# Leading in Times of Crisis

OK, welcome everyone. I think we can go ahead and get started. So my name is Chelsea Parsons, and I’m a consultant with Guidehouse, supporting the CDC OneLab initiative. A couple of notes about the webinar before we dive in.

If you’re having any technical difficulties throughout, we’re going to have people monitoring our OneLab inbox. And if you have any questions for them throughout regarding technicalities throughout this event, you can email them at OneLab@CDC.gov. That’s OneLab@CDC.gov. If you have questions related to the content of the presentation throughout it, you can insert those into the Q&A function. You’ll see at the bottom ribbon, there’s a Q&A function in Zoom.

And we’re going to have a 15 minute Q&A portion at the end of the presentation, where our presenter will be able to address any of those questions, as many as she can. And if you have any throughout the presentation, and during the Q&A section, please feel free to input those as you please. So please note that we posted the live link to the captions in the chat. But be sure that if you’re going to use this, that you keep this Zoom event open, and the captions link open. You’ll have to have them both up in order to see both at the same time.

So I just want to run through a bit of an agenda today. So today we’re going to start by introducing our presenters, Dr. Triona Henderson-Samuel, and Dr. Leslie Dauphin. We will discuss OneLab resources, and then we’ll hear from our main presenter Les Dauphin, who will be presenting on crisis leadership. We’re going to do that 15 minute Q&A session that I mentioned earlier, and we’ll do our best to answer all those questions. And then we’ll end with a little closing.

So today’s presenters are Dr. Triona Henderson-Samuel and Dr. Les Dauphin. Dr. Henderson-Samuel is a board-certified pathologist in the DLS training and workforce development branch. Dr. Leslie Ann Dauphin is the Acting Director of the Center for Surveillance, Epidemiology and Laboratory Services at the CDC. As a leader in C cells, Dr. Dauphin oversees the management and improvement of numerous CDC scientific services.

She’s provided leadership in emergency preparedness and response. And most recently she served as the co-lead for the laboratory and testing task force in CDC’s COVID-19 response. As a research microbiologist and select agents and toxins principal investigator, she directed research studies involving bioterrorism threats, agents, and served as the response team coordinator for CDC’s 24/7 laboratory response team for bioterrorism and emerging threats in the US and abroad. Dr. Dauphin received her doctoral degree in microbiology from North Carolina State University.

She also served for four years in the US Army, where she was a paratrooper under the 18th Airborne Corps. She received the Southwest Asia Service Medal and the National Defense Service Medal for her service in Saudi Arabia during the first Gulf War, Operation Desert Storm. We’re really excited to have Dr. Dauphin here with us today. So I’m now going to pass it over to Dr. Triona Henderson-Samuel from CDC’s Division of Laboratory Systems.

Thank you, Chelsea. And hello, everyone, and thank you for joining the network event today. I want to take some time to orient you to all the existing resources related to crisis leadership. The CDC’s crisis and emergency risk communication research draws from past public health emergencies and the fields of psychology and emergency risk communication. This offers free in-person and online training on crisis and emergency risk communication.

The program provides training tools and resources to help health communicators, emergency responders, and leaders of organizations communicate effectively during emergencies. Also available in the CERC manual are core crises and emergency risk communication principles, and how they apply to each phase– [AUDIO OUT] –and are available to communication plans or used during crisis. Next slide, please.

Within this program, you find a CERC overview for COVID-19, which discusses how health communication professionals, public health officials, and others working to give information during the novel coronavirus outbreak– [AUDIO OUT] –communication principles, in effect develop methods. This online presentation also offers an opportunity to earn CEUs. You can find more information on the presentation’s main page, which will be shared with additional voices from today’s—

Before we launch today’s presentation, I want to give you a little context as to why we decided to advertise hosting a session on this topic. In February, 2021, our branch conducted a training needs assessment among members of this OneLab Network. The analysis assessment identified the following three topics of education and training themes, school topics, emergency preparedness response, and crisis leadership. Next slide, please.

