CDC Ebola Response Oral History Project

The Reminiscences of

Dave L. Daigle

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Dave L. Daigle

Interviewed by Samuel Robson
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Interview 1 of 1

CDC Ebola Response Oral History Project

Q: Hello, this is Sam Robson with the CDC [United States Centers for Disease Control and Prevention] Museum, here with Dave Daigle. Today is June 7th, 2016, and we're here in the audio recording studio at CDC's Roybal Campus in Atlanta, Georgia. I'm here interviewing Dave about his experiences with the Ebola epidemic for our CDC Ebola [Response] Oral History Project. Dave, thank you so much for being here with me today. Looking forward to hearing about your stories. Can we start off—would you mind telling me where and when you were born?

Daigle: I was born on August 23rd, 1958, Chisholm, Minnesota.

Q: And did you grow up there?

Daigle: No, I was a military brat. My dad was in the [United States] Army and we moved around pretty much until I started high school.

Q: Where are some of the places you spent more of your time?

Daigle: Well, let's see. Growing up, Germany. We also lived in different forts: Fort Knox, Fort Stewart. So different posts growing up, yeah. I think two tours in Germany for him.

Q: Who was in your household?

Daigle: I'm the oldest of six. We are a big family. He retired in—shoot, I think 1972. Or right before, 1971, and I started high school in '72 in Florida. North Florida.

Q: Did you go through all of high school there?

Daigle: Yeah, all four years in a small town called Green Cove Springs, which is just south of Jacksonville.

Q: What's that like?

Daigle: It's a very small town, and it was a change, because I'd been a military brat and always been in DoD [Department of Defense]-type school system. All of a sudden, you were in a small, regular high school.

Q: What kinds of things were you interested in growing up?

Daigle: In high school, I was a writer. I enjoyed writing for the school paper. Several friends and I were on the school paper. My dad, when he retired from the military, opened up a Dairy Queen in town, so we all—all the kids worked in the Dairy Queen. His motto was, "If you don't work, you don't eat," so we had no choice. I went through high school there, and I was on the tennis team, and I wrote for the school paper and worked at the Dairy Queen.

Q: Was it journalistic writing mostly that you were interested in then?

Daigle: Yes, I was on the school paper. I really enjoyed sports. I actually wrote for one of the local papers, too. It was kind of a big deal back then. I was paid—I want to say it was seventy cents per column inch, and I did all the high school sports. At that time, after the game, you would phone it in. This is before [current] technology, so you would read your copy on the phone to someone back at the newspaper. I thought it was kind of neat to do that in high school.

Q: Upon graduation, what were you imagining for your future?

Daigle: I had a scholarship to a small college called Flagler College. It's in St. Augustine, Florida, on the beach. I took my academic scholarship and I went to Flagler and I did the same thing. I majored in journalism and I was on the Flagler paper, but I ran out of money. I lost the scholarship after the first year, but I kept going to Flagler. They let me

finish out the second year, but then they basically pulled me out of class and said, you really can't keep coming here without paying. That was the end of Flagler College.

Q: What happened then?

Daigle: I went lifeguarding for a while, I was lifeguard, and after the summer my dad grew very frustrated, said, "You can't keep lifeguarding, you've got to do something." I found a job with 84 Lumber in New Orleans. I went to New Orleans, and I worked at 84 Lumber for about a year. I called my dad up and I said, "This really sucks." I hated it. I said, "I'm either going to go in the Peace Corps"—at that time I hadn't researched the Peace Corps, didn't know that you needed a college degree—but I said, "I'm going to go to the Peace Corps, or I'm going to go in the Army, but I'm just not going to come back to 84 Lumber." He said, "The Army's got a program that you can compete, if you have any college"—that time it was the [Ronald W.] Reagan years, and the military was really doing well under Reagan. Basically, you would go to the Army Basic [Training], and if you did really well, they would pull you out and they would send you back to college, to finish up college. They would pay for your college. I went to Fort Knox, Kentucky, and—[laughs] and what they evaluated you on was your physical training, your rifle marksmanship, how well you marched and led. Anyway, I was fortunate, and they pulled me out of the Army and they put me into college. I went to Loyola [University] in New Orleans because I really enjoyed New Orleans. Didn't enjoy 84 Lumber, but I loved New Orleans.

Q: Any special memories from Basic that you remember?

Daigle: Oh my gosh, I was—fortunately, I was—always, I was terrible at marching, always have been. I don't know how they—I was good at some of the other things, but I did twenty years in the military and I still—I was always awful at marching. I don't know why, it's very difficult. To me, the idea of—I could stay in step, but if you're commanding the group or marching folks, you've got to remember what foot to give the command on, and then when you turn or salute, it becomes quite complicated. A lot harder than it looks. But yeah, I do remember being just—and in fact, later in my career, when there was a big parade, I would have the battalion commander tell me, "Look, you've got some West Pointer lieutenants, let's let them march the company rather than you," because I was so bad at marching. But, yeah, you live with that.

Q: [laughs] Tell me again where you went after that?

Daigle: I went to Loyola University in New Orleans, and then the deal was, the Army paid for my tuition. I also worked at a restaurant in New Orleans [called Commander's Palace], and the Army paid for my tuition, and I worked my way through Loyola, and I went into the Army as a tank officer in 1982.

Q: Were you still majoring in journalism?

Daigle: Yes, I graduated undergrad [undergraduate school] in journalism.

Q: Okay. So you said a tank?

Daigle: Tanks, right.

Q: Tanks. Tell me about that, that's amazing.

Daigle: What the Army does is—in ROTC [Reserve Officers' Training Corps], and same thing for the West Pointers—before you graduate, you list what branches you might want to go into, and the branches include infantry, military intelligence, aviation, tanks. You list the different branches. My dad had been in tanks, so I listed tanks I think in my top three or four. Really, there's no—I don't know how they do it. It's based on [several factors]—I was a distinguished military graduate, so I think I had a little bit more influence. But some of it's based on your grades and whether you're a distinguished military graduate, and you're placed [in a branch]—the West Pointers, the ROTC, and people would come out of Officer Candidate School [OCS], all get put together and sorted out and placed in branches. The branch I went to was Armor [Branch], and at that time, we called it "armor officer basic course," where basically they pick people from college or West Point and they teach you how to be an Army officer, and also [an armor officer]. That's at Fort Knox, Kentucky. I went to Fort Knox, and I went to armor officer basic. Then, following armor officer basic—I went to mortar school, [and later my] first assignment in the Army, and for me that was Fort Hood, Texas. That's essentially where you learn your craft if you're in tanks or infantry, you're given a platoon [to lead as a

platoon leader]. At that time, it was roughly twenty men and five tanks, and you work your way up, and the idea is to become a company commander, when you're a captain. I went from Fort Hood back to Fort Knox for advanced [armor officer training], and following that, and then I went to Germany. I [commanded a tank company] in Germany.

Q: Do you remember when that was?

Daigle: Yes, Germany was—ilet's see, '86 to '89. I was in Germany, I was in Würzburg, Germany, in the 3rd Infantry Division. Those were the old days, probably well before you were born, but we used to rush up—at that time, we were all preparing for the Russians to come across the Fulda Gap [into West Germany]. You had all the Russian forces arrayed, and you had the NATO [North American Treaty Organization] forces, and certainly at that time it was East and West Germany. I had a company of M1A1 [Abrams] tanks, and once a month—oh, God, you dreaded this—you would get a phone call, and the phone call would say, "Lariot Advance." That meant you had thirty minutes to get to the company, one hour to be inthe motor pool with your weapons mounted and ready to roll out. The idea was that in Germany, all the forces—at that time, there were over three hundred thousand Americans in Germany, and we were all there for the Cold War. We had to be prepared to rush up to our sector—it was called the General Defense Plan [GDP], and we had a place where we were stationed on the border, ready for the forces to come across. You would get this call at least once a month, and sometimes you would actually just go to the motor pool, and all the ammunitions and the tanks and all the weapons are loaded, and you would be told, "Stand down." Or you would be told, "Roll

to your position" or "Roll to a gunnery" or roll somewhere else. So we did that. It was kind of exciting times. I did my company command in Germany from '86 to '89, and then the Army offered me—at that time, [laughs] I was fortunate. I had a journalism degree, and the West Point brings officers out of line units back to West Point to teach. There was a huge shortage of combat arms officers, and when I say "combat arms," guys in Infantry, Armor, Artillery, or Special Forces are considered combat arms. Other branches are support [or Combat Services Support], or—and so they had a shortage of officers who had English degrees. Actually had very few combat arms officers with English degrees. I got a call from West Point, saying, "If you can get accepted into a master's program for English, you can come teach at West Point." They paid for your master's degree, and then you taught at West Point for three years, which was incredible. And so Michigan State accepted me under probation. I went to Michigan State, and I had to make up a lot of English undergrad hours. They admitted me as an undergrad student. Thank God they were on the quarter system, because you can accrue a lot of credits in a quarter system. I made up the English hours and got admitted to the master's program for English. In two years, I got that master's degree, and then I went to West Point to teach for three years, which was really a great assignment, by the way.

Q: What did you teach?

Daigle: I taught English.

Q: You taught English.

Daigle: Yeah. So you come in and you teach the 101, the intro [introduction] to comp [composition], the intro to literature, and then you teach electives later on if you're lucky. It was a great assignment. The [cadets who attend West Point], well, first of all, you're spoiled as an instructor, because you've got West Point cadets, and most of them are salutatorians and valedictorians or high-performers, and even when they're not, you're a captain and they're a cadet, so you have the whole military hierarchy reinforced. It's different from being a student and a teacher when you're a captain and they're a cadet. But the people who—West Point was a great assignment, because it brings [officers] from across the Army, they've all got master's [degrees] or PhDs, you're there for three years. It was just a great assignment. I got to do that for—and then I did—I advised—I went to—oh, I was assigned to—it was—I call it my "punishment tour." [laughter] In Armor Branch, the guys who run the Armor Branch, or tanks, they don't want you to go away for five years. West Point required you to go to two years of graduate school and then three years in tank—three years at West Point. The powers that be say that five years is too long to be away from tanks. They don't want you to take the West Point tour, and I took the West Point tour because it was a free master's and a great assignment. So as my punishment tour was an assignment advising the Louisiana National Guard for two years. I did that for two years and loved it. It sounded like a tough assignment, but I had gone to school in New Orleans and I was out in Lafayette, Louisiana, with the Cajuns, and it was a blast. Great people, just a good assignment—turned out to be a good assignment.

