful. Certainly, the fact that I had been with the Ebola branch and division that had done multiple other outbreaks in the past, was certainly helpful.

Q: Can you give me an example of a couple of these calls, a couple of these questions that you got?

Tumpey: I ended up doing several nightly news broadcasts, and this was specifically around questions about education to nurses, in part because the two individual nurses right around that time period in Dallas had gotten sick. There were questions around our personal protective equipment. There were questions around everything from waste—what do you do with waste from an Ebola patient? There was a lot of effort around that in the coming weeks and months after the initial patient in Dallas. Those are some of the samples.

Q: So you were on TV.

Tumpey: I was. I ended up doing nightly news twice, maybe three times.

Q: Had you done that before? What was it like?

Tumpey: No, I hadn't done that before. I think honestly, there was such a volume of media going around. Such a volume of media coming into the agency. Honestly, several of the communications staff, including my colleague Dave Daigle was actually on the ground. He was the first person on the ground in Dallas, and he was handling a lot of media on the ground in Dallas. Because all of our subject matter experts needed to be focusing on the response, they didn't have time to be doing media interviews. Some of our previous responses, we actually will have to take a medical expert and just have them focus on doing media all day—media, that's all they're going to do. But this was a situation where we needed all those brains focusing on what we were doing to get this under control. So what made this different is that many of the communications staff ended up stepping up and being that spokesperson for the agency because we needed our best medical minds focused on what was happening in Dallas and what was happening in West Africa and talking to doctors at Emory and Nebraska [the University of Nebraska Medical Center/Nebraska Medicine] and working through what we needed to be thinking was coming on the horizon.

Q: Were there times that it seemed like there were too many spokespeople?

Tumpey: I definitely think that we had challenges with the fact that the information was evolving. Certainly, many risk communication experts will go back and can critique what

we did or didn't do from a communications perspective during the Ebola outbreak. But I think you also could do that in almost every crisis event, and I think that during these events you try to make your best judgment under an extreme amount of pressure in a very short period of time.

When I say pressure, I remember that there were days—this is, we have the patient in Dallas, the patient ends up dying in Dallas. We have two nurses get sick. We are under extreme scrutiny, and particularly, our topic area at CDC of infection control and healthcare worker recommendations, etcetera. I remember days in that two-week time period where I had a pain on the top of my head because I was so stressed by just the volume of the phone is ringing—Sanjay Gupta is on TV talking about us from our front lawn. Emails coming in. Phone calls on the regular phone. Lots of just chaos. By the end of the response, in that one location on the top of my head that I had pain, I had a whole series of gray hairs. [laughs] I think that it just showed the amount of stress that we were all under from everything that was happening at the time.

Transitioning though, the first three weeks of October were probably the busiest weeks of my twenty-year career, period. We had the patient in Dallas. The patient passes away. Nurse one gets sick. Immediately, even when the patient came into Dallas, we started looking at our recommendations and our guidelines, and we started trying to see what we needed to tighten. What was not going to make sense, what was maybe not going to work. Once the first nurse got sick, our scientists went into full force rewriting the guidelines, updating the guidance, really trying to make it clear—very step-by-step. One

of the things that was the problem with the first guidance is that we allowed quite a bit of flexibility. You think about, there's five thousand hospitals in the country. Those five thousand hospitals are not going to have the exact same type of gloves, the exact same type of gowns, the exact same type of personal protective equipment. The way our first guidance was written, it was allowing for this kind of local adaptation of the personal protective equipment and how it was being used and how they were training staff. We were probably overly confident in the fact that that was going to go okay on a local level. When the nurses got sick, we learned pretty quickly that we needed to make that very, very clear, and started working on guidance that was more prescriptive than probably we'd ever put out for healthcare facilities. Now what was interesting was that the second nurse got sick on a Wednesday. Our guidance was actually done and ready to go out the door on that Friday, so two days later, which is pretty amazing that it was completed that quickly. But one of the things we decided to do before—we didn't want to release it and then have something wrong with the guidance and have to pull it back and redo it. So we decided to wait the weekend and allow Emory and Nebraska to test the guidance. So doctors and nurses at Emory and Nebraska, we gave them the guidance. We also gave it to MSF [Médecins Sans Frontières], Doctors Without Borders, and asked them their opinion, and WHO [World Health Organization], etcetera. But we also went out that weekend and got the personal protective equipment that we were recommending, and we started going through step-by-step the entire process of it.