When it comes to leadership, centered around leader’s ability to really handle burnout, to encourage staff morale throughout the pandemic, to communicate in a crisis environment, and to maintain sufficient oversight over CLIA compliance. There’s a desire for guidance around crisis leadership, and ultimately a crisis leadership toolkit. Here to begin addressing these communities today is Dr. Les Dauphin.

As a reminder, today’s audio, transcript, and slides shared will be posted online afterwards. You’ll be able to follow the help resources. Additionally, my team and I will be answering the Q&A session if you have any– throughout this presentation. I will now hand this presentation off to Dr. Dauphin.

OK, Triona and good afternoon, everyone. I’m really delighted to be here to share information about lessons learned during leading during a crisis. And I will share this based on my experience serving on CDC’s response to the COVID-19 pandemic, as well as some other opportunities that I had to share, when leading during a crisis. So for a brief overview, I’ll share a little bit about my background and experience, when speaking here with you today, some information about CDC’s laboratory response to the pandemic, some information about the task force where I served as co-lead, as was mentioned in the introduction, and some challenges faced by laboratories during the pandemic, as well as some opportunities.

And then, finally, I will share some general considerations, when dealing with leading during a crisis. Next slide, please. So a little bit about my background. I actually, as was mentioned, began my career serving in the US Army, which is a place where I learned a lot about preparing during a crisis, and especially management during a crisis.

As also was mentioned during the introduction, I had an opportunity to be deployed to Saudi Arabia during the first Gulf War, Operation Desert Storm, which I think really prepared me for many of the challenges that I faced later in my career. I was very young at the time, but those lessons have stayed with me throughout my career. And, yes, I was a paratrooper, so that means I did jump out of airplanes.

Again, I said I was very young. At that age, at a young age, you feel you can do anything. I’m not so sure if I would do that today, but the service was great. And following my service in the Army, I went on to finish my undergraduate training. I began as a science high school teacher. So I taught high school science and loved teaching so much that I thought I would be a college professor.

So I went on to earn my PhD in microbiology, with plans of becoming a professor, started postdoctoral research at CDC, and then simply fell in love with public health. And I’ve never left. So I’ve been at CDC for 20 years now. 10 of those years I worked as a research microbiologist in the lab. That’s a picture of me there.

Most of my time, as was mentioned during the introduction, was work with biological threat agents. So I did work in one of CDC’s high containment laboratories, at biosafety level three, and that’s a picture of me in my PPE in the laboratory. And then, following my work in the laboratory, I moved on and I spent the last 10 years in various leadership positions. Next slide, please.

So currently I am serving as the Acting Director for CDC’s Center for Surveillance Epidemiology and Laboratory Services. I was actually brought on to serve as the Deputy Director for the Center. However, our permanent director has been deployed, leading several initiatives to support the response to the pandemic. So I’ve been serving as the acting director for about six months.

In terms of the COVID-19 response, I have participated in three deployments. My first was very early when CDC first activated its Emergency Operations Center. I served as the Operations Deputy for our Principal Deputy Incident Manager. And in that role, I helped to look across the entire response to help identify opportunities to improve our efficiencies, and to respond faster.

So that was my first deployment. My second deployment, I came on several months later to serve as co-lead for the Laboratory and Testing Task Force, which I’ll talk about in just a minute. And then I came back to serve as the lead for the Laboratory and Testing Task Force, so three deployments during the CDC’s emergency response. Next slide.

So I thought I’d start by talking a little bit about the overall response, and how CDC really works through the use of our Emergency Operations Center. So if you look to the right of the slide, I provided an overview of what we call our public health response timeline, which highlights several events, such as the World Trade Center, our response to the anthrax attacks in 2001, as well as responses to multiple public health emergencies, national disasters, and even support of important political events. Some examples include the Indonesia tsunami in 2003, hurricanes, national disasters such as Hurricane Katrina, Rita, and Wilma of 2005, the H1N1 influenza response, Ebola, MERS, CoV-2 outbreaks in 2014, and now beginning in 2020, the response to the COVID-19 pandemic.