Then I got a call from Armor Branch, saying, you've done your time and now you can come to Fort Hood, Texas. The job I had to do—in the Army, you have to do certain jobs to advance. In order to make major, you have to have a successful company command, and so I had done that and I was a major. But I can't become a colonel until I'd been a tank—I'm sorry, a tank battalion executive officer, or S3. Those are qualifying assignments. I was a major in Armor, and I needed to be an S3 or I needed to be an XO [executive officer]. I needed to go to Fort Hood, where there were tanks to do that. Armor Branch called up, and they said, alright, you can go to Fort Hood now. But in the meantime, I got a call from the public affairs folks, who—and at that time, the Army—they wanted you to have a secondary, or a specialty, a second—so public affairs called up, and they said, "Do you want to go to Hawaii?" That was an old Army gig. Everybody wants to go to Hawaii, right? But they always say that, but no one really goes. I said, "Look, guys, I'm a major, I've been around. I know that I'm not going to Hawaii, you guys say that." I said, "Where can you realistically send me?" And they said, "We can send you to Germany." I talked to my wife and I said, "Armor Branch is saying I can go to Fort Hood"—and we'd been to Fort Hood. It's not a great assignment. And public affairs was offering Germany, and I told my wife, "The downside is, if I take the tanks assignment, then I can probably make lieutenant colonel, but we'll be in Fort Hood. If we go to Germany, I'll be doing public affairs, but there's a strong chance I won't make lieutenant colonel, because in the world of Armor, I have not done the right assignment." My wife was adamant. She said, "I do not want to go to Fort Hood. I would really like to go to Germany." We had small kids, and we'd done one assignment in Germany, and she just said, "Why not? Let's go." So we went to Germany and we did public affairs.

At that time, I got [laughs] a really interesting account [in public affairs]. I was coaching kids' soccer. I don't know if you are familiar with coaching. Sometimes what they'll do is, you put your kids in soccer and they run out of coaches. They'll say, "We don't have enough coaches, so if you want your kid to play, somebody's got to volunteer to coach soccer." So I volunteered. I'm coaching a soccer team, and it's five-year-olds, so it's mob ball. They wander off the field, the goalie gets a bandage from his mother, it's crazy soccer. This guy walks up, and he's pulling a cooler full of beer. And he goes, "Daigle! You guys are—you haven't won a game yet!" And I said, "Yeah, well, we're not supposed to keep score, but you're right, we haven't won a game yet, and I don't see winning a game this season." And his kid was the best kid on the team. I said, "And I'll be honest with you, I really apologize—your kid Sean is really good, and if you were on a different team"—and he goes, "That's alright, that's not what it's about." He goes, "What do you do?" And I said, "I'm in public affairs." At that time, I was doing my public affairs assignment. It turned out, he says, "I'm in Special Operations." I said, "What's your name?" He goes, "My name's Lambert." I said, "There's a Lambert at Special Operations, but he's a general." And he goes, "Yeah, I'm General Lambert." [laughter] I'm like, "Holy shit, okay, I'm sorry, sir." Then he started telling me this story about—at that time, special operators considered themselves the silent warriors. He had gone to Liberia, and he had spent a month in Liberia, and they had evacuated all the Americans, they had stabilized a very tough situation at the embassy. Spent really a hard month there. The [United States] Marines showed up in a navy ship, and the Marines came off the navy ship, and they brought reporters. He saw all these stories about Liberia,

and it was all about the Marines and what great work the Marines had done. But the Marines basically—the only thing they had done was allow the Special Forces guys to leave. But they were smart enough to embed a reporter. So they got all this coverage. It really frustrated the general that they had got all this coverage, and he goes, "We're all fighting for money, and I think the day of being the silent warrior has got to go away." He asked me if I would do public affairs for the special operators, which, to me, was very [appealing], because they were doing amazing things, really interesting things. Then I got into public affairs for the Special Operations, and I did that for my three years in European Command. We were at Stuttgart. Really, to me, it was a—I think I probably got the deployment bug, too, because I found that when you deploy, it can be really intense. Especially the first few days of that, or the first week or ten days. It's exciting, whether you're with special operators or CDC. But I've always enjoyed, you know, being there at the very beginning.

Q: Well, yeah, I know that's going to come into play later. [laughs]

Daigle: Yeah. You know, I saw the—when I was at European Command or Stuttgart, the navy had sent over a reservist, who—her regular job was working at the Centers for Disease Control [and Prevention], and I had never even heard of the Centers for Disease Control, so I asked her about it. I thought, that sounds very interesting. But I didn't have an MPH [master of public health degree], and I had no background. But I do remember that when I was—after the European Command job with public affairs, I went to become a journal editor for the Army. There's a journal called *Armor Magazine*. It's actually one

of the oldest American journals. I think *Harper's* is older than—actually, it's been continually published going back to the late 1800s. It's a very impressive journal. It's a trade journal for tanks and cavalry. I was the editor at Fort Knox, and I saw a job in [journalismjobs.com]—I started my transition about a year out—and I saw a job in [journalismjobs.com] for CDC, looking for a press officer. I thought, well, I've done public affairs. That's how I got to CDC. I applied for a job on journalismjobs.com for a press officer.

Q: I just want to make sure we have the chronology down a little bit. You were—European Command job, that was—

Daigle: Yeah, that was—European Command was, let's see, '90—I finished that up. Oh, I'm sorry, '96 to '99.

Q: Ninety-six to '99.

Daigle: Nineteen ninety-six to '99. I was in Germany again for—it was called European Command, or EUCOM, in public affairs. Then from '99 to 2002, I was at Armor Magazine at Fort Knox, Kentucky. I retired in 2002. I retired on a Friday and started at the CDC on a Monday in June. Yeah. You have to go—when the Army says twenty years, they mean that. You have to go to the end of the month. I entered the Army on, I think, May 16th, so I put my paperwork in for May 16th, and they go, you got to go to the end of the month. So you finish out May and then you start. So I started in—at the time,

the center was called the National Center for Infectious Diseases [NCID]. We've reorganized a few times. But I was a press officer, I was hired as a GS-14 [General Schedule pay scale, level 14] press officer, or senior press officer, for the infectious disease [team at CDC], which to me was fantastic. I was blessed, because I had two very patient [mentors], and Dr. [James M.] Hughes was the center director, and Dr. Steve [Stephen M.] Ostroff was the deputy director. Essentially, I left an Army—I left the Army, where I knew public affairs and tanks, but nothing about public health. I was trying to catch up very quickly, but there were times where I would get a call about mad cow and I'd think it was a joke. [laughter] It does sound like a joke disease. So I walked in—I would walk into one of our offices going, "Is this a joke or is there really a disease called 'mad cow?'" But they were tremendously, very patient, and I learned [a great deal] about infectious diseases during a tenure with NCID—at that time, it was National Center for Infectious Diseases. Then another center no longer here was called—what was it called? [NCZVED. The National Center for Zoonotic and Vector-Borne and Enteric] Diseases. I joined that center as a—what we call an associate director for communication science. I was that, so an ADCS. I moved to that center.

From there, Glen Nowak was our director of media relations, and he posted a deputy position, so I moved over to be the deputy for media relations for CDC. I did that with Glen for several years, through H1N1. After that, I became—I went to OPHPR [Office of Public Health Preparedness and Response] as their ADC [associate director for communication], and now I'm in NCIRD [National Center for Immunization and Respiratory Diseases].

Q: Right. Was there anyone in particular, looking back, who was really helpful in making that transition to public health?

Daigle: Yes, there was. First , the guys who gave me a chance, Doctors Ostroff and Hughes. To take somebody right out of the Army with no knowledge of public health—but I guess I had the advantage of—we had just gone through anthrax attacks. CDC was kind of making a change and realizing that we had to be able to do preparedness, we had to do response, and we had to do better with public affairs. We had not done well with anthrax on public affairs, for a variety of reasons. I've always thought that Dr. Ostroff—once again, their patience in having them work with a press officer who was learning [on the job] was amazing. Glen Nowak, who—he now is a contract employee with us, he's at UGA [University of Georgia, as the director of the Grady College Center for Health and Risk Communication.] He also works with us, but he was amazing. Working for him is—Glen was an academic and a PhD, and I thought to myself, I'm not sure how good he'll be in media relations, but he was amazing. He has the best instincts I've ever seen, and I kind of let the idea that, oh, you can't be a PhD and be a really good press officer—let that stereotype get in my mind. But Glen shattered it. It was amazing working for him. I learned a great deal. And then I've had other good bosses that—I try to find—some of the folks get communications at CDC and some don't, and it's often very difficult to work for a director who doesn't get communications or doesn't [buy in to the importance of communications]. I think overall, we're doing much better. We've learned from Ebola and Zika and H1N1 that when something big hits, communications is going to play a

huge role. We're much better about that now. One of the things I've looked for is directors who are going to give communications a role, or make sure that we play that key role that we're going to play.

Q: When you look back over the last—so it's been, what, fifteen years or so that you've been at CDC?

Daigle: Yes. This year—June—yeah, this year, June, it'll be fourteen years.

Q: Fourteen years.

Daigle: Yes.

Q: Coming up on fifteen. When you look back on that and think about the communications projects that you were involved in that were really impactful for you, especially thinking about what later gave you, I don't know, some sort of knowledge about Ebola, tools to deal with that, what would you describe?

