CDC Ebola Response Oral History Project

The Reminiscences of

Jeffrey L. Bryant

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Jeffrey L. Bryant

Interviewed by Samuel Robson
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Interview 1 of 2

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Q: This is Sam Robson, here today with Jeff Bryant. Today's date is April 29th, 2016, and we're in the audio recording studio at CDC's [United States Centers for Disease Control and Prevention] Roybal Campus in Atlanta, Georgia. I'm interviewing Jeff as part of the CDC Ebola [Response] Oral History Project. Jeff, thank you so much for being here with me. For the record, could you please state your full name and your current position with CDC?

Bryant: Jeffrey Lynn Bryant, and my current position is I am the director for the Division of Emergency Operations.

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

Bryant: That is, believe it or not, kind of up in the air. I was adopted out of an orphanage up in upstate New York, so my birth certificate is Plattsburg, New York, but I was not born there. I was born in a little village in central New York.

Q: Tell me about your first few years, up through high school.

Bryant: So born in New York. Grew up mainly in Georgia, middle Georgia, Warner Robins. My dad was in the [United States] Air Force and he retired at Robins Air Force Base in Georgia. So went through most of all my school years there, graduated from Warner Robins High [School] in ’78. Wasn’t going to college, but my girlfriend’s dad said I was going to college, and he gave me the money to start school. I got huge grants, basic grants, Pell Grants, and all that kind of stuff after that. Finished in ’82 with a bachelor’s in medical technology.

Q: How did you get an interest in medical technology?

Bryant: I was pre-med, I got in some trouble in college and actually got kicked out of college at one point. Not for academics, for stupid nineteen-year-old stuff. Yeah, so I was going to stay medical. I’ve always been interested in science and math and engineering, and so stayed medical. Became a scientist, laboratory professional medical technologist, and did that out of college in a large research lab in Nashville. I went to College in Nashville at Trevecca [Nazarene University] and then moved to Atlanta to work for the VA [US Department of Veterans Affairs] Medical Center. But in that transition time, I applied to join the Air Force. They called me shortly after I came to Atlanta and said, we’re ready to bring you on to active duty, your first duty assignment is going to be Ellsworth Air Force Base in Rapid City, South Dakota. Growing up in the South, I looked it up on the map to find out where it was, and started my Air Force career there in October 1984.

Q: Tell me about the decision to apply for the Air Force in the first place.

Bryant: A kid coming out of school, twenty-two years old, my dad was military—I'd kind of been exposed to that a little bit growing up. And I had a friend of mine that was already an officer in the military who was in the Marines, and this guy lived an amazing life. He lived all over the world, and that was for me.

Q: What happens after you get to South Dakota?

Bryant: Two years there, got picked up for my first master's degree out of South Dakota, so they sent me to [Washington], DC, to get a master's in immunohematology. They sent me for a master's degree in essentially transfusion medicine. I came out of school in DC. It was a partnership with Bowling Green State University in Ohio, just south of Toledo. Came out of school, I was still a first lieutenant, but I had my master's, and started running transfusion medicine services at large medical centers in the Air Force. I spent five years down at Keesler Air Force Base on the Mississippi Gulf Coast in Biloxi, Mississippi. Went from there to Anchorage, Alaska, and spent three years at Elmendorf Air Force Base running the clinical laboratory there. Then my science career ended at that point and I went into military operations.

Q: Tell me about that transition.

Bryant: In the Air Force, if you're an officer, you have a chance to go to professional military education. They sent me to school. They had sent me for a master's, they sent me to school again. It wasn't a degree program this time, but it was for officers that were going to the rank of major or that were already majors. It's professional military education, so you learn military campaign planning; the diplomatic, economic, social aspects of warfare and conflict; and how to prevent that at all cost using other instruments of power like the political instrument, the economic instrument, or information technology. Really, it was a course on how to prevent war rather than how to win during a war. It was very helpful.