And, as most everyone is aware, this, the COVID-19 outbreak, was officially declared a pandemic by the World Health Organization in March of 2020. And a big priority for CDC at that time was to help provide diagnostic testing capacity. This was a huge effort, required a lot of coordination, communication, and engagement with states and partners, big, big part of this.

Due to a demand for surge testing during the original response, CDC stood up what we referred to as the triage reporting laboratory, or TRL. As testing capacity increased, the priorities shifted to other things, such as sequencing and tracking variants for the virus. And, since that time, the priorities have shifted even more to supporting key studies, to improving our understanding and effectiveness of various tests, and how they can best be applied, as well as to new technologies to improve testing capability.

So the one point I’d like to make here is that, during a crisis, it is really important to be flexible, and to have the ability to adapt to changes. I’ve given you a few examples of how we had to adapt to the various changes in priority on CDC’s COVID-19 emergency response. Next slide, please.

So I thought it’s a little bit important to talk about mission and function. Another critical point about leading during a crisis is that it’s extremely important to be clear about what you and your team members are there to do, and to clearly communicate that. One of the first things I did when I came in my role, as serving as the co-lead of the task force, was to work to describe a clear mission and functions for the task force. I mentioned that some of the priorities have changed, and I thought it was really, really important for us to work together to really clarify what we were there to do.

And so I’ve listed in this slide what our mission was at the time that I initially served as co-lead. And it was really about increasing knowledge about laboratory testing, taking what we were learning from our laboratories and from the science that was ongoing, studies, and, as the pandemic continued, all of the data and science that we were getting to inform how we can best support clinical and public health laboratories. Also a big part of that was to continue our engagement with all of our federal partners, commercial laboratories, and professional organizations, because that partnership engagement was really key to our success.

Some of the functions that we have are listed here, developing new tests and procedures, evaluating tests that were currently on the market, reagents and instruments that were in use, developing technical guidance, which continues, and then testing support and technical assistance, all critically important. Next slide, please. So in addition to having a clear mission and clear functions that are communicated across your team and with your partners, it’s also critically important to have priorities, because you can’t do everything, obviously.

So, during a crisis, there are often a lot of demands. So it’s important to think about how we prioritize our activities. And ask yourself the question, of all of the things that we are here to do, what is really most important to accomplish? So when serving as the lead, I communicated with our leadership in the tech-heavy Incident Management System to find out what they thought was most important, also lots of engagement with partners to find out what their priorities were. And we used that to come up with a list of priorities for our task force.

We wanted to be clear about what we needed to do and in what order. And we continued to modify this and to communicate it to our team members and our partners. Next slide, please. I’d also like to highlight that, obviously, in any role and especially during a crisis, there are going to be challenges. Here are just some of the examples of challenges that we encountered when I was serving as the co-lead for the task force.

It was our job in leadership to try to figure out and understand how we could be most helpful for public health. So I’ve listed some examples here, but I’ll run through just a few, of biosafety concerns. We received lots of questions about this. This was a novel virus and people were obviously concerned about their safety. How to interpret and clarify the results of tests, determining things like percent positivity, how best to report laboratory data, and then, as I mentioned, as priorities shifted, addressing concerns about sequencing and tracking the new variants.

Tracking the data, which continues, as always, to be a challenge. We have to make sure that we’re getting timely, accurate data and that we’re able to track that. These are just some of the challenges. I am certain that there were many more. But you can be prepared to have challenges during any crisis. Next slide, please.

So to address the challenges faced by many laboratories, we did our very best to try to develop the most useful guidance that was based on the latest science, the latest evidence, and the latest information that we have. Again, our mission is to help increase laboratory testing capacity. So we had to help do what we could to help laboratories overcome barriers that they faced.