Daigle: You know, one thing I think that helped me was—right after I got here, there was a West Nile outbreak in New Orleans. [CDC] didn't send communicators out [on responses]. But somebody realized that I had gone out for the Army, so they said, "Would you go out?" I said, "I'm happy to go out." I went out for West Nile in New Orleans, but—it was kind of strange, because I went out, and it went really well, we

handled the media, we handled the public affairs, we did a lot of health education with state and local partners. But at some point, I just feel like—I guess I was used to going out in the Army, where you go out for a finite period of time—you're going out for six months, or you're going out for ninety days. I was sitting in New Orleans, and I looked at the team lead, and I said, "I think I'm pretty much done." And he goes, "Yeah, yeah, there's not much going on now, you've done what you can do." I was in the military mindset, I'm thinking, "Somebody should tell me to come back." I emailed or called a couple folks at CDC in the communications chain, and I said, "Should I come"—I couldn't even get an answer. Finally, I called up a buddy of mine who was hired on the same day I was and I said, "What do you think?" And he goes, "I'd come back, this is ridiculous." So I just came back on my own, which was a huge learning curve for me. [laughs] Then I went out for Katrina and went out for a few other things, but we didn't usually send communicators out. That was always a huge thing. One is, I could go out because I'd gone out before and there's usually some utility for me going out, whether it was handling the initial crush in public affairs or media relations, or doing some health ed [education], but we didn't send people out. I don't think we really got it until Ebola.

Ebola—for the first time, communications [played a very large role in the response], like we've never had before. We sent out communicators to do health education, and we [established] a health promotion team that focused on sending out health educators and campaigns. But we also realized how important the risk communication aspect was with the media relations. I think we certainly could've integrated it better. In fact, the health promotion team worked outside of the JIC [Joint Information Center]. But we did—in my

mind, we went from not sending communicators out or even thinking about sending communicators out, to realizing how important it is not only to send communicators out, but to send out a wide array of communicators, from those who do promotion and campaigns to risk comm and public affairs. I was able to see the evolution from—there were many outbreaks where I thought, gosh, I wish we could've sent somebody out there." What often happened in the old days was, the team would get on the ground and there would be a huge need for somebody to do risk comm or public affairs because reporters were there. Our guys were reluctant to engage with the reporters or tell the CDC story without a communicator [present]. By the time that they figured out it would be a good idea to send a communicator, it was often—you couldn't have gone out there in time and it would've been a waste anyway. We were constantly, in my mind, fighting the battles, trying to convince our scientists and researchers that you need communications out there, whether it's for public affairs or for a campaign, but we can really be a multiplier and help in the response. But I don't think, as an agency, we came around to that, really, and understanding and appreciating communications, until Ebola.

Q: When you look back—just to get some tangible examples, especially—can you tell me about a time when CDC really could have used communicators and didn't, and it would have improved the response?

Daigle: Right. There were several responses, I think—let's face it, the media—if you look at the media, for our guys, when they go out on an outbreak, they want to focus on doing the contact tracing or whatever needs to be done, and the outbreak. But the other

part of this is—and the same thing that the Special Forces general realized—is that you have an audience, and you have to convince that audience, whether it's the policy-makers or the folks around the Beltway, that you're doing something that's really remarkable and it needs to be funded. We're all competing for funding dollars. Oftentimes, I think that we would send folks out for an outbreak that was incredibly interesting, and we knew that the media wanted to go, and they would cover it, and it would help us tell the story of CDC. I'm afraid that, probably before Ebola, when you thought of CDC you thought of our labs. You knew that we had great labs and we did lab work, but you didn't know that we were going all around the world, working on a lot of outbreaks. There's work that we would do, like meningitis in Africa, that would get no attention. Even discovering a vaccine, or working toward a vaccine. There was incredible work that we were doing globally that no one knew about. I don't think people knew that CDC had this capacity. We weren't telling the CDC story, and we probably were not getting credit for a lot of the work we're doing. I hate to keep going back—I think it can actually go back to H1N1 or SARS [severe acute respiratory syndrome], where the idea of being in a global village, and something that started in the Hotel Metropole for SARS in Hong Kong could come to Canada, could come to the US, for us to start understanding that all this work that we're doing globally, all that is really important. This is why it's important—because whatever starts in Hong Kong can be, within twenty hours, in the US. I think a lot of opportunities were missed early on. The work that we were doing on the outbreaks, the work that we were doing with the locals. I don't think a lot of people understand that when a local health department has an issue, something big, measles or something, that they call on CDC and we go down and we work with the local health department. I just don't think

that was ever—you thought of us, you thought about the labs, but you didn't see the guys who—the epis [epidemiologists], you didn't see the global work. I think we missed opportunities on many outbreaks where I would have reporters call up, or *60 Minutes*, and say, "We'd love to cover this outbreak."

Q: Do you remember one in particular?

Daigle: I remember *60 Minutes*, a couple of times we turned *60 Minutes* down on my watch, where they wanted to out to Uganda, where we're working on an outbreak of either Marburg or Ebola. That would've been amazing exposure, because really, it's a great story. These guys are doing incredible work, sometimes under really difficult conditions. I went to Uíge, Angola, as part of a WHO [World Health Organization] team, and we embedded—I mean, the New York Times, BBC [British Broadcasting Corporation], really huge outlets were wanting to tell that story. We did amazing work, and we watched the donations at the WHO climb, but it was just a matter of telling the story of an amazing outbreak and the incredible work being done. I do think we may have missed opportunities, but just because the mindset was, we want to focus on fixing this outbreak or fixing—remedying the situation. Like I say, until Ebola, then it seemed like—even H1N1 and SARS, we didn't really get—and it's funny, because I watched this happen in the Army. In the Army, if we go back to Bosnia, the public affairs guys and the Army were telling people we need to embed journalists. There were so many fears about embedding journalists, oh my God. You know, that our troops—most of them have got high school educations, there's no telling what they'll say. What we found out is that

even the most jaded and professional journalist—you put them with American soldiers for three days, they bond. They become—and we saw it. And then you watch Desert Storm, and let me tell you, the Army was terrified of this, but they took that big step, and the stories that we got from embedding journalists were incredible. The journalists will come back and say, "We felt like we're a part of the team. I still keep up with the guys that you put me with on that tank," or whatever. I kind of knew from my Army days, that—I thought, if you could do the same thing, if you could put journalists with these epis in the field, they'll appreciate, one, how difficult this is, how tough the situation is. And by the way, these guys are doing incredible work under usually very difficult conditions. Many of us were pushing for embedding, or telling the story better, because it's such a great story. It's like, in my mind, it was just like the Army story. I said, "There's not a reason not to put these journalists with these soldiers." I mean, if you look back, the stories that came out of that. Like I said, to this day, I still talk to journalists who I either embedded or embedded with, and they just feel that bond.

Q: So what were you working on immediately before the Ebola response?

Daigle: I was the ADC for [the Office of] Public Health Preparedness and Response. I had started off—Ebola started off as a—we weren't a Level One activation, it was a lower-level activation. John O'Connor, who's in the Infectious Disease Center, and a colleague, as the ADC for the Infectious Disease Center, asked me if I would run the comms for that. We didn't activate the JIC, so we were on a lower level. I was running comms in the EOC for Ebola. And then we—I want to say, I forgot what it was, it got

kicked into high gear—it may have been the missionaries. I think we got kicked into high gear, and I remember Dr. [Thomas R.] Frieden, it was around the 7 or 8 of August, he was in [Washington], DC, and he told policymakers it was his goal to get two hundred CDCers in West Africa by next week. He came back on Friday and he said the same thing, I think, in a press conference. We went to level one activation, and I got a call that Sunday. I was [visiting the Atlanta] Falcons training camp, and I got a call saying, "Can you be in Nigeria by Wednesday or Thursday?" We took off Wednesday, and [without] visas. We were really just kind of thrown in the—we left for Nigeria, and other folks were going. Nigeria had new cases. Let's see, I think I wrote it down. Their first case, Nigeria—their first case—20 July, it was imported, the first person, and then he died on 25 July. I want to say by 8 August, we got the word that there was a team going—there were folks—fortunately, there were folks already in Nigeria [who had been working on polio].

One thing that was so good about Nigeria is that we had been working on polio in-country, and the work that the global guys had done on polio—my gosh. We got there and they already understood EOCs. There was also a really program working with the FELTP [Field Epidemiology and Laboratory Training Program]. We were able to piggyback off some amazing work done by the polio folks. Our team came in behind and worked with the polio folks who were already in-country. We were just so blessed to have a lot of that stuff going on in-country already, and there were relationships that the global [people] had already established that we were just able to leverage. We were—I

think we got to polio—there was about ten or twelve of us, in addition to the folks already there for polio.

Q: Were you with the first group from Atlanta who—

Daigle: Yes.

Q: —went out to—yeah?

Daigle: Yeah. There was the very first group out. He was trying to get, I want to say—he said up to two hundred, I don't know how many we actually got, but there was a group of us that went to Nigeria, then Liberia, Guinea, and Sierra Leone as well. They pushed everybody out the door. There were people in-country already, obviously, but this was a group that was coming in to help.

Q: What did you find in Nigeria?

Daigle: We found it was pretty chaotic. Nigeria was the first time—and Lagos, where it was I guess a great fear was realized. It's a city of twenty-one million people, and [it's very crowded]. I think that was always one of the great fears about Ebola, is what would happen if it got into a densely populated urban center? Before, you'd go out for Ebola or Marburg and it would be in a very remote area. Uíge, Angola, was remote, and it would usually burn out. But the idea of having it in this very [densely populated] city was

terrifying. One of the first things we did was there were—I think, at the time—twelve cases, and we had to begin contact tracing. It got up to about two hundred people that we're doing the tracing on. We worked with our partners, we had to come up with a kind of a facility to put the patients. We quickly converted—I think it was an old TB [tuberculosis] hospital—into an isolation ward. We got an isolation ward set up, and we started working. It was amazing, they stood up this kind of ad hoc communications group, and there was, let's see, a UNICEF [United Nations Children's Fund] communicator, there were some college kids, there was a professor from one of the universities. We really went into the ICS, the incident command structure, with communications as part of that. As far as communications, I was working with—we also have a consulate in Lagos. With an outbreak like this, there was intense media interest, so we were working the public affairs aspect with our State Department folks at the consulate in Lagos, as well as Atlanta and everybody. So there was the aspect of the media relations, the public affairs. But there was also—we stood up a kind of social media arm, and the Lagos guys were amazing. Some of these young kids in college putting together social media campaigns, leading Twitter chats. We [linked them to CDC social media], and I think one of them—we did a Twitter chat that was one of the largest ever, from Nigeria working with CDC Atlanta. There were some amazing things. There was really a need for it, because we would see these crazy rumors that would just take off. I remember, the day after I got there, looking at the headline of a paper that said something about salt water possibly curing Ebola or preventing it. So initially, go into a campaign, one to help educate, but also to do some rumor-busting. There were rumors about cocoa nuts or a certain kind of nut that would also prevent it. So there was a lot

being done very quickly. And then just getting educational materials in place, and a lot of this stuff we were pulling straight from Atlanta and trying to get to our counterparts.