But I came out of there and went straight into operations. I went to the headquarters of European Command in Stuttgart, Germany, which is ironic because I'll relate back to that for Ebola, believe it or not. But I was in Germany from '97 to '02, and that was during the time where we were transitioning from the Cold War to a post-Cold War era. The Balkans were the hotspot in Bosnia, Kosovo, Macedonia, Albania. I spent a lot of time there setting up medical capacity and capability for our forces and allied forces, working with many other countries and working with NATO, the North Atlantic Treaty Organization. Ended up leaving Europe in '02 as the deputy command surgeon, so I was the number two medic in Europe, which covered all of Europe, Russia, and covered the entire continent of Africa, which has since changed. But at that time the European Command covered—it was ninety-one, ninety-two or ninety-three countries.

Q: I'm interested in this transition from the medical technology and your background there into operations, but it sounds like there is some crossover. Am I right about that? That when you went to Stuttgart, you were still involved in the medical side in some ways?

Bryant: Right. No, it was still scientific, it was still medical, but it was operational planning. For example, we would work with special forces or other traditional conventional units in the military, and there would be a mission that we were going to undertake. To do that, there's got to be a medical support plan to go along with every mission, whether we're flying aircraft sorties over an area, you've got to plan combat search and rescue, you've got to know where your forward surgical teams are. It's the medical planning behind an operation. That's what we really focused on, in addition to working with the State Department to conduct humanitarian and relief missions throughout Africa and Eastern Europe as well. The medics were low threat, so if the Defense Department or State Department wanted to get a foothold in a country that they had not had engagement with in the past, then the medics were often a low-threat solution to get a foothold into an area, show goodwill, help the population, and then start those relationships for follow-on activities later.

Q: Tell me about anything you did in that capacity that really stuck out to you.

Bryant: Well, it would have to be Kosovo. We were first in Kosovo. When I flew into Kosovo the first time on a [Sikorsky UH-60] Black Hawk, the buildings were still

smoldering from the air campaign. It was a hundred-hour air campaign. Slobodan Milošević capitulated. He surrendered, and we were poised in surrounding countries. I don't think any of this is classified. We were staged in Macedonia and Greece and other countries right around there, waiting to go into Kosovo. Basically, the Navy engineers came in and flattened a mountaintop, and that became Camp Bondsteel. That was the initial foothold for the US military in the province of Kosovo. There were five sectors. We ran a sector; Spain ran a sector with other partners; Italy ran a sector; the UK [United Kingdom] ran a sector. It was a multinational response effort to try and stabilize the region.

Q: I'm asking this because I know a little bit about your Ebola experience and how you were working with so many partners and coordinating so much stuff—it sounds like maybe you were already doing that a little bit with Kosovo?

Bryant: Yeah. It definitely prepared me for really a lot of different international-type work, and we worked very closely with nongovernmental organizations in the military. They typically want our security and want our airlift, they want our logistics capacity. You learn who they are, you learn what they're doing, you try to complement what they're doing, not supplant what they're doing. It's a terribly interesting relationship because they want the US military to help them, but not enough for it to become public because they want to maintain their donor base. If they were seen as taking a lot of assistance from the US military, it may hurt their donations, it may make fundraising harder in the future. There's that delicate walk between what you can talk about what you

did for them and what they're willing to talk about what you did for them, and that's just kind of the nature of the relationship between the US military and some of these nongovernmental organizations.

Q: It sounds like politics plays a real part in what the considerations have to be because they have ramifications.

Bryant: I've been in the emergency management business now for a while. I would say in every disaster response I've either led or been a part of, there is always a very large political component to the response. Sometimes it gets in the way and sometimes it doesn't, but there's no denying that some local elected official or some governor or some minister in a country is at risk during a crisis situation, and either they're going to come out of it unscathed or they're not going to come out on the other end unscathed, and so it's always a part of response operations.

Q: Can you tell me about any big decisions you had to make or any challenging moments in Kosovo or elsewhere?