We were consistently learning from ongoing studies to be sure, again, that we were allowing science to drive our guidance. So I’ve listed here in this slide some of the guidance that was developed and is now available through our website. I should note that, during this time, we were working very closely with other government agencies, such as FDA and CMF to inform this guidance. And also I want to highlight that our Center’s Division of Laboratory Systems, which is under Dr. Ren Salerno’s direction, has taken on responsibility for development of all of this laboratory guidance, and for maintaining the website, to make sure that the information is, again, timely, accurate, and based on the latest science.

It’s a huge responsibility, and he also has served in several leadership roles on the laboratory and testing task force, helping to identify the most appropriate subject matter expertise for each type of guidance, and also the lessons learned from what was actually ongoing in the field. Next slide, please. Another big challenge that I just like to share is the rollout of point-of-care testing guidance. I thought it was really important to highlight this, because this was one of the major challenges that we were facing, when I was serving as task force lead.

This involved engagement with several other federal government agencies. And CDC was not in our role the rule-maker for much of this. So collaboration was critically important. And again, engaging with our partners was critically important. Some of the things that we did to help overcome some of the challenges that were faced when we rolled out the guidance are included on the slide.

We developed algorithms to reduce risk and increase efficiency, published guidance for both the testing algorithms and the tests that were being cleared through FDA at the time. Our Division of Laboratory Systems, along with lots of staff who were involved with the Task Force, were very involved with connecting, trying to help connect clinical laboratory communities, learning how to address specific issues that would be encountered when laboratories were beginning to use these tests, and establish training, workforce training, often to help with correctly performing some of the antigen tests and helping to interpret the results of that testing.

So I would say, of all of the activities that I was involved with when serving in this role, this was probably at the time one of the more challenging areas. And it really did, again, I’ll keep highlighting, require a lot of engagement with subject matter experts, partners, and really, really communicate. Let’s move on to the next slide. So I found it transitioned a bit from the challenges faced during our response to the pandemic in the time that I served, to some general challenges, considerations, and lessons learned, that may be helpful.

There will always be challenges when leading during a crisis. This likely cannot be avoided. So therefore it is important to really be prepared and even to anticipate that there will be. Some things to be prepared for are included in this slide, like acting and decision-making with limited information, which is often the case. During a quiet crisis, most of the time, things are moving very quickly. And in a leadership position, you are often faced with making the decisions.

You have to be willing to take a little bit of risk and make those decisions, even if you don’t have all of the information. Also managing urgent needs and quickly changing priorities, earlier in this presentation I shared how some of my priorities shifted early on in the response to the pandemic, to thinking about building capacity. And as capacity increased, it shifted more towards thinking about tracking variant strains and data and sequencing.

So being able to manage urgent needs and think about quickly changing priorities is going to be really important. I think it’s equally important to be clear and transparent about managing expectations. There will often be many, many demands of you in your leadership role, and that of your team, and you cannot do everything, which is why prioritizing activities is really important, and being clear about what you can and cannot accomplish.

So let’s move on to the next slide. So some real considerations to think about when managing, and I kind of put this into three buckets. First, focus on the mission. Again, this is why I mentioned that one of our first tasks in leadership is to be clear about what we’re there to do, and to make sure that we clarify that to our team members, to our partners. This is why we’re here, and we can often get distracted, but this is what we need to focus on.

The second is to learn. You really need to have great knowledge of the limitations and strengths of the people around you. For example, and this is something that I try my best to apply in my day job, even when not in a crisis, there is so much that team members contribute to any activity, it is important to know what those strengths are, to know where the opportunities are. In my current role as acting director, and even in my deputy director role, we have really, really talented people who work in our Center.

I try to focus on the things that only I can do, to allow them opportunities to do the things where they are best suited to shine and to represent our Center. So understanding the team members is critically important. And then the third thing I’ll highlight, which I’ll continue to say, is to be transparent. When you have information, you should share it. The worst thing is for team members not to be aware of what’s going on.

It is a good practice to share the information that you know, when you know it, and also share what you don’t know. We can’t know everything, and I think that’s OK. If you’re not aware, let your teams know that you’re not aware, and share what you know. It is so important to loop in everybody and make sure that we’re all working with the same information as appropriate.