Q: It sounds like you were mostly engaging with the Nigerian media at that point?

Daigle: No, actually, a lot of international media as well.

Q: International as well.

Daigle: We were doing—it's amazing how many dailies there are. There must be, I don't—certainly over ten dailies just in Lagos. There's a very aggressive local media, but then there's a lot of bureaus, and there's a lot of international media as well. We were doing New York Times, we were doing BBC, we were doing—there were quite a few interview requests, and so you have a team leader who—part of it, he has to do that, but he's also running a very busy team. Part of that was working on the messaging, getting all the messaging and the materials ready, coordinating that with the State Department and Atlanta so that we could do the interviews. Then carving out some time where the team leader would do the interviews, but keeping in mind his primary job is to work on the outbreak. A lot of that was public affairs, but also plugging into the—what their version of a joint information center, the Nigerians, and working with our partners. Like I say, there was an amazing woman there from UNICEF who was huge, very helpful.

Q: Do you remember her name?

Daigle: First name was Sunny, and I have it written down in my—I gave my green book to the [CDC] Museum.

Q: Oh, to Louise [Shaw]?

Daigle: Yeah, she [has my green book and record of the deployment]. But it would be in that green book, her name and number for Sunny. But Sunny and I went on a—it was so funny, we were sitting in the EOC, and I had never had this happen before, but we were sitting there working on something, and they rushed up to us and they said, "There's a media riot at the isolation ward." We're like, media riot? I had never seen a media riot. They said, "You've got to go get in the vehicle, and you've got to go down there and handle the media riot." I'm thinking, what does a media riot even look like? Are they throwing pens? [laughter] What are they doing? What does the media do when they riot? How threatening can they be? So we drove down to the isolation ward, and there indeed was—I wouldn't call it a riot, but there was certainly a standoff. What had happened was, journalists—somebody from inside—one of the patients had obviously called a relative and either did a long interview with a relative or the relative was sitting with a reporter. Anyway, one of the dailies published the interview from an Ebola patient. And it was the first. Well, if you're an editor, or if you're a producer, you're very upset if you're a competitor. How come they've got the story? You don't have the story. What's wrong with you? They were convinced that we were letting reporters into the isolation ward, that's how he got the story. Now the other reporters, both broadcast and print, were

demanding [entry into] the isolation ward so they could do a story. And fair—because they were already scooped, or beaten to the punch. Of course, the isolation ward, the people running the ward—nobody was getting in there. So there was a bit of a standoff, and the reporters were getting mad, and they had these guys from security at the hospital. Fortunately, Sunny, who normally worked in Lagos and spoke multiple languages and knew some of the reporters, we were able quickly to convince the reporters, one, nobody had an exclusive. There were no reporters in there. The reason the story happened was somebody could call out. If you could get a patient to call out, you could do an interview as well. But we were not letting any reporters in, or family members. You were either a healthcare worker or you were a patient. That's the only people going in. Once we got that—it took a little while, I think about half an hour of getting both sides to cool down. Of course, the hospital was very excited too, because all these reporters were calling, they were raising accusations that you are letting some reporters in but you're not letting others in. That wasn't the case. That was the first media riot.[1] I worked it with Sunny from UNICEF, who was fantastic.

Q: It sounds like—I mean, a huge concern during that is just patient privacy and maintaining that.

Daigle: And that was the interesting thing. I guess my first experience was, there wasn't much patient privacy. We do a really—that's one thing that's kind of the gold standard at CDC. We're very—I've been in situations where reporters have come to me and they

[1] Note from D. Daigle, June 2018: I don't know of additional riots.

said, “I know so-and-so is a patient, I’ve already talked to their parents, their parents have told me everything. I just need you to confirm this,” and we still will not confirm the patient’s name. We’ll protect the patients. So I’m sitting there in Lagos one morning and I see on the front page of one of the dailies, a picture of the infectious disease doc [doctor]—actually, the woman, we believe, who may have recognized that what Patient Zero had was not malaria, but Ebola. She became a patient, and she was in the isolation ward. The paper had her released: “Dr. So-and-so released”—or “cured from isolation ward.” Well, I called my buddy up who knew about that, and I said, “Was Dr. So-and-so released? It’s above the fold on the front page of this paper.” And he goes, “No, in fact, she’s in really bad shape.” The next day, she dies. Not only did they publish her picture and identify her in one daily, but then they had it wrong. They listed patients’ names, and they provided that. It was a whole different—so you’re trying to do the CDC rule and protect patients. “No, no, we know their names, and their pictures are in the paper.”

The other thing, too, that surprised me—I remember my first press conference, and things are—every outbreak is different and every country is different. I remember going to this press release, and it was the minister of health leading the press conference from Nigeria. It was like my second day in-country, and I was still working on my messaging and the materials that we would use for public affairs guidance. He got a very difficult question, and I thought to myself, this is going to be great, I really need to know what we’re saying on this answer. As soon as he got that [question], he looked at the reporter, he goes, “That is a stupid question! Escort this reporter out of here!” He threw the reporter out of the press conference because he asked this really tough question! I thought to myself, that’s

one way to handle that question. So I've seen reporters, and the reporters are different. Over there, they don't make any money as reporters, so most of them are doing it either as a second job or on the side. I really had some sympathy for reporters because they had to work so hard to do what they were doing. Oftentimes, they weren't as professional as our reporters, but keep in mind, they weren't full-time reporters. Most were doing it on the side. And it's a tough story to tell over there, when you can't—when you ask a tough question and you're escorted out.

Q: It sounds to me like another golden standard that you're talking about through your past is building relationships with the press.

Daigle: Yes, and that's—I think if you look at the really good press officers at CDC or the Army, they all have relationships with the press. It's nice to be able to call a New York Times reporter or Wall Street Journal, and one, they'll take your call because they know that you have that relationship. That does help because there are times when we have to reach out to reporters, and if you have that relationship, it's a big help.

Q: Thinking about your experience in Lagos—yeah, one thing you mention that I've heard before is this idea of the salt water bath and potentially using that as a cure for Ebola. How do you gear your messaging about that while maintaining respect for local understandings of illness?

Daigle: You know, that's a—what we did for that one was the social media team that was literally standing up when that happened was so aggressive and so good, they went right to work trying to combat that. We were reaching out—we were sending out text messages. Everybody's on a cell phone there at that time, so we were able to text out messages, but we were also able to use Twitter and social media. Still, I saw headlines from other papers who were reporting two people had died from consuming too much salt water. I just worried that we weren't able to reach everybody as quickly as possible. But social media and texting out messages to cell phones were really working well. Plus, the radio and newspapers, too. I won't even say "mainstream media," because the radios—every morning, we'd try to get our guys or the Nigerian experts on the local radio stations, and you could hear them being interviewed on the way in. We were working pretty aggressively to try to get the word out.

But we, when you say—the first step is to use the local guys and the experts that they recognize. We had several Nigerian doctors who were fantastic, who came right up and were willing to be interviewed. In some cases, it was just giving them the information that they needed to have for Ebola and helping them do the interviews. I think it was much better if it was able to come from somebody from Lagos or Nigeria. There's that distinctive accent that you recognize, and you know you're not talking to a WHO or CDC guy. In my mind, it was much better to help them do good interviews and get them the information, because the audience would recognize them automatically. Once they started speaking, they heard that accent, they knew they were Nigerian or from Lagos.

Q: Did you have to do much learning about how people understood health and illness in order to communicate?

Daigle: In some cases—and every country is different, but I'm always very fortunate to have—if we have somebody like a Sunny, who had been working in UNICEF in Lagos for some time, it's always good to have it if you have somebody on the team who's from that area and understands it. I've also worked with, in—gosh, I was in Angola with an anthropologist who was out of the capital of Luanda. She was amazing, and I remember—we actually—I'm going to skip over to Marburg one time. When the WHO team had showed up, the military—before the WHO team had showed up, the military had been handling Marburg. The military would get a call about a suspect patient, and they would literally come up to a hut, and these guys in PPE [personal protective equipment], with rifles, would pull everybody out of the hut and throw them in a truck, or maybe pull one family member out of the [hut], and they would drive away. Nobody knew where they were going, nobody knew what was happening. This had been going on for a period of time. Now the WHO team comes in. Well, the first time the WHO team starts going out, people are rocking vehicles because they're fed up now. We don't know what Marburg is, we don't know what's happening to our—and so we had to stand down there for a weekend and spend a weekend going out to the different barrios and talking to the chiefs or the elders and explaining that when somebody's sick, this is where they're going. There were several things we had to put in place. One was that nobody from the WHO team would visit a hut without somebody from the village, like the elder or chief. Or two, that we'd always coordinate those visits in advance, and trying to give them, I

guess, a buy-in, if you will. But I was in one of those vehicles that was rocked, and they would throw rocks. At first you're freaking out, but then when you think about it, what they had been going through with the military, who hadn't told them anything—they would pull a relative out and you don't know where the relative is going. This is where the anthropologist was fantastic, because she knew the people, she knew the country. I would say that that weekend stand-down, where we spent the weekend just doing community reach-out, really helped.

Q: Did you have anthropologists in Nigeria?