Bryant: In the military, it's mission first, people always. That's kind of how you live, mission first, people always. By the nature of being in the military, individuals are putting the mission first, even before their own personal safety sometimes. I didn't feel threatened very much in the military. I was a medic. I didn't get paid to kill people, I got paid to put them back together. But even with the medics, there's times when the mission

comes first and you understand that going in and nobody questions it. There's no debate, there's no arguing, you just understand, those are the rules. You try to execute a mission when there's acceptable risk and push back on a mission when there's unacceptable risk, and the pushing back part, whether it was with the Defense Department or the State Department, is always an interesting discussion about acceptable risk versus unacceptable risk. My toughest decisions in the military came when we were having to make those kinds of decisions or make those kinds of assessments. But again, that prepared me well for work later in FEMA [Federal Emergency Management Agency] where it was very challenging circumstances after natural disasters, and then the international response work that we're doing here at CDC.

Q: As you mentioned, some of this I'm sure is classified, and I don't want to prompt you to go into anything that's classified and say something that is uncomfortable, and you'll have the opportunity to edit this later. But is there a specific time, a specific circumstance when you remember having to weigh that acceptable versus unacceptable risk?

Bryant: Let me talk about a training mission we did in Nigeria. We were working with US Special Forces and others to train Nigerian battalions to conduct their own peacekeeping efforts because we didn't want the US to have to go every time there was a flare-up in West Africa. This has been several years ago, so I don't remember the exact number of battalions, but there were some Guinean battalions, Nigerian battalions, maybe some Senegalese battalions that were there with us. We were training them using live rounds, like live mortars, live artillery, live whatever. We were charged with laying down

the medical support plan for that. You're in an uncertain environment with live ordinance and ammunition, and you try to plan for that. Our plan was that we needed a forward surgical team in Abuja, and we needed dedicated helicopter support for three remote live fire areas. The State Department came back and said, look, we've got to consider the economics of this mission. It's an important mission, but that's really expensive. There's some tough decisions that have to be made. What's acceptable risk and what's unacceptable risk? As it turned out, we got the helicopters because we were going to say the mission was a no-go because we really thought we had to have this dedicated airlift, rotary-wing airlift. Sure enough, we had a live training site one day, live fire, an ordinate went down range and did not detonate. We had EOD, explosive ordinate disposal technicians that were part of the mission, and their job was to go secure the ordinate that didn't explode. As these young Army staff sergeants were approaching the weapon, it detonated, and they received life threatening injuries. Because of the medical system that we had put in place, one of the individuals ultimately passed away—he made it back to Germany, to Landstuhl [Regional Medical Center] which was the regional hospital in Europe—and the other individual lived. Those are tough decisions. These are young Americans, they're somebody's son. That gets back to what's acceptable risk and what's unacceptable risk. That was a time where we pushed back, we got what we thought we needed. You can't prevent every bad outcome, but you can be as prepared as possible. We think we were as prepared as possible, and in this case, it probably saved a young soldier's life.

Q: Thank you for sharing that. I like that you brought up—it sounds like in emergency operations, what I'm learning from you now is that there are just a multitude of possibly limiting factors to consider and one of them is funding. One of them is in a best-case scenario we'll have this, but we might not have the funds. So you have to engage in that push-pull to make sure you minimize unacceptable risk.

Bryant: Right. Yeah, and if you don't have the resources on you, you try to find a partner that does. That's what we did during Ebola. We tried to find the right partners, international partners to help us get through this, and we did. We found amazing partners during Ebola. But even at a state and local level, for domestic responses after natural disasters, you try to find the right partners, whether it's the Baptist men's organization which comes and feeds a whole community or it's the Red Cross doing shelter management. It doesn't always have to be the federal government who does the work. You find the right partner and it's just a force enabler.

Q: Thank you. At this point, where are we in your life? You were in Germany. I don't know if we've advanced too far beyond Stuttgart.

Bryant: After Stuttgart, I went into two commands. I did O-5 command as lieutenant colonel, I was a squadron commander down at Moody Air Force Base in South Georgia in Valdosta. I was the squadron commander for a medical support squadron that supported the hospital or clinic with lab, X-ray, pharmacy, IT [information technology], logistics. That's what the support squadron was all about. Then I went to school again for

the Air Force for my third sponsored education opportunity and got another master's degree from the United States Air War College in Montgomery, Alabama. This was a master's in strategic studies, but it was the same kind of thing. It's not only the military instrument of power, the economic, political, etcetera. It was just a higher-level education for senior officers. I was a colonel by then. I got out of school for the third time and took my O-6 command, my group command position as a colonel, and then retired in 2008.