Next slide, please. So a few lessons learned, and I think these are the types of lessons that can be applied in any sort of organizational structure, is to don’t overlook the intangibles. The health and well-being of your team and the people with whom you work is critically important. Stay in touch and communicate and learn and look to see if your staff are being overworked.

Oftentimes, during a crisis, people are continuing to move, move, move very quickly, and they’re not taking the time to think about their own health and well-being. So this is something that we really need to take the time to focus on. I think also one of the things that has come out of our response to the pandemic is that we are working in a new environment. Most everything has been virtual throughout our response to the pandemic.

And it’s important to try to think about ways that you can keep people engaged, keep people inspired and encouraged, even in a different environment. I’ll give an example of something that one of our team members did. Our communication lead on our Task Force, we started during our morning huddle meetings to introduce music. We actually had, right before the meeting started, a time where we had what we called our DJ, and she would play music. And people loved it.

It was just a few minutes before every meeting, but it really made a great difference. And I think Dr. Salerno, when he took over as Task Force lead, he really took that to new heights and took a great deal of time to work on a music playlist and to do things to really get people inspired and lighten the mood. And those are the kinds of things that really help when you’re working in a really challenging environment, and to help people sort of manage their well-being, to laugh a little bit, and to lighten things up, because it’s a really, really challenging environment to work in.

Also I’d highlight the collaboration. I know I’ve said that previously. But collaborate, collaborate, collaborate. We need to learn from our partners. We need to bring them to the table as much as possible. Networking is important. How can we be more helpful?

So that active engagement in communication is really, really critical. And then I think being open and empathetic, being willing to learn how you can improve. One of the questions that I try to ask our leaders often, both I did this on the response, and also in my day job, is what can I do to be more effective in helping you to do your job?

And when you ask those questions, you have to be willing to accept the answer. Sometimes there are things that you can do differently or better to improve, but you need to be willing to listen to that. It’s critically important to get that feedback. Next slide, please.

So now I want to shift a little bit to thinking about additional lessons learned that are sort of outside the scope and can be applied to anything. I think one of the things that we should be thinking about doing, and I included some here, is to do our very best to prepare and practice. We are not always going to be in a crisis mode or responding to a pandemic.

At some point, we will get back to some sort of normalcy. That is the time when we should really be thinking about how do we prepare for the next crisis. So I’ve included some of the things that I’ve done, and some of this may or may not apply to you. I’m sure that you have opportunities at your various institutions and organizations.

But when you’re not in crisis, this is the time to prepare and practice. I typically like training, because I think there are always opportunities to learn, and always found it helpful, not only to learn in a training environment, but also from the participants in that training. Often just in a training environment, having an opportunity to learn from others, who have experiences, is really fantastic. So I focused many, many years of my career focusing on, I spent many years of my career focusing on emergency management training.

I did some of that during my career in the military, where we did lots of drills and exercises to practice for emergencies. But I’ve also done that through my work at CDC, where we offer lots of training for senior leaders on our incident command structure, how to engage in an incident command structure, how to manage teams, have effectively managed partnership engagement. All of those things have been proven to be very helpful to me.

So I suggest that thinking about opportunities to practice might be beneficial. Next slide. I also wanted to highlight just something that I think is open to most, is this emergency management training that’s offered by FEMA. FEMA actually has an Emergency Management Institute and there they go through many, many aspects of working in an incident management structure, and help with planning for a crisis. They actually have a whole program, which they call the Homeland Security Exercise and Evaluation Program, which actually teaches you how to plan exercises effectively, and how to effectively evaluate them.

I just wanted to provide this as a resource. I have found it to be critically helpful. And, in fact, in my career at CDC, I’ve used this training to help design and evaluate several laboratory exercises that we posted at the agency. So preparation and practice, here is one resource that I hope you may find helpful. Next slide, please.

Here I’ve listed some examples of CDC laboratory exercises. One that I’ll point out is a few years old, is the anthrax laboratory CERC full scale exercise, which is one I had the opportunity to help lead and evaluate. This was an opportunity for us to work across the entire agency with laboratories that did any work around anthrax testing, test development, and communications.