Q: Like actually putting it on yourselves?

Tumpey: Actually putting it on. Step one, watching our scientific staff put it on and take it off. We had an individual, Bryan [E.] Christensen, who is an expert—he's actually an industrial hygienist—an expert in personal protective equipment and things like this. The very first thing he did, I think we had the order mixed around. The very first thing he did was put on the gown and then the second step at the time was put on shoe coverings. He leaned over to do it, and the entire gown kind of leaned on the floor. We realized okay, we need to flip the order of this. That weekend was so critical regarding the guidance because we actually were able to tweak things, make things much more clear. We were actually physically testing it ourselves, and we were having Emory and Nebraska test it and give us feedback. So the guidance ultimately got much better over that course of the weekend.

I had been working for two weeks with a partner in New York City, and that Monday, Bryan and I flew up to New York City, and the following day we did a training with five thousand healthcare workers at the Javits Center and actually demonstrated this guidance. That the entire timeframe was just such a whirlwind because we started talking about the event at the [Jacob K.] Javits [Convention] Center on Sunday, October 5th. How this all came about was there was an organization called Partnership for Quality Care, and basically what they are is they're a nonprofit group that works with hospital associations and healthcare unions to educate healthcare workers on a variety of different things—everything from flu vaccination during the flu season to major events like around Ebola to the emergence of antibiotic resistance, etcetera. This particular organization, they had contacted Dr. Frieden. Dr. Frieden had spoken at some event for them a couple months

prior. The organization came back to Dr. Frieden and said, we'd like to do something around Ebola. Actually, the center director [of what is now CDC's Center for Preparedness and Response] at the time was [Dr.] Sonja Rasmussen. It got passed to Sonja Rasmussen, and Sonja called me and said, "I'm not sure what to do with this request. Can you join a phone call on a Sunday night with me?" This group of people got on the call from New York, and they laid out this plan of, "We would like to do this big training in New York City. We have enough space for 5,400 people." At the time, the nurses had not been diagnosed. This was the first couple days of October. They weren't really sure that they were going to get five thousand people. But what ultimately happened in those couple of days after we said yes to it was that the nurses got sick, and all of a sudden this event became extremely important. Because—one was, we were on the hook to pull off this event and we were on the hook to demonstrate our new updated guidance. So the guidance had to be out and done and ready for literally primetime.

How this all happened was, I knew in order to pull this off, I needed a couple people to be with me. There's one individual who's been a spokesperson for the agency for years, his name is [Dr.] Arjun Srinivasan. He is just an amazing individual. He connects really well with people, he's a great teacher, he can take really complex information and make it very plain language, and people just love him. I knew I needed him. I knew I also needed someone who was going to demonstrate the personal protective equipment. But we also wanted to do it with somebody locally. Given that Bryan Christensen was so involved in the updated guidance—he was literally, as I said, testing the PPE and making sure that the steps made sense—it made sense for him to be the one to go with us. And so

we started calling contacts in New York City and ended up finding a nurse from Mount Sinai [Hospital] who was going to come and be the counterpart to Bryan. And then the fourth person who was part of our team to go was a media expert named Melissa Brower who'd worked with me for several years and knew us. Her role on this was to manage potentially the amount of media that would be there.

Okay, so back up. Second nurse gets sick on a Wednesday, guidance was done on a Friday. We work all weekend testing the guidance, refining the guidance. Monday morning, it's time for me to go to New York City, and the guidance is not out the door yet. The plan was—originally, the hope was that the guidance would be released sometime midday that day. This is Monday, October 20th, 2014. Bryan and I fly up first, and we get out of the plane, and we have a huge bag of all the personal protective equipment. We brought extra supplies because we were going to have to demonstrate this we don't know how many times, and we don't know how many times we were going to have to practice in advance. We literally have this massive bag that probably I could fit into. He's pulling all of our luggage off of baggage claim, and we get into a New York City cab. We're sitting in the back, and at the time the New York City cabs had these little, tiny TV screens, and they were running news that said the CDC is coming to New York City and they're going to train five thousand healthcare workers tomorrow on Ebola. [laughs] We're literally watching the preview of what we're about to do as we're driving in the cab to the location.