Daigle: No, we didn't, but there are other places in other countries where some of the anthropologists were. It does make a big difference. We say this about going into Nigeria, but it's no different than if you go to Indiana for MERS [Middle East respiratory syndrome], and you're coming from Atlanta. It's still the US, it's Indiana, but that communicator, that state health communicator, they still will know their audiences better than I do. The one thing I think whenever I come in with a CDC team is I try to meet with those guys and find out, who are the reporters that you're concerned about? What are the outlets that you're trying to—and trying to get a lay of the land, if you will, even if it's—I don't think, in my mind, Nigeria is no different than—I've gone to domestic outbreaks where I'm an American, but I don't know their audiences, I don't know their media as well as they do.

Q: I want to make sure we have this for the kind of metadata or what-have-you. Do you remember what—did you have a formal "position," quote unquote, in Nigeria?

Daigle: What did they—usually, they just call it communications.

Q: Just communications.

Daigle: Yes.

Q: Just on the team for communications.

Daigle: Yeah. That's the one thing, too. There's usually only one—if communications gets on the team, it's only usually one person.

Q: You're the team. [laughs]

Daigle: The communications you can do in the field can be social mobility or health education. You could be asked to do a campaign. You could ask to write speeches. I had to write speeches for consulates or team leaders. I promise you, you'll have do public affairs and media relations, because there'll be such intense interest. And the fifth thing, of course, you'll have to do risk communication. Now, that's become such a big deal, our brand and risk—reputational management. I will tell communicators, let's say that you view yourself as a health educator or somebody who's done campaigns. That's fantastic,

and that will probably be very helpful. But you should be, if you're going to go out on a team, you should be also able to write a speech for the State Department guy. You'd better be able to talk to The New York Times, because when that New York Times person walks up, there's only one communicator on the team, and you can't say, "I'm a health educator." And I've seen that happen, where we send out a health educator. When I try to train my guys to go out, I'll say, "I understand that you don't like doing media relations, but you've got to be able to do it, because nobody else on the team—when a reporter walks up, they're going to look to you to do that interview, or look to you to help them get ready to do that interview." That's why on the team you'll be labeled a communicator, but you'll be expected to do, I would say, the gamut, or a whole range of communication activities.

Q: I was going to ask you the question, were you the one who was organizing interviews? I know you did a lot of that, and getting the local experts there, and on the radio and on the news. Or were you doing more interviews yourself? Do you also do interviews yourself?

Daigle: The first choice is to get your [subject matter experts or team members] to do interviews. What I want to do is, there's a couple things. You have a team leader, and you want your team leader—we'll identify in advance who should do the talking. Ideally, it's the team leader. But remember, the team leader is so busy. The other thing I'll do is, this is often an opportunity for EIS [Epidemic Intelligence Service] officers. You'd like to get them to do some interviews, but you want to set them up for success. You want the

interview to go very well. What I'll do, time pending, is I'll try to get everybody on the team to do interviews. Some guys will not do interviews. If you come up to me early on in the outbreak and say, "I want to do interviews. I'm your guy," then I cross you off my list, you'll never do an interview, because you want to do one. I would rather somebody be very nervous about it and not want to do one. The people who want to do interviews always scare me. But what I'd like to do is, I'd like everybody on the team, especially EIS officers, if I can get them what I call a "low-threat" interview, to do an interview. But in the end, you end up doing interviews because there are so many requests and your team leader literally cannot do them. What I like to do for my team leader, when we're out there and we're getting—let's say we have ten to twelve requests. I'll go to—at that time in Nigeria, it was John [F.] Vertefeuille, and I'll say, "John, here's the interviews I think you have to do. This is New York Times, this is BBC, this is LA [Los Angeles] Times. I need you to do those three, block out"—I'll say—"block out forty minutes for me." He'll carve out forty minutes, and we'll do, bam, bam, bam, those three interviews. The rest of the ones, I'll do. What we'll do is, we do as many as we can, but I try to triage it so I get the best bang for the buck for the team leader. I won't waste John's time on the Poughkeepsie Whatever. We can identify the audiences that we really want to reach and that have a big bang, and that's what I'll try to—and it's tough, because those team leaders are working so hard. But the good ones will say, "Dave, I'll do it, but you've got to—you have to maximize—I'm going to give you an hour to do interviews." In that one hour, you better pick the interviews that you want him to do. The other interviews, you'll either get other team members to do it or you'll do it.

Q: I know we have a lot more of your response to get to, but looking back on your time in Nigeria, let's—actually, let's get—do you remember the span of time you were there?

Daigle: Gosh, I think it was about three weeks.

Q: About three weeks in—

Daigle: Yeah.

Q: —okay, so like, the month of August.

Daigle: Pretty much, yeah.

Q: From August 8th or so—

Daigle: Yeah.

Q: —on. Okay.

Daigle: And then I came back and I worked in the JIC for a couple weeks, because John [P.] O'Connor had basically been nonstop in the JIC. I went in the JIC and he took leave for a couple weeks.

Q: Looking back on Nigeria, any other memories of any incidents or people?

Daigle: Well, there's the book. Yeah. I was out by the—I was out at the isolation ward, the original isolation ward. It was awful. In fact, I got pictures of it. It really was a shack, and it was awful. We were out there, and we were looking at the old isolation ward and where we were going to put the new one. There was an old WHO colleague I knew from Marburg, and he's a character. He was training people on how to don PPE, and he's actually working in the isolation ward. We were standing out there, and he asked if anybody had a book. I taught Shakespeare at West Point, and one thing I've learned about deployments is to always carry a book. Invariably, you're either traveling somewhere or you're waiting for—so I'll usually take two or three paperbacks, a couple classics, and I'll just have something to read. He asked if anybody had a book, and it turned out, in the isolation ward, there was literally nothing. If you can just think—not even a latrine or a sink. These poor people are in this building, and there's nothing to do except watch each other. He was—they were trying to—and he basically—I gave him [*Henry IV Part I]*, and he went in there and he started acting it out, and then told the story to the New York Times. It was so great. Eventually, we were able to round up more donations of magazines and books, but that was the first book to go into the isolation ward. He was amazing, and he told this great story about how he was acting it out for the different patients, because literally, there was nothing in there. I remember the book. So—Nigeria. It was a really good team in Nigeria. You tend to bond real quickly as a team, and I always enjoy that aspect. In Lagos, we were either—you were working, or when you weren't working, you were shuttled back to the hotel and you had to stay in the

hotel because there were curfews and you couldn't go out at night. You do end up being very close with the team, and we had a really strong team there, so I enjoyed that. I ended up writing—you've probably seen it—a little blog for CNN. But in that way, I talked about what a great team—it was one of the best teams I'd been on, and I still see some of the guys from the teams. I think from Nigeria I really—I thought that team was a lot of fun, and it was really good working with them.

Q: Briefly, anyone who sticks out in your memory?

Daigle: [laughs] There's this—well, he sticks out because it's kind of funny. There was a guy named Bryan [E.] Christensen, and we nicknamed him Meat Pie, and that nickname has stayed with him. One day, they brought out these meat pies around four o'clock in the EOC. They were room-temperature meat pies, and a lot of us were looking at them like, I don't know, man, I don't know. But Brian ate like four of them. He's a big guy. The next day, he's throwing up, and he's diarrhea-ing, and it's all coming out of him—all orifices. He's taking the cipro [ciprofloxacin], and he can't go out in the morning because he can't leave the toilet. I think I made the joke about calling him Meat Pie, and unfortunately, that has stuck with him. [laughter] Because of these dreaded meat pies. And he really was the only one—the rest of us looked at the meat pies, I'm like, uh, I don't know about it. We didn't know what the meat was, and I'm just like, I'm not sure—they were room-temperature-y. There was a lot of shady stuff going on there. I think most times in Africa, at one point or another, you're going to get traveler's diarrhea. It's just a matter of time.

But I mean—you can put it off, and you can try to make good judgment, but I think eating four meat pies in one sitting just did him in.

Q: Anything you remember especially from that couple weeks in the JIC?

Daigle: Ah, the JIC. That was amazing. It was good to give John a break, and it was good to see a different side of it, too. I'd been in Nigeria, but also to see the craziness of the JIC. They work incredibly hard, and it was interesting. I think they were probably ready for me to go, because I had a tendency to bring more of a field aspect to it, going, "Guys, this is ridiculous, we're working way too hard on something that's insignificant." I think they were probably ready for me to go as well, because I just—after having been deployed, you have a whole different sense of, you know, we really don't need to spin up on this. There's this crazy system where they have these JIC addresses, and they send everything to you, not as Dave Daigle, but as JIC lead. I got to a point where I said, "I'm no longer able to keep up or read these things. If you want to send me an email, just send it to drd4@cdc.gov or Dave Daigle," and—because you just—you can't read the emails, there are so many people and they're all creating emails, and you're just like, forget it. The JIC was interesting, and it was good to see that side of it.

Q: What media relations things were you—what kind of messaging were you doing in that couple weeks?

Daigle: Oh, no, I was the JIC lead then, so I was running all the Joint Information Center so John could go away. That—

Q: So is that mostly an administrative position then, or—

Daigle: Uh, yeah, I think so. Yeah. There's a series of teams inside the JIC and basically, all the teams report to the JIC lead. And you're the co-lead.

Q: Okay. What happens after that?

Daigle: After that, went back to my day job, and in October—no, September, end of September, we had Dallas. Dallas came up. It was a Tuesday, and I was on leave, and John [O'Connor] called me up, and he said—at noon he called me up, he goes, "Can you go to Dallas?" I said, "Yeah." He goes, "Well, you should pack." Then at three o'clock, he told me, "Go to the airport. We don't know what flight you're going to be on yet, but if you get to the airport, we'll figure it out." I got to the airport about four o'clock, and I had tickets for Dallas. I remember waiting for my flight, and a reporter from a Dallas broadcast station called me up, and I thought, "This is amazing. One, he knows I'm going. Two, he's got my cell phone." The reporter said, "Will you do an interview?" I thought to myself, yeah, I'll do an interview if you can find me. I said, "Sure, I'll do an interview if you can find me at the airport." Thinking that I would just be able to walk right out of the airport. Boy, that was another—I learned then, that was pretty foolish of me, because they had staked out baggage claim and they had found a picture of me. I end

up doing a stand-up at baggage. Also, to me, that showed me the sense of—the media in Dallas was a bit insane. It was a bit crazy, and that was the first taste of it, doing a stand-up at baggage claim.