Full-scale exercises are a great way to bring all of the interested parties to the table to practice, to plan. And the point of an exercise is really to look at your plans, policies, and procedures, to make sure that they’re still relevant, that they’re still accurate, and you exercise to learn, if they’re not accurate, how do we change these, so that the next time we are in an emergency or in a crisis, we have the most up-to-date and relevant materials to use to guide our response.

I’ve listed a few others, just for reference. But these are just a few examples of how, at CDC, we’ve practiced for laboratory-related emergencies. Next slide, please. And then I just wanted to take a moment to highlight the importance of partnerships. A big part of what we do at CDC involves our partnership engagement with the private sector, clinical and public health laboratories, advocacy groups. So I thought sharing this slide is just an example of how this partnership engagement is critically, critically important. All right, next slide.

So I did want to stop here and to summarize what I’ve highlighted here about leading during a crisis. The first is that there will be challenges. And you cannot always anticipate what they will be, but it is extremely important to come into that environment knowing that there will be challenges, and to just prepare yourself, your team members, your collaborators to be prepared for challenges. The three important considerations that I posted were, stay focused on the mission, reminding yourself, your team members, and all who you communicate with, that this is who we are and this is what we are here to do.

Equally important is to prioritize those activities, so that your team members and the people with whom you’re working are aware of what is most important to be accomplished first. The second, which I highlighted, was to know your team members. It’s critically important to know the strengths and opportunities on your team, and to trust that those team members with the appropriate expertise can step in and do the job when needed. Know what you uniquely can do, what you alone can do, and then recognize when you need to call upon the expertise of your team members.

And then the third, to be transparent, communicate, communicate, communicate. Let your team members, your leadership, your collaborators know what you do know and what you don’t know. It’s equally important to share, hey, I don’t have an answer at this time. But as soon as we get that information, we will share it with you. And then, to reflect on the lessons learned, specifically in a different environment, and when working in a fast-paced environment, is to be mindful of wellness.

A work-life balance is critically important. Staff morale is critically important. So having mechanisms to communicate and get feedback from your team members, from your staff, from the people that you are collaborating with, to learn how they’re doing, how their health is, and if there are opportunities to encourage and really, in many cases, demand that people take breaks, it’s critically important to do that in a leadership role.

And then finally prepare and practice. The idea is that we are not always in a crisis, that we’re not always in an emergency. So when we are not, it’s important to take the time to practice and prepare, preparing both yourself and your team members through training and other opportunities, also taking opportunities to drill and exercise, documenting all of your policies, plans, and procedures, and then using those exercise to ensure that they are relevant and accurate.

Learning from those exercises that, if things are not where they should be, let’s use this information to modify, change, revise, and sometimes develop all new plans, policies, and procedures, and to do what you can to communicate with your partners in your downtime, so you’re making sure that we’re working together, that we have clear goals, that we’re engaging and getting feedback, and that we’re working to address their needs as well.

So with that I will close and turn it back over to our facilitator to open up a question and answers. Thank you.

Great. Thank you, Dr. Dauphin. That was a very inspirational presentation. And thanks again for sharing your experiences. We’re going to go ahead and answer some questions we received during the presentation. And thanks to everyone for sharing them in the Q&A. If we haven’t gotten to your presentation by the end of today’s session, or if you have questions after, just please email us at OneLab@CDC.gov.

All right, so the first question for you, Dr. Dauphin, is, I know you spoke on some of the challenges you’ve had on the Task Force on the response. But what were some challenges you had as the Task Force lead?

Yes, that’s a really good question. I had many challenges as the Task Force lead. I am very happy to share that. It is a challenging position to lead a large group that is responding to a global pandemic. So I would say that, probably, the biggest challenge for me in that leadership role was to think of ways to address the fast-changing demands and priorities.

There were lots of questions that were coming to us. And we had to be able to answer and to adjust, based on information that wasn’t always available. When I served as a lead, it was very early in the response. And we were still learning. As we’re still learning. We’ll continue to learn.