We decided, thankfully, that we were going to go to the Javits Center Monday afternoon/evening, and we were just going to make sure everything was in place. If you've never been to the Javits Center before, it's several New York City blocks long and wide. We end up getting dropped off at the opposite end, and we walk for what felt like days, and I literally thought oh, this is not the place where we're having this event. Suddenly, we finally end up in the right location at the Javits Center, and I realize the size of this room and the enormity of the event that we're about to do. Although I tried to keep very calm for Bryan and tried to keep very calm for all of the organizers that were there, I was extremely nervous about how this was going to go. I wanted to make sure that in particular—the way the setup was going to happen, about two days out from the event, the governor decided he was coming and the mayor decided they were coming. They have bumped CDC down the agenda because the governor has to kick it off and the mayor has to kick it off. Arjun now has a shorter timeframe to basically give his presentation. The plan was to bring Bryan and our nurse from Mount Sinai out to demonstrate the personal protective equipment right after that. This is Monday night, the night before, we start practicing. We end up—not kidding—we practiced for four hours on every little step of the PPE, making sure everything went right, redoing every little hand movement, every little gesture, every point that was going to come out of Bryan's mouth, because he was going to narrate the entire sequence. Every single thing we had to get exactly right. I was more thinking because of the amount of people in there, and at the time it wasn't until the following day that I realized exactly how many media were going to be there.

By this point when we're going through everything, everybody else is still down in Atlanta and the guidance has yet to come out. This is Monday night and our event kicks off first thing in the morning on Tuesday morning. It ends up that the press conference that Dr. Frieden does is something like seven o'clock or something that night, and the guidance officially—my team was working on it. They didn't get it officially posted until sometime after midnight that evening.

Q: What took it so long?

Tumpey: They were just making sure—again, we didn't want to put it up and have to pull anything back. They literally went through line-by-line-by-line-by-line. Made sure there was no error in the editing process, made sure there was no error in putting up the website. We were so cautious because at that point the amount of negative media we had been getting around the guidance, we had to do this right. We absolutely had to do this right.

Finally, I get a text, press conference is a go. I'm listening to the press conference as Bryan and the nurse from Mount Sinai are practicing, and they continue to practice on the stage and on the side, etcetera, for quite a while. Finally, we call it a night and decide to go back to the hotel. But we didn't really get to rest because we had other things we needed to work through. We were scheduled after the Javits event to immediately go to—there's a company called Medscape, and Medscape is the largest provider of online continuing medical education for medical doctors in the country. They were also going to

tape the exact same sequence for us and get it out to all of their members on the website.

We wanted to get this out in several locations. So we spent that evening working through the script and working through all of the other components that we needed to have for Tuesday. One of my team members calls me, we're finally going to sleep, she's finally on her way out of CDC and it's a couple minutes before midnight, and she says that the website's going to go up any minute and the press conference went well and at this point it was all up to us in New York City for the next morning.

Arjun had to stay back for the press conference. He ends up not getting to New York City until nearly midnight, and he's so nervous about the event, he barely sleeps that night.

We're up and at 'em first thing in the morning and the four of us are very nervous because we knew the amount of attention on the agency and attention on this small group of the four of us, and we're sitting having coffee and muffins and my cell phone starts ringing. It's an individual who is very senior in communications at the Department of Health and Human Services, which is our department over CDC, and he's asking me all these questions to make sure, do I really know what I'm doing? [laughs] Is this going to go okay? What are we going to do? He's hitting me with scenarios and hitting me with walking through what communications people would call the tick-tock—the timeline of everything that's going to happen. Then talking about what's going to happen afterwards, there was supposed to be a press event afterwards, and what are we going to say, and what if we get these questions, and all of that sort of thing. This is like, we've barely woken up and the phones are ringing making sure that this was a good idea. [laughs]

Q: May I interject quickly?

Tumpey: Yes.

Q: What's a scenario that he would present you with and it's like, you have to be prepared for?