Q: Does that mean a stand-up interview?

Daigle: Yeah.

Q: What is that?

Daigle: Oh. That's where that camera—the reporter's right there, and they put you right on the air with a camera, and—

Q: Oh my goodness.

Daigle: Yeah, it was pretty crazy. I was quickly able to tell the other CDC folks—I got there first, I caught the earlier flight out, the rest of the team came in by—sometime before midnight. I was able to call them back, saying, "Alright, we've already done an interview, just pick your bags up, get your rental cars, and we'll see you at the hotel."

Q: Do you remember what agency that was with?

Daigle: I don't remember. I could probably find out. Go back and look at my voucher.

Q: Okay, that's cool. You eventually got on the flight, you go to Dallas—

Daigle: Yeah, go to Dallas. We get to Dallas, and it's insane. We get there, everybody closes by Tuesday night, and on Wednesday morning we go to the hospital, we meet Wendy Chung from the county health department, and we get going in Dallas. Dallas was crazy. I can remember that in that very first day, the judge, who's the highest elected official for Dallas, Judge [Clay L.] Jenkins, and the mayor, Mike [Michael S.] Rawlings, were in this room, and I'm in the room. The team lead at the time was David [T.] Kuhar, and David Kuhar wanted to be at the hospital, he's a hospital infection guy. Pretty much what we did was, he told me, "If you can keep the judge and mayor happy and in that side of the house"—because he didn't—at that time, David wanted—he was at the hospital, and they wanted to find cases at the hospital and do the contact tracing, which was really critical. So I was left there at the judge's office with the judge and the mayor. There was a phone call, and it was the—and Judge—I had been to Dallas before, and I knew Judge Jenkins, because I'd worked on West Nile, they'd had a West Nile kind of crisis. I knew Judge Jenkins from that. Judge Jenkins was on the phone with Dr. Frieden, and he says, "Dr. Frieden, what do we do next? The CDC is running this." I remember thinking to myself, I think Judge Jenkins knows that we don't run this. We never run this, we come in and—and Dr. Frieden was very good. Dr. Frieden says, "No, Judge Jenkins, CDC's not running this. You need to stand up under the ICS [incident command system], get an EOC, designate a lead, and get going on this." So they designated—the state health officer at that time was David [L.] Lakey. They designated David Lakey as the lead, Dr.

Lakey, and they stood up not one, but two EOCs. The state stood one up and Judge Jenkins stood one up. And Dallas began. The immediate concern at Dallas was to identify the contacts and do the tracing on the contacts. There were two sets of contacts: there were contacts from the hospital, and then there were other contacts on the outside, people in the taxis and things like that. It was very aggressive, working—and then there were all these issues that just came because it was the first Ebola in the US. Issues like, what does the hospital do with the sanitation issues? There were crazy issues that seemed to come up that—it just was a really strange time.

Q: No doubt. Two EOCs, what's going on there?

Daigle: Yeah, I never made it to the state one. The state apparently had one set up somewhere in Dallas. I never made it out there. I was going to the Dallas one pretty much daily, and we joked—you remember Amy [Stewart], we just met out by—we had to set somebody—when the city stood up their EOC, they wanted somebody from CDC there. The CDC folks who were—pretty much the team was all infection control folks and epis, and they were working on the contact tracing, they were working on infection control issues. We really didn't have anybody to sit in the EOC and say, "I'm CDC." Because I was going back and forth between the hospital. That's when I called John up and I said, "Send me a communicator or a PHA [public health advisor], I just need somebody to be a CDC presence in this EOC." We jokingly called it Team Cobra. At that time, we were different teams, and once again, there's only—at that time, there was only one communicator—that's me. I had a little room in a hospital, we had several offices in this

hospital, and on the door was—I forgot—it was "Epi team" and it said "Communications." So I just crossed off "Communications" and I wrote "Team Cobra." [laugher] Going with the old Army—you know, Army always gives sexy names, Operation Whatever. So I'm with Team Cobra. Amy showed up, and I put Amy into the EOC, and I said, "You're really not doing communications, you are CDC in Judge Jenkins' or the city's EOC." That's what Amy did. We set up inside that EOC, and I went between the hospital, where—most of the CDC was at the hospital, and then there was the judge's EOC. I never made it out to what the state of Texas had, their EOC.

Q: I don't know how frequent it is to have multiple EOCs, but it sounds confusing to me.

Daigle: Yeah, it was. It was very confusing. What was difficult was them demanding a CDC presence in the city's EOC, because really, nothing was coming out of that. The EOC was not very helpful. Eventually, we had the incident where—it was a Friday—where we were—I forgot what day of the contact tracing, where we'd pretty much hit a milestone and we didn't think we'd see any new—a great number of us went home on a Friday night. Then on Sunday, we were told we had a positive case in a healthcare worker, so we all went back Sunday morning. When we went back, that's when people like Lyle [R.] Petersen, Mike [Michael] Bell, several senior folks came back too. Because things were—we were really concerned then. And so Lyle came back, and Lyle and I went to the EOC. Lyle, after about three days, said, "This is ridiculous. Really, the stuff that's happening is happening at the hospital. I need to be at the hospital." We

unfortunately left Amy and somebody else in the EOC and pretty much moved operations to the hospital, because the stuff that was going on at the EOC was—

Q: What was the stuff that was going on there?

Daigle: They were doing—operating under ICS, and they were—it just—what were they doing? The terms sometimes we use, were "spinning for spinning's sake." There was a lot of spinning. They were doing some things. They were trying to arrange—they were arranging a place to move the family—remember, the family was stuck in that apartment complex, and so they had to move the family. They were tracking a lot of things, and they were bringing all the different elements of the city into—but it just—I guess part of the problem with Dallas was that you had the city's EOC, but everything was really happening at the hospital. I'm told later on, the judge eventually demanded a place at the hospital because it was pretty apparent that nothing was really happening at the EOC.

Q: Right. Can you tell me about working with Dr. David Kuhar?

Daigle: He is great. One thing I'll tell you about Kuhar that most people do not know. Have you ever seen the movie *Office Space*?

Q: Yes.

Daigle: Great movie. [laughter] One of the most important attributes for outbreaks and tremendously stressful outbreaks is a sense of humor. And somehow, we got into the *Office Space*—I think I probably started it. Do you remember—what were the reports called, TPS reports?

Q: TPS reports.

Daigle: David started asking for some sort of communications report, or a roll-up, or something, and I started making a joke about TPS reports. He does some of the best *Office Space* impressions I've ever seen. It came at an incredibly stressful time, and I know he was stressed, and all of us were stressed because we had thought we had—we had left, and we'd come—we thought it was over, and we were over the hump, and all of a sudden we had two healthcare workers who'd gone positive. I remember David had just this great grace under fire, this sense of humor even when things were going very difficult. There was about a week there where we did Office Space imitations and jokes and it seemed to get us through. He was really good. As tough as things were at that time, he—I can remember—I remember one time, we had the hospital workers come up and take their temperatures with us. I remember this guy coming up, he was a huge male nurse—I think he was either a male nurse or an orderly. Guy was huge, could've played linebacker for the Dallas Cowboys. He came up and he was angry, and he was yelling, and it looked to me like he was going to hit somebody. I remember grabbing another guy and rushing out there, because I thought we were going to have to force—somebody's going to have to help out. And I remember David Kuhar walking right up, introducing

himself, and then hugging the guy. The guy starts crying. He took a situation where this guy—I thought he was going to hit somebody, and the next thing I know, he's sobbing. He tells David, "All of us, we're all pariahs. Nobody will talk to us. They all think we're going to have Ebola. We don't know what's going on," and he just unloaded. I remember David hugging this guy, and you'll probably not hear this story from many people, and he'll never tell it, but I remember thinking to myself, "Oh my God, that was just what"—the compassion, and you could tell that here was a physician, here was somebody who—and this guy was so frustrated, and he went from complete anger to this emotional breakdown, as Dave just hugged him and talked him through it. I thought to myself, that's amazing.

And by the way, Dave's having the week of his life in the middle of this, too. And he's able to take this guy off the ledge. He was just amazing. This is in the eye of the storm, too, right in the middle. There was one day when Frieden had to go testify, it was that week when we all got called back—I think it was a Thursday he had to go testify. You're in Dallas, and you're thinking, things have gone so horribly wrong, these two healthcare workers are infected. We're thinking, Frieden's going to get fired. We were just imagining the worst, and we're blaming ourselves. What did we do wrong here in Dallas? How come we didn't know about these healthcare workers? Blah blah blah, blah blah blah. This one healthcare worker flew. There were just so many things.

We were told, be somewhere at four o'clock. Be by a phone at four o'clock. And for some reason, they were working through me, maybe because I was the comms guy. I'm

getting these weird phone calls: “You have to have the entire team by the phone at four o’clock. No contractors and no partners.” First of all, that bothered me because you are a team. There were folks from the Dallas County Health Department who were going out on all the contact tracing, who were working with us. How do I tell them, “You can’t be on this phone call?” We brought everybody in there, and so whether you were CDC, whether you were a contractor, whether you were Dallas County, because we were on the same team. At four o’clock, we got the—that’s when [Barack H.] Obama called all the CDC teams in the field. There were guys on from Africa, there were guys on from Atlanta EOC, and there was us. We were on a speakerphone, we were all gathered around it. We had all discussed in advance, nobody’s going to say anything stupid. There were other CDC folks who got on there with an agenda. I remember somebody from the EOC Atlanta who had deployed from Africa got on with this long rant, and we’re all just hanging our head in embarrassment, going, who is this woman and why is she doing this? And then somebody got on from Africa, and they’re talking to Obama, and this guy from Africa is complaining about not having enough vehicles. I’m thinking, really? You’re talking to the POTUS [president of the United States] and you’re going to tell him that you need more vehicles? I know he asked, “What do you need,” but really this is something that we could—we’re not going to waste Obama’s time on. So nobody from Dallas said a word. There were teams on it from like three different African countries and there was Dallas. Then finally, he goes, “Is Dallas on?” We all yell, “Yeah, we’re on.” And he goes, “I want to talk to Dallas for a second.” And I thought, “Oh, this is really cool.” And then he says, “I know things are very difficult,” and he didn’t—for the next five minutes, he gave us a pep talk. I thought to myself, God, whether you like Obama,

whether you don't like Obama, this was so good—because this was really a low point for the Dallas team. He goes, "I want to talk to Dallas," and he says, "I know things are going rough, and I know you guys are working really hard." It was just really neat. I don't know if anybody's ever told that story, but I can tell you, as someone from the Dallas team, it was sucking. And to get that—and when he said, "I just want to talk to Dallas for a second," it was really neat.