Q: Tell me about—and it doesn't have to be about post-Stuttgart and going back to school—but some people who you would say really influenced your thinking, whether in service or in education.

Bryant: Early in my career, I can point to a couple of people that were—when I was your age, quite honestly, we didn't really talk a lot about mentorship. It was not the buzzword. It wasn't sexy to talk about. People just kind of did it under the radar. We didn't talk about it. I can point specifically to two individuals that raised me as a young military officer and are hugely responsible for how I turned out today. As you advance in a career, then you find yourself in that role, hopefully with other individuals. Also, as you advance, the pool of people that can continue to help you advance even further becomes a lot more limited because they're retiring, they're transitioning themselves or whatever. I still learn a lot today from people that I work for, but also people that I work with that are part of our division. The next generation, the generation that's going to follow me, your generation, they're more talented than we were at that age. I have a responsibility to help raise them as quickly as they can be raised and exploit them, give them opportunities to

exploit their talents and learn and grow. Actually, that's what I spend a lot of time doing right now. I'm way closer to the end of my career than the beginning of my career, and people in my position have a responsibility to keep the pipeline strong and keep the pipeline going. But I also read a lot, and I think later in my career, it's what I read more than it's an individual that I want to model something after because we're kind of peers at this point. You can definitely learn from your own peer group, but it's a different dynamic. I'm very judicious about what I read, but I read a fair amount, and I'm willing to explore new models on how to do old things, how to do traditional things with new models. Even this week, I had a session with the division on a new model that we're going to go forward with on resilience. Resilience is soft and squishy and nobody knows really how to define it. I came across a model from Johns Hopkins [University] in the last two or three weeks that was like, that's what I'm talking about. We spent an hour with the division talking about that Wednesday. It's more that kind of thing at this point in my career rather than an individual that's influential.

Q: Just because you mentioned it, I had Rick [Richard] Klomp in here a couple of months ago and I know resilience is his big thing.

Bryant: Rick's big into that. I don't think Rick's seen this model yet. I've been talking to Rick about this model but he hasn't seen it yet. I'm sure we'll partner with Rick at some point going forward with this.

Q: Sounds exciting. You mentioned that earlier in your career, you can point to two individuals who were very important. Can you talk about them?

Bryant: Yeah. Colonel Suellyn [W.] Novak. Suellyn is the most atypical, nontraditional military officer you would have ever wanted to have met. She was as comfortable in dress blues speaking to Congress as she was throwing a tomahawk at a Native Indian fair in Anchorage, Alaska. And she looks the part. Suellyn looks the part. She broke every stereotype and mold of a female military officer specifically, but any military officer. Suellyn broke the mold, and she's an amazing professional and amazing lady. She grabbed me by the back of the ear a few times and said, look son, this is the right way to do this. I learned so much from her. The second individual is Colonel Mike [Michael] Caldwell. Mike's a personal friend of mine today, as Suellyn is also, but Mike had a completely different style. Mike was a quiet professional, actually kind of like my current boss, Steve [Stephen C.] Redd, a quiet professional. But both of them have the ability to tell someone no or deliver bad news in a way that is polished and eloquent, and I learned there's a time and a place to be a quiet professional from both Steve and Mike—Mike years ago, Steve currently. Because if you can have that as part of your leadership style, there's situations you'll find yourself in where it just has to be that way, and if you can't be that way, then you're going to fail or you're going to have an outcome that's less than what you really wanted. Mike Caldwell back in the eighties and nineties and Steve today.

Q: Thank you for that. And we got to, I think, your retirement from the military.