Tumpey: We didn't know—we had received such bad media attention the several days prior to this, including people who had been fans of the agency. Like Sanjay Gupta, for example, who had come to the agency several times. He had deployed, he knows people in the agency well, we were very good friends with his producer. He had even started doing negative media. We didn't know if people were going—this is five thousand people. Are they going to be okay and be happy and listen, or are they going to riot? Are they going to throw something at us? Is Arjun going to come off the stage and be rushed by people? What is the scenario? I think it was just such a—I mean, the government doesn't do events with five thousand people. In the middle of a major outbreak with fifty-two media outlets there. Fifty-two reporters and media outlets, live. And the whole thing was going to be live-streamed, etcetera. It was just something that had not really been done before, so I think everybody just wanted to talk through the “what-ifs.”

We get to the event. We walk in from the back. It literally looked like—you can see the pictures on Getty Images and other places of this massive room with a ton of people and these large screens. All of a sudden we realized, oh my gosh, we're really going to do

this. We moved backstage, and there was the governor and there was the mayor and they were all very gracious that CDC was there to present to them. Arjun goes up, and I've never seen Arjun so nervous and it made me nervous because at this point in my time in working with Arjun, we had done major documentaries, we had done major events together, he's always kept his cool. But the fact that he was about to stand up in front of all of these people, he was very nervous. As soon as he went up and started talking, I started pacing because I was nervous. Was it going okay? Was it going too slow? Was everything fine? [laughs] Just the normal anxiety of the person who's trying to coordinate all of it. I will say the dynamic in the room was as if you could have heard a pin drop. Here's five thousand people and they are hanging on every single words Arjun said. He was going almost, I thought, too slow and methodical in how he was saying it, but in hindsight, all of these individuals—they were scared. These were individuals who were really concerned. They don't know anything about—what is Ebola? What do I need to do? What do I need to do to protect myself? What do I absolutely need to know about this disease and what do I need to do if all of a sudden this shows up in my healthcare facility? I was so amazed—I kept peeking out of the back curtain, and I was so amazed looking at the looks on people's faces that they were just hanging on everything he was saying, writing notes, and just fully attentive.

Then comes the point of demonstrating the personal protective equipment. As soon as Bryan and the nurse from Mount Sinai start to come out, it was as if you could feel the dynamic in the room start to change. Halfway back in the room, there was a media platform that the fifty-two reporters and media outlets were on. As soon as they started

coming out to the side and started to come onto the stage, the fifty-two media outlets jumped off the platform and started running to the stage. This entire thing is being live cast. Thank goodness, the AV [audio/video] folks flip the switch and put a logo up so you can't see fifty-two media outlets running to the stage. The organizers are asking people, calm down, calm down, okay, we need the reporters to calm down. Everybody's going to be able to get a picture, calm down. [laughs] And as everybody calms down, they start to begin their whole sequence of we're going to demonstrate now how to put on personal protective equipment and take it off. They start going through the whole thing, and I think it wasn't until they were finally in the sequence where they were taking off the final pieces of personal protective equipment that I finally took a moment to breathe. I grabbed Melissa Brower, who is my media person next to me, and I said, "We did it." I literally couldn't believe that we had, in the craziness of that October, that in a few-week time period we had said "yes" to doing this. [We had] gone through the whole situation of the two nurses being sick in Dallas and all of the media around that. That we had rewritten government guidance, gotten it cleared, agreed to do something that most people would not have said yes for the government to do, flew up there, and pulled this off live.

We leave the Javits Center. We take our little detour to Medscape, we do the same thing at Medscape. We get in the car and we're driving—we have someone driving us—driving us back to the airport, and we're all just very—there's kind of this relief in the air. We're looking at media clips and seeing the positive attention and we're all just so happy that we had gotten through this, and my phone rings and it's my boss. She said, "Abbigail, really good job on today. I need you in my office first thing tomorrow morning. We need

you to take over healthcare training stuff for the rest of the response.” So I had this very short window—I was not to the airport. I was not even to LaGuardia [Airport]. I had this very short window of rah-rah, that was great, we really turned things around, we got the guidance out, we got the media turned around, we had a positive event, we pulled off something no one had ever done—to go, okay, now I’ve got to figure out how to make this bigger. [laughs] It was kind of a back-to reality moment.

Q: Can I ask—at this point with all the negative media attention as you had said, and then the nurses becoming sick, you had said, “This needs to go well.” What in your mind—do you remember thinking—do you remember what you thought the consequences could be for the agency if it didn’t?