Q: Yeah. Do you remember, was that after the index patient had died and the nurses had been infected?

Daigle: Yeah. It was—we had the two healthcare workers and then the death. And there was all kinds of crazy stuff. It was a difficult time. The finger-pointing had started, the questions about the PPE—it was just a perfect storm, I guess.

Q: Who were you working—let's see, how do I phrase this question? Before the index patient dies—I'm trying to do this thing where I don't identify names, even though they're publically known—what did most of your communications work entail?

Daigle: It was very difficult. There was a daily—almost a daily teleconference. I would try to get David Kuhar to participate, but typically what happened was these teleconferences—it would be Dr. Frieden from Atlanta, and then usually the judge or mayor or David Lakey, the medical lead, in Texas. There were things that were breaking every day. This was very frustrating to us. We would try to get onto a pre-conference

mode [to allow the speakers or participants to discuss in advance] with Dr. Frieden, at least a half an hour before the phone call started, because we were going to break things at these teleconferences. Those of us in Dallas—Dr. Lakey, Judge Jenkins, the mayor—they wanted to know, what were you going to break, and how were you going to break it? It turns out, we were really doing this as we were going. I would call back to Atlanta, and I'd try to get, "Guys, we're ready to announce this," or, "This has happened. How are we going to message this, or what are we going to do?" And that, "We'll get back to you, we'll get back to you." I think Dr. Frieden was able to do one or two, but then it came down to—he wasn't able to do the pre-conferences. He was being rushed around so much and moving so fast—so there were several phone calls where the judge and the mayor and David Lakey went into it not knowing what Dr. Frieden was going to say. Or if they knew something was coming out, not knowing how Dr. Frieden was going to talk about it, or who would talk about it. There was a great deal of anger and frustration on their end, and we were having to do these daily. And then, not only did they do that daily teleconference with Dr. Frieden, right after that, they would do one at City Hall or at the judge's office for the local Dallas media. Because Judge Jenkins was in a reelection campaign. And he's not averse to doing media. They would want to do a press conference—their own press conference for their media. They would schedule one every day for about one o'clock, so you would have the CDC teleconference at eleven—and this is Central Time—then Dallas's one. David Kuhar, God bless him, he's running the team at the hospital. The last thing he wants to do is drive to downtown Dallas—which by the way, was a bit of a hump—and go into this press conference with the judge and mayor. I was doing the press conferences for CDC, and there wasn't much to say. I

would give the case contacts and I would say what CDC's doing. There were daily Dallas press conferences as well. And while that's going on, there's all kinds of events. There's interview requests, and all that's going on. We were trying to let the reporters cover the case contact tracing.

One day, I arranged for all the team to be available, and we brought in all four or five broadcast stations, and they watched the team leader brief the contact tracers, and then they were able to talk to the contact tracers about what they were going to do and how they were going to do it. We never let reporters go out with the contact tracers, because we viewed the contact tracers, the people, as patients, because they were getting—we were checking them for symptoms and talking to them. We thought that if the reporters—they would also influence the interview. The reporters were demanding, they'd find out who was being traced, even the paper—the people who were willing to have the media there, we'd still say no. That was a constant [challenge] to tell that story without letting the reporters go [with the contract tracers]. So we were doing a lot of communications, but then at the same time, Dallas County, their health department—they weren't putting out a lot of material. If you looked at their website and their educational—I was telling them to pull things from CDC and we were sending things from CDC on Ebola. But a lot of the stuff was really being written—I mean, some of those things, we hadn't seen surface before. Burying the patient's ashes. I think it took months to figure out, find a place in Louisiana where they could bury the ashes, which—things like that just had never come up.

Q: I'm thinking about so many things as you're talking about this, and one of them is just the number of audiences that you're having to think about when you talk about communications. As kind of a layperson to communications, when I think of it, I think of just communicating about health messaging to the general populace. But you're talking about communicating to people in the United States, to the doctors at the hospital, to public health officials at the state level, just everybody. It's remarkable.

Daigle: Yeah. You're right, and there were—if you walked outside the hospital, Presby [Texas Health Presbyterian Hospital Dallas], there were two different satellite truck farms. One of them was primarily the local media, and the other one was all the nationals/internationals. They were permanently there. The judge would go out there, and this is in addition to his press conference, he would just go out there and do interviews. A lot of this was difficult because we weren't always in sync. It was hard to—you had to kind of figure out what the judge was saying, and then sometimes you had to go back and kind of re-message it or work on it, because we weren't always in sync, and the judge was going to do a lot of media.

Q: Did things change quite a bit after the healthcare workers were diagnosed?

Daigle: I think so. It really changed dramatically, yeah. It was difficult. Then the hospital, of course it becomes a legal matter for them, and the lawsuits, they're thinking about that. So they were often very difficult to work with. The hospital had brought in—they had their normal communications folks, but they also brought in—they had contracted out for

a huge crisis communications outfit. I went to one of those meetings, and then I didn't get invited back. [laughs] It became difficult, because let's say that a reporter wanted to talk to one of the CDC team members or just get an update. They would have to come to the hospital, because our guys weren't going—if I could get them to take a break, they would literally go stand in front of the hospital and do a quick stand-up. But sometimes the hospital would say no, and so you'd have to walk across the street from the hospital to do an interview with CDC folks, because the hospital was under fire as well and they weren't always supportive of media. Yet there's these two satellite truck farms there.

Q: You said you didn't get invited back to the meeting with the strategist?

Daigle: No.

Q: What do you mean?

Daigle: [laughs] I guess it's a fundamental difference. We're trying to work through—it's a kind of a crisis as well, and the hospital's got certain interests. I had been on several hospital outbreaks. I did rabies at Baylor Hospital [Baylor University Medical Center] in Dallas, and I'd been on other hospitals, and it's always a complicated—I mean, some of the lawyers are worried about the business aspects of it, and you're trying to help them through it. I think I've been out on over twenty different outbreaks or responses, just at CDC. I have some experience. I'm trying to help them tell the story and get through the crisis, but then they've got their lawyers, and they're listen—and they've got certain

things they're not going to do, even though it doesn't make sense. But they've different interests and different audiences, as you note, so it's oftentimes—we're almost opposed on some things.

Q: Right. Okay, that makes sense. What happens after Dallas?

Daigle: After Dallas, I come back, and then in November, New York City. Which—only there for a week. New York City, it was fantastic. These guys had literally gone through an exercise, what happens when for the first Ebola case, and then a week later, they get their first Ebola case. Their EOC was up and running, their ICS was going, it was really well done.

Q: What was the work that you did in New York?

Daigle: I had very little. I mean, there was a little bit of working with their comms guys, a little bit of setting up some of the CDC guys for interviews, and then working with him [our NYC communication counterpart] a little bit on his messaging and strategy, and then a little bit of our health education material. But I was only out there for a week, and they had a really good handle on it.

Q: Then after that?

Daigle: After that was Sierra Leone for the vaccine trials. That was February of the next year, for about a month.

Q: February of 2015.

Daigle: Yeah. We were working on—we had a couple communicators, Kristen Nordlund, who's with me now on my team at NCIRD, and myself. We were working both the public affairs, media relations, but also some of the health comms side of the vaccine.

Q: What does that mean?

Daigle: We did a press conference up there. We were working—there were several things going on. One was just handling the questions about the vaccine trial and doing interviews for the team, but there was also—we had health education folks spread out all over the country where we were doing the different trials, so working with them a little bit on the health communication aspects, whether it's doing interviews or their material, or helping them sensitize their audiences. A lot of trying to explain what we're doing with the trials. There were rumors going around, there were all kinds of issues that sprung up around communication or health education in the vaccine trials.

Q: Memories that you have from that month that stand out to you?

Daigle: Sierra Leone, that was—I wanted to see—Sierra Leone, Liberia, and Guinea were the three big countries. For me, I kind of wanted to get to one of those three countries and see what the outbreak looked like there. It was interesting to go to Sierra Leone. I can remember, in the very first meeting—actually, it was my in-brief. I had flown in the night before, and everybody had to go to an in-brief. I remember sitting there on my BlackBerry, and there was a meeting going on and they were going to announce at that meeting the name of the study to be SLEEVES. Well, if you know anything about Sierra Leone, there was a very long civil war there. In the civil war, sometimes they would ask you if you wanted short sleeves or long sleeves. And they would cut your arm off either here or here depending on whether you said shorter or long. I'm in this in-brief, and I'm thinking to myself, gosh, I don't think that's a good name. Because when I think of sleeves, I think of Sierra Leone, I think about the arms being cut off. I write back to the team lead, saying, "Are you sure about SLEEVES?" So we changed the name to STRIVE [Sierra Leone Trial to Introduce a Vaccine against Ebola]. It's kind of funny to think that you're the one to bring it up, but once Danny—at that time, the team leader for STRIVE was Danny Fiekin. Once he brought it up to our partners, our local partners, they said, "That's a good point, that might not be the best name." I remember thinking, [unclear] first thing about [unclear], sometimes maybe an outside perspective, because maybe they were so close to it. But for me, yeah, the connection automatically, when I heard "SLEEVES," I thought about that tremendous atrocity during the civil war.

Q: What else do you remember?