Bryant: Yeah, ’08. I retired, went to work for FEMA right away, and I was a federal coordinating officer. FEMA has a cadre of about thirty individuals around the country that are designated by the president to lead disaster responses, delivering federal assistance to a state governor. It’s the whole [Robert T.] Stafford [Disaster Relief and Emergency Assistance] Act, non-Stafford Act response. FEMA operates off of the Stafford Act. This is legislation that actually was just reauthorized about three years ago. But the Stafford Act is the process by which a governor of a state, whether it’s a tornado, a hurricane, an ice storm, something weird—Flint, Michigan, most recently with the governor up in Michigan—it’s the process they use to request federal assistance from the president. They go through FEMA to the president and the president is the one that grants the declaration. Whenever a governor made a request, the president, if he granted that request, the president would appoint an FCO, a federal coordinating officer, to lead that disaster work. I didn’t lead the first one I was in. I was doing a right seat ride. I was in training. But after that, I think I led six different federal disaster responses for FEMA, either with Governor [James Richard “Rick”] Perry in Texas, Governor Charlie [J.] Crist in Florida, or here in Georgia. I led a couple of responses here in Georgia, and that was in 2008 and 2009.

Q: What were some of the disasters you were responding to?

Bryant: The biggest one I responded to was Tropical Storm Fay. In FEMA, if somebody has never heard of your disaster, it was successful. [laughter] If it didn’t make the headlines, if it didn’t make the news—but tropical storm Fay started in the Florida Keys,

went all the way up the state, got to Jacksonville, and took a hard left and wiped out the Panhandle. Literally, all sixty-seven counties in Florida had a disaster declaration. I worked on that particular disaster, I think, for over a year, and during that time, other disasters hit Florida like Hurricane Gustav, Hurricane Ike, another disaster in the Panhandle. I really lived in Florida. I didn't live in Atlanta, I lived in Florida and worked there for—most of the two years I worked for FEMA, I worked in Florida.

Q: And you leave FEMA in what year?

Bryant: '09.

Q: What happens then?

Bryant: Came here. I was on my fourth disaster in a row in Florida. It rained hard in the Panhandle, and it flooded, and I knew I was going to be there for this tiny little disaster. It was big for the populations that got impacted, but in the grand scheme of things it was a very small disaster. It was like, you know what, I've had enough of this. I jumped on the internet late one night, saw a job here at CDC, applied for it, came up to Atlanta for the first interview, went back to Florida to continue the disaster, got called for a second interview. I said, "I'm sorry, I can't leave the disaster right now." No, actually, I did come back for that one and met for an hour with Lynn Austin. Lynn Austin used to be the chief management officer and the deputy for OPHPR [Office of Public Health Preparedness and Response]. Dr. Lynn Austin. Lynn's also an amazing lady. She

interviewed me, and they called me for a third interview, and I told them, "I'm really not your guy. I've been thinking about this job and I'm really not your guy for this." I got back on the phone with Lynn at that point and ended up having a third interview with her and Bill [William P.] Nichols, who was the COO, chief operating officer at the time—he was that before Sherri [A.] Berger. After another conversation with Bill and Lynn, I decided to come to CDC and was hired as the management officer for OPHPR.[1]

Q: Was there something specific they told you that said, okay, this is a good opportunity?

Bryant: Yeah, actually there was. Bill said, "Look Jeff, we know this isn't your dream job but we want you to be part of the agency. Just come and do it for a couple of years, and then just go do whatever you want to do." So that's what I did. I was the management officer for sixteen or seventeen months, and then I went to the Division of State and Local Readiness. That was much more of what I was used to doing in the past and enjoyed doing, and that was much more of an operational job, operational position. I worked for Chris [Christine] Kosmos, who I would put as a mentor as well. Chris is amazing. I worked for her for four years until I had the position I have now.

Q: Tell me about those four years and some of the things you were involved in.

Bryant: It was all about state and local readiness. The branch that I led, the program services branch, we implemented the Public Health Emergency Preparedness cooperative

[1] Note from J. Bryant, June 2018: Then OPHPR was actually called the Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER).

agreement. It's the largest preparedness cooperative agreement within HHS [US Department of Health and Human Services]. Annually, we gave out about six hundred million dollars to state and local public health departments to enhance their readiness posture, increase their preparedness platform, and be ready for a bad event, a bad public health emergency. I did that for four years. I still have amazing relationships at the state and local level with preparedness directors across the country and the territories.

Q: So that brings us up to 2014?

Bryant: Brings us up to 2014, yeah.

Q: Okay, gotcha. Well, let's pause for a second on this thing.

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