Tumpey: Yeah. You know, here’s the really crazy thing when I look back at this. It’s that I just had a really good gut feeling about this from the beginning. The primary woman who called us on Sunday, October 5th, was a woman named Phyllis Silver. Phyllis is one of these women who is the epitome of a connector. Malcom Gladwell talks in his books about different types of people, and he describes people who are connectors.

Connectors—well, they’re connected to everybody, they know everybody. They have really good relationships with a lot of different people and they can easily connect the dots on one activity to another and bring people together. It was Phyllis who was primarily talking on the phone to us on October 5th, and it was only myself and Sonja Rasmussen. After I got off the phone on October 5th, I had to call my boss and I had to pitch this whole crazy idea to my boss. In the past, healthcare unions have had—which

primarily this event was for individuals who were part of the healthcare union. Healthcare unions have had a different relationship with the agency at different points in time.

Sometimes I think that they felt like our recommendations might be too focused toward the patient and not enough towards the healthcare worker, or maybe we're too restrictive on the amount of protection for a healthcare worker that makes it hard for them to do their jobs. There's been times in the past, prior to me taking this role, where the agency has had interactions with healthcare unions and they've really been at different viewpoints. When I call my boss and I told her and I explained this is part of a nonprofit group, they're working with a group of healthcare unions in New York City—my boss had this moment of, “You know, Abbigail, healthcare unions have at times not really liked some of our recommendations. Are you really sure about this?” I said back to her, “I just have a really good feeling about this,” and she said, “Okay.” When Arjun—I said, “In order to pull this off, I need Arjun Srinivasan.” So she basically called Arjun, she cleared his plate. Arjun comes kind of bee-bopping into the Emergency Operations Center a day or so later, and I'm pitching the idea to Arjun and I'm saying, “Here's this group, they're working with all these healthcare unions. There's going to be about five thousand healthcare workers there. This is what we're going to do.” And all of a sudden his face starts getting more and more serious, like he goes from a full-on smile to an oh my God, what did we just say yes to. He then proceeds to say, “You know that sometimes the healthcare unions haven't always agreed with our recommendations.” And I said, “Yeah, Arjun, but they haven't met us.” [laughs] And I said, “I have a really good feeling about this. And he said, “Okay.” In hindsight, it is a little crazy. I think though that both my boss, Dr. Denise Cardo, and Dr. Arjun Srinivasan, and even other people around the

response, and even Sonja Rasmussen when she got this directive from Dr. Frieden that they want to do something, figure out what they want, task it to somebody—that sort of thing. Sonja knew to call me because I have been one in the past to do—I do interesting public-private partnerships. All of us have our own little superpower. My superpower happens to be partnership or partnership events that most other people probably would have said “no” to. But from the get-go, I really have to say it was Phyllis Silver who I just had a really good feeling about. I just felt like she had everyone’s best interest in mind. And she wanted this to go well for the five thousand healthcare workers. She wanted it to go well for the hospital associations. She wanted it to go well for the unions. She wanted it to go well for CDC. She wanted at the end of the day for those five thousand people to feel more confident in their ability to do their job. Teaming up her, I think, really made the difference. After that, we ended up doing a similar event in Los Angeles that had about fifteen hundred people, so definitely not five thousand, but you know, still a large group of people. And we did other events around the country. We went to Dallas to do something with the American Medical Association. We went to Philadelphia to do some events with some of the unions. So it really started, again because of Phyllis connecting us to all of these individuals, it really opened the door and started this momentum of CDC doing more with some of these partners that maybe we had not worked with in the past.

Q: There’s a bunch that I want to circle back to, if it’s cool.

Tumpey: Okay.

Q: Okay. About the PPE guidance. I wasn't here during the response and wasn't involved in it in any way. I've just been taking these oral histories since late 2015 when things were still active, but it wasn't like crazy, crazy, fall 2014 kind of stuff. My sense—I'm still confused about the problem with CDC's PPE guidance. I don't know if the problem was ever that the previous PPE guidance was in any way scientifically inadequate and my hunch is that it wasn't. That it could have still protected you if you followed the principles that are behind the establishment of that PPE. And then the problem then becomes more one of perception. Or maybe even of training of healthcare workers. Am I right or am I wrong?