Daigle: That was really kind of cool. One thing I thought was—there were two teams there. There was STRIVE, which was working on the vaccine, and then there was the regular country team working on Ebola. And I don't think—and maybe it got better—but I don't think we worked together that well. It almost seemed like we were separate teams when I think we could've been one team. When Kristin and I were there—communications is great because everybody needs communicators. When the New York Times came and they wanted to cover Ebola, Kristin and I handled the New York Times for both the CDC country team and for the STRIVE team. One of the things that's kind of neat about communications is that it bridges often and crosses boundaries. I did feel like that was one of the things that we could've done better in Sierra Leone, and I'm thinking it got better later on, but it did feel like two different teams, when it should've felt like one team.

Q: Did that ever change?

Daigle: I think it got better. But at that time, it felt like we were two different teams. "Oh, they're doing vaccine. Oh, they're doing this."

Q: Can you describe Kristin a little bit?

Daigle: Kristin is fantastic. I hired her out of college when I was in media relations, and I've hired her now three times. I hired her out of college for media relations as a—what was it, press assistant; I hired her when I was in PHPR as a press officer; and I just

recently brought her to NCIRD. She has deployed, she deployed to Cleveland for that case of—they didn't have a case up there, but we had one of the healthcare workers travel to Cleveland. She's been to Cleveland, she's been to Sierra Leone, not once but twice, I think. She now does—she runs my media relations for my center that I run now. She handles all the media relations for us.

Q: And how about some partners? And some government officials?

Daigle: Oh, gosh, there's so many guys. In Dallas, the epis at the county health department were fantastic. I can say, we viewed them as part of the team. Young EIS officers or young epis are fantastic. I love working with them in the field. I was recently in, where was I—gosh, I was in Brazil for Zika. We had a great team there, I love the EIS officers. They just have such a positive attitude and they're a lot of fun to work with. One of the pluses of deploying is the teams, the camaraderie, and young EIS officers, they're gung-ho. I've always enjoyed that.

Q: How about in Sierra Leone?

Daigle: Sierra Leone, yeah. Kristin and I were there. She was fantastic. There were some other—who else was there? Oh, gosh, there were a couple folks I would meet later on. After Sierra Leone, I went to an outbreak in Indiana for—

Q: HIV?

Daigle: Yeah, the HIV outbreak. Yeah, I was there, and there was a couple folks from—I remembered Heather or Kimmy Pringle, folks that were involved in Sierra Leone I got to work with again. That's always kind of neat, when you get to see somebody you went to another outbreak with. Yeah. I enjoyed that. I forgot about that, yeah, I did HIV in Indiana. I also did MERS. The first MERS case was in Indiana as well.

Q: Tell me what you've done in the last year.

Daigle: Last year was dengue in Hawaii, in December, which was a pretty rough assignment, Hawaii in December. [laughter] It was kind of neat. I was there with a woman by the name of Candice [B.] Hoffmann, who I actually hired at the same time we hired Kristen Nordlund, so I'd brought both of them in together. It was kind of neat to go on an outbreak with Candice as well. Candice was there, and we did dengue in Hawaii. Then Zika in Brazil, which was a great outbreak. The team leader was [J.] Erin Staples, who was fantastic to work with. I'm now at the point where sometimes I'll ask who the team leader is because it makes a big difference. Some team leaders will get communications and will really work communications, and others will say, I don't want to do anything, I don't even know why you're here. It just makes the outbreak miserable. It's just going to be a battle the whole way. But Erin was fantastic. I told her, I would always—I would go anywhere with her again. To me, it makes a big difference who the team leader is.

Q: I want to cycle back to something that you said earlier, before we really started getting into the specifics of Ebola. That was that in the history of CDC's public communications work, Ebola is a kind of a turning point, right? This is when CDC starts to get it. What is it about Ebola that you think made this change?

Daigle: It's interesting to me. We had sent some folks out—we had sent guys like myself out to do mostly risk comm for public affairs. But with Ebola, we saw the need to stand up these health promotion teams. For the first time, we stood up a health promotion team with the JIC, and Craig Manning would be a great guy to talk to. He was the—I guess the "point man." He got that going. The purpose of the health promotion teams—for the first time, we were looking at, what do we need? What are the—with WHO, they say "social mobility," but it's really the health education of the campaigns—what do we need to do on the ground to educate or do social mobilization? For the first time, we ran I'd say a concerted effort to do that. In the past, you sent somebody like myself out, and we would do that on the side when we're doing everything else. But we sent out teams to do nothing but social mobilization, and there was a huge need for it, because in some places, there was—until the CDC folks showed up, there were a few partners, but there wasn't pulling it together. Some of the things—like in Sierra Leone, they had the message of the week, or the message of the day. They put together campaigns and they brought all the partners together and we looked at social mobilization. Rather than being fragmented, unifying it for some countries. Craig was running it—Craig ran it, and he deployed a lot, too. That was part of the problem, was Craig was trying to do both. I told him this when were on the JIC, that you're trying to be a responder but you're also charged with

standing this up. We had to have a core team back at CDC to round up new volunteers to deploy and make sure those folks who deployed knew what they were doing and had the materials to succeed. In my mind, I can't think of another outbreak where we've actually looked at health promotion and social mobilization, and we identified a team at CDC to organize it, and we organized it in such a way that we put teams in the field and had a concerted effort. What we saw in the teams in the field was, we saw all these partners and a lot of people doing it, but many times, I think the CDC were—I think we were helpful. I'm not sure if, in every country, we were the ones who brought it together. But under Ebola, we saw social mobilization being done in a concerted effort in many of the countries and making a lot of progress.

Q: Who was it then who made this happen for Ebola?

Daigle: You know what, I would check with Craig.

Q: Sure.

Daigle: I would start with Craig. Craig I know was instrumental back here at CDC, and he'd also deployed numerous times, but he got it going and he kept it going, I think, at CDC and deployed quite a bit. But there was a need for it. Countries were asking for it. We always needed a communicator on the team, but there were countries that said, look, we really have no Ebola education. They hadn't seen Ebola in West Africa, so there was so much work to be done. There were some folks on the ground, and all they needed

was—sometimes they just needed the materials. So the health promotion team and the JIC were working on materials in many different languages, on all different platforms, whether it was social media or radio PSAs [public service announcements]. They were doing a great deal of work to generate material, and all that was—they were really good about making it appropriate for that audience, whether that audience was in Guinea that spoke French, or Sierra Leone, or Liberia. We just had not had to do that before, and that was probably one of the biggest successes, I think, of Ebola—was having this health promotion and taking that really serious and putting something in place in the field and at CDC. And you know, there were other folks. Gosh, when you go out there, sometimes you see UNICEF or WHO. And oftentimes, the local health departments or the ministries of health might've had somebody, but usually they were overwhelmed or they didn't have the resources, and that's a lot of what—CDC was able to send people, and oftentimes send resources.

Q: When you're looking back over your Ebola experience, is there anything else that you want to share, to put on the historical record, for people looking back? About your experience? Any stories, any memories?

Daigle: Gosh—[laughs] No, it was a crazy year. It started with Nigeria and went through Sierra Leone. A lot of amazing people. I have always loved going out in the field with CDC. We're the most amazing folks. To see some of these—what they go through, what they do, the long hours. It's incredible. The thing about Ebola was it demanded so much from the agency. People who had never deployed all of a sudden were deploying. People

who had nothing to do with Ebola were now doing Ebola. It was amazing to me. You walk around the offices now, and you'll see—it's actually a fan blade, you've probably seen them from Sierra Leone. They basically took a fan blade and they—you'll see those proudly displayed. I don't know if you remember the family nights. The family nights were incredible. We had these big family nights for the Ebola responders, where we'd do a—I think they would do an awards, and Dr. Frieden would show up, and you'd bring your family to hear the stories about Ebola, and they'd get an EOC tour. To me, that was really incredible, because it was more—if you deploy, we all say, oh, look who deployed, that's fantastic. But what you don't understand is when you deploy, you leave behind sometimes a spouse, kids. When you deploy, it's really more than you deploying. Plus, it's also the folks in the office who have to do your job while you're gone. I think that really, people came to understand that about Ebola, because a lot of us were deploying who hadn't deployed before. It takes a village to deploy somebody, because somebody has to do your job, and then your kids and your family and your wife—spouse—all those people sacrifice. I thought that was pretty cool about Ebola, because before, previously, an Ebola or Marburg outbreak was a very small cadre of people that might go out, and it would be a remote area. You might hear about it, you might not hear about it.

Q: Can I—let's see. Can I take one more minute of your time?

Daigle: Yeah.

Q: I just want to ask briefly, what's it like going from Ebola to Zika, then?

Daigle: There were some similarities. Of course, everybody on the Zika team had been out for Ebola. But Zika was a different thing, because you had the babies, and you had those—the first time we saw those babies, it was really difficult. I'm blessed with four healthy children. But we walked into one clinic, and they—the doctors on the team grade the babies one through four, I think four being the most severe. We saw babies—two babies that were the most severe. I would say, in some ways, I found Zika very difficult, maybe as a parent, just looking at those mothers and those babies and thinking to myself, oh my God, this is so tragic. Some of these women, you would talk to them and they thought they had done something wrong, "What did I do wrong," and that it was their fault. They were bitten by a mosquito. Who's not been bitten by a mosquito? These poor mothers. They're looking for answers, and the answer is, there's nothing you—how do you prevent a mosquito bite? No one even knew. So I would say in some ways, the Zika one was—I remember, two or three days in a row, going with the team leader to clinics, and then telling her, "I really don't want to go to another clinic." I never felt that way about going into an Ebola ward. I went, because I felt I needed [unclear]. It was just very difficult for me. I felt so—to look at the mothers and the babies, and those poor mothers, and then not having an answer for them, and knowing that there's nothing. The babies, they're not going to recover. Yeah. I'd say in some ways, that was very difficult.

Q: I want to thank you for your time—

Daigle: My pleasure.

Q: —Dave. It's been awesome and educational just sitting here and listening to your experiences, so—

Daigle: Oh, thank you. I think it's a great project.

Q: Oh, thank you.

END