Tumpey: No, you're definitely right. There were a lot of things that happened around questions of the PPE guidance, questions about what happened in the hospital in Dallas that for a variety of reasons we as the federal government can't really talk about, right? There were plenty of healthcare workers who interacted with the patient who did not get sick. There were a lot of them who did not get sick, including a lot of them in the emergency department when they first didn't realize he had Ebola. So certainly, there were cases where the previous PPE guidance worked. I think though that this was a pivotal moment for the agency because I think that certainly we know, given the volume of patient safety issues and healthcare-associated infections that we deal with in hospitals and healthcare facilities around the country on any given day, month, year—we knew that there were gaps in healthcare workers' knowledge on infection control. Not only how to protect themselves, but how to protect from transmission within the healthcare facility.

Certainly, this particular event highlighted that we really needed to be much more prescriptive, much more plain language. It also pointed out the fact that many healthcare workers didn't know how to find our guidance on our website. Things that needed to improve with the whole system. If you look back at what, if any, are some of the positive things that came out of that whole experience, it definitely was the fact that the way we communicate around infection control and our approach to healthcare worker training has certainly evolved.

Q: Thank you. Melissa Brower was the person who you said was there, handling the media. What was your relationship like with her? That sounds immensely difficult given the media storm that was going on at that time. What was it like working with her?

Tumpey: Melissa is an individual who has been on my team for five or six years. I met her when she first came into the agency. She even recently followed me—I moved jobs from healthcare to the new center that I'm at, so she kind of followed me. She is the kind of individual that we've been through so much together that we know how to work with each other. We know how each other likes to operate. We kind of follow the same principles when working with media, so we know they have a job to do and that they have a story to tell. And we've had a lot of successes together. In that particular event at the Javits Center, and I said the story where the fifty-two media outlets jumped off the platform and rushed the stage. At that particular moment, Melissa and I were standing not really against the wall, but against the side of the stage. And we both had this moment where it was like unfolding where you're watching fifty people run to your scientist on a

stage with cameras and you have this split-second moment where you're trying to figure out, should I jump in and stop them? Should I let this go? [laughs] What do you do in that certain situation? In this particular case, they had so many event coordinators and there were security and things like that, so all of those individuals started jumping in. It resulted in Melissa and I standing against the sidelines looking shocked by this media frenzy unfolding in front of us. But the security and the organizers quickly got it back under control and got things back in place. It was one of these moments where we looked at each other like well, you know—there's certain media frenzies that at times during events, but probably in public health or during the outbreak scenario, you only see it hopefully a couple of times in your career. This was one of those moments, so we kind of looked each other with this moment of wow, that was amazing. [laughter]

Q: That just happened.

Tumpey: That just happened. But she and I have become such good friends over the years that we know each other's roles and so in a situation like the Javits Center, we needed to have a plan walking into the facility. We needed to have a plan coming out of the facility. We needed to have a plan for press—fifty press running at Arjun after the event. So we worked through a variety of scenarios. Also, she's just such an expert in making our subject matter experts feel calm and cool and be able to answer questions and confident in their approach and their interaction to media.

Q: Were there ever estimates in the number of people who were trained remotely, like online?

Tumpey: I don't know that number off the top of my head, but I think it was at one point, it was something like ten thousand or so that were actually watching it live.

Q: Was the session also recorded and shown to anybody?

Tumpey: Yes, it actually still lives on some websites. You can still find it if you actually Google "Ebola, New York City," sometimes it pops up, or "Ebola Javits Center," it pops up. It lives different places on several different websites. Or segments of it and media reports around it.

Q: I don't know if we got this—if this was our conversation before we started recording or not, but you mentioned that the tone of the media coverage of CDC changed and you could feel that after this event in New York. Can you tell me about that?

Tumpey: Yes, it really was amazing because everything prior to that was just so focused on, where's the guidance? Where's the guidance? What was wrong with the last guidance? Why is CDC so slow? That sort of thing. And if you actually look back at the timeline of when we announced the first nurse, when we announced the second nurse—two days after that on that Friday when the guidance was actually done, we did a call with the American Hospital Association with their five thousand hospitals to preview

what the guidance was going to look like. It was the opportunity for them to ask questions of us and for us to answer any concerns they might have. We were previewing it to several leaders in the healthcare field right before releasing it that Monday. But what was really fascinating is that Tuesday, when all of the positive media came out, then immediately the conversation in the media started to shift. It wasn't any more questions about, where's the guidance? What is CDC doing? And all of that stuff. Now we were able to take more of a proactive role in saying, here are some of the things that we're doing. Immediately after the Javits Center, we started these Ebola Preparedness Teams that were going to all these hospitals domestically, and it was this fascinating kind of multidisciplinary team approach to really make sure that a hospital was ready. They would do these walkthroughs even, trying to figure out—okay, so patient comes in here, how is the patient getting from this room to that room? Or if your laboratory is down the hall, this is not going to work. How are you doing samples? All of the little pieces. Where's your PPE sitting? Etcetera. By about December 1st, we were able to announce dozens of hospitals in the country that were actually ready to handle a patient with Ebola. Over the course of those six weeks from the event at the Javits Center to December 1st, we had done visits to all of those hospitals. We had worked with all those hospitals and provided consultation to them to ensure that they really were ready. And so that was the next big announcement that, although I did several events in November, training events and webinars and starting to work with Emory and Nebraska and standing up the National Ebola Training and Education Center, but really in the timeline, the next big event that I did was that announcement on December 1st of the Ebola-ready hospitals.

Q: Who was the lead on organizing all of the actual people going in?

Tumpey: That was actually Dr. Joe [Joseph F.] Perz from our group, he oversaw those teams. At any point in time, there were a variety of teams going different places. In some cases, they were doing follow-up visits to come of those locales, as well. It was a pretty fascinating process. I think I haven't ever seen that level of response and the amount of collaboration between healthcare facilities and public health and CDC at the time. It was really fascinating to look at in hindsight, the amount that we all teamed up and worked together and really problem-solved together is really tremendous.

Q: Do you remember if it worked so that the hospitals would request CDC to come in and do this or would CDC identify the hospitals?

Tumpey: We definitely did not identify the hospitals. We actually tried to be very careful in our communications that it didn't seem like CDC was designating hospitals. That it was really state and local jurisdictions that were in conversation with hospitals. Those hospitals, once they felt like they were ready for CDC and the state or local health department to come in, would request those visits.

Q: And then what kind of feedback did you start to receive once those visits had happened?

Tumpey: Certainly, there continued to be a lot of needs. There were a lot of needs around laboratory. There were a lot of needs around medical waste. There were a lot of needs around overall training and capacity. One of the things we started putting in place at that point in time, both Emory and Nebraska had successfully managed patients with Ebola. We started initially by a series of conference calls and a few trainings that were either at Emory or at Nebraska where healthcare workers could come from parts of the country to these locations and get trained by the doctors and nurses there. It was a mix of training from class work to actually touring the facility and in some cases, some of the hospitals would actually bring their blueprints and talk through blueprints with the Emory and Nebraska staff and even CDC staff to make sure what they were doing made sense. Then it was also obviously including a fair amount of PPE training, etcetera, and kind of talking through some of those nuances. Given the fact that the amount of PPE, the types of PPE were so particular, and the fact that they needed to be able to know how to appropriately put it on and take it off, there were quite a bit of questions in any of those trainings on that, as well.

Q: Is that related to the start of the NETEC?

Tumpey: Yes, it is related. What happened then is that CDC and an entity out of our Department of Health and Human Services—it's called ASPR, it's Assistant Secretary for Preparedness and Response. Their focus is what they say is actually preparedness and response for the federal government. We teamed up with them and we kind of pooled funding, both CDC funding and some money that was at the Department of Health and

Human Services, to stand up the National Ebola Training and Education Center. We ended up including—Bellevue [Hospital] was included as part of that process because at that point in time, Bellevue had a patient with Ebola and had successfully managed that individual, and so they were part of the kind of triad team.

Q: Did you continue to be involved with NETEC as it rolled out and as it developed?

Tumpey: In the early stages, we just kind of did like, as I mentioned, some of the ad hoc webinars and a few events here and there. We actually didn't officially announce it and roll it out until the following summer, and some of that was just due to the fact of funding and getting some of the plans and cooperative agreements in place, etcetera. At that point, the Ebola outbreak in West Africa had calmed down, but we knew that this was going to be an ongoing issue where we needed to have better preparedness in US hospitals regardless of the threat. It was named National Ebola Training and Education Center, but much of the work that they were preparing for was a variety of special pathogens. Some of the things that they were training on were things that would be relevant to a variety of issues or emerging threats. Once we actually announced it in—I guess it would have been the spring-summer or so of 2015—at that point they had already done a fair number of trainings at each of their facilities. But by summer 2015, we stood up websites, we rolled out quite a bit of content, we rolled out additional training modules. There was just a tremendous amount of work. Not to mention the fact that many healthcare facilities were thrilled for their healthcare workers to be able to train with doctors from Emory and

Nebraska and kind of that collaboration with them because they really had such a high level of expertise and had really thought through their facilities and their approach.

Q: And NETEC continues today, correct?

Tumpey: It does.

Q: And it's expanded. It's not just Ebola. It's all of these different high-consequence pathogens, potentially, is that right?

Tumpey: Yes. At the time when I was kind of rolling off and handing this over to Dr. Ryan Fagan [who] actually took over as the CDC point person on this. We were really working through what was going to be that purview for National Ebola Training and Education Center and what they were actually going to be able to do underneath that purview. But still, ultimately, you go back to the principles. The principles of infection control are really helpful, and having that training resource and consultation capability for the country is really tremendous.

Q: Certainly. Aside from the work that you did after New York and continuing those trainings in Los Angeles and I think—you also said Dallas?

Tumpey: Yes.

Q: And then your work announcing the groups that would go out and train hospitals and various things, and NETEC. Is there anything we're missing, like a big piece of your part in responding to Ebola here?

Tumpey: You know, some of the things that came out of the Ebola response are just enhanced capacity in training on infection control. For example, the agency prior to the Ebola response didn't have a really good way to reach to a bunch of nurses as far as really getting infection control content and training into a variety of different specialty nursing organizations. One of the other things we stood up right around the same time as NETEC was kind of a coalition through American Nurses Association that included a bunch of different specialty nursing organizations. Specifically, American Nurses Association pulled together these other specialty nursing groups and were really focused on disseminating infection control training materials and content and answering questions and providing webinars, etcetera, to nurses. I think having the unfortunate event of the nurses in Dallas getting sick ultimately resulted in a focus on, how can we make sure that nurses who are having really the most interaction with patients and really play such a critical role—how can we make sure that they're getting the right information? That was something that I think is part of the legacy coming out of Ebola that I think is really good. We actually started those conversations with American Nurses Association and a coalition of nursing partners really in the days after the two nurses in Dallas getting sick. But it's something that I think has evolved over time and will continue.

Q: Just looking back overall, could you articulate maybe a lesson or two that you learned about health communications from your time in responding to Ebola? And if not, that's okay. I'm putting you on the spot.

Tumpey: No, we certainly were overconfident in our very first few statements. I think we really felt that a patient with Ebola coming into a US hospital, we made the statement that any US hospital could safely manage a patient with Ebola. Obviously, we had to walk back on that. One of the kind of hallmarks of risk communications—a principle in risk communications is don't overpromise, don't over-reassure. Make sure that you let people know, like foreshadow potential possibilities and share some of those dilemmas that happen or possible events that could happen in the course of a response. I think certainly, obviously, we were very confident coming out of the gate. Obviously, that's probably our biggest communications thing that we learned. I also think, though, that over the years we had built up a variety of really important relationships, and those were critical in the domestic response to Ebola. I think what you have to be able to do is—you have to be willing to build relationships on the fly and know that in the middle of a response, you might have organizations or individuals come out who want to help as part of the response, and being open to have the capacity to make sure we're capitalizing on what other stakeholders or partners can do for us in the middle of a response is really critical. The example I gave of the Partnership for Quality Care and the unions and Javits Center, etcetera, is a great example of that. But we've seen it in other outbreaks previously. Our relationship with Medscape and WebMD actually started in the middle of the 2009 H1N1 pandemic, and it was because of this absolute need for information getting to clinicians.

So being able to have that capacity to make sure that we're listening to the needs of stakeholders and figuring out a way, despite the chaos of the response, to respond to that. I think good things can come from that.

Q: I have kept you here for a long time. Thank you so much, Ms. Abbigail Tumpey, for being here.

Tumpey: Thank you.

Q: Is there anything else that we didn't get to talk about that you wanted to say, or what do you think?

Tumpey: I think that we have covered a lot.

Q: Yeah, we definitely have. [laughter]

Tumpey: It was nice talking to you.

Q: It was nice talking to you, too. Thank you for being here.

END