So taking the information that was coming in in real-time, and being able to give feedback that would inform guidance, and to respond to questions that were coming to us from everywhere, was probably one of the biggest challenges that I had. And I would say an example of a challenging time was really the rollout of the antigen testing guidance early on, when we really shifted some of our priorities based on data, when we didn’t have all the data but had to begin to move in a different direction. It was really challenging.

We had to answer a lot of tough questions. We had to engage partners in a way that we hadn’t done before, or at least more frequently than we had done, to make sure that we were sort of all communicating in a clear way. So I would say that responding equally to developing guidance, while we were still learning, was probably one of the biggest challenges for me as a Task Force lead.

Great, thank you. Next question, how did you manage the fast-paced environment of working in an emergency, and do you have any tips to share?

Yes. Yeah. Oh, that’s a really good question. So I will share that I do have a bit of experience working in a fast-paced environment. In fact, I think all of the positions that I’ve had for the past 15 years, maybe 20, I don’t want to go back further than that, have involved working in a fast-paced environment. Even when I worked as a laboratory microbiologist, I led a small team that was responsible for 24/7 response to bioterrorism threat.

So that was a fast paced environment as well. We were constantly working around the clock. The tips that I would share are very similar to what I shared during the presentation, and that is you have to prioritize. You cannot do everything. So when you are getting lots of demands from your leadership, getting lots of inquiries, you have to, it’s really important to sit down with your team and your leadership to say, OK, we have 30 things that we need to accomplish.

Of these 30 activities, what are the most important to get done now? And when prioritizing, thinking about what will be most impactful to do now? What is going to have the biggest impact? Those are the things that we need to do first.

So my suggestion, and this is just my approach, I’m not necessarily suggesting it’s the best approach because there are many ways to do this, my suggestions would be to really think about the prioritization first and then delegating, because you alone in a leadership role cannot respond to anything. This is why it’s so critically important to know your team members. Take the time, invest the time, to learn what their strengths are, so that, when there are many, many priorities or many things coming your way, then you can appropriately delegate activities and trust that you have the right people to take those on, so things can continue to move forward.

Great, and I guess related to that question, can you share some examples of how you had to prioritize and delegate work?

Yes, actually I have a great example. It involves our division of Laboratory Systems, as a task force which plays a critical role in the response very early on, and continues to play a critical role in the response, we realized early on that there was a need to get really timely information out to our laboratory communities. And so, learning that our division of Laboratory Systems had the expertise and had the connections with the clinical laboratory community, with the commercial laboratory community, with our partners at other government agencies, it was really important for them to take on that function.

And I have to say, I wouldn’t say that I necessarily delegated this. They actually stepped up and recognized that there was a gap that they could fill. And they stepped in and they took on the leadership there and did a fantastic job. So this is not something that I could have done on my own. Certainly appreciated that they were doing that at the time that I came on, and even began to do more of that, as I continued in my role.

The other example, I have another, would be around communication. So often request and responses to inquiries are expected from the leadership. I was always very mindful of who would be the best person to crack the initial response to an inquiry. It may be policy, it may be a subject matter expert, or it could be someone on another task force. So being able to identify when inquiries came in for a response that they expected me to give, to pass this off to the appropriate subject matter experts, someone who could do that in a timely manner, and get it back to me to send out, is another example. I could think of others, but those are the two that are top of mind.

Great. Thanks for sharing. Another question for you, is there a way to safely work on the front line and live with a family in a pandemic?

Yes, absolutely. So there are lots of models for this. And it really does obviously depend on your personal preference, your family structure, the level of support that you have in your family. But I want to share my experience. I was able to do that when I was a laboratory scientist and I did a deployment for the bioterrorism threat efforts. You know, I have a small family. I had a child at the time.

And it was really important to have partnership within my family and make sure that I took care of my home and that that was taken care of, but also to be really clear and transparent with my leadership about what I could or could not do. So I could volunteer to participate, for example, in responding to an emergency. But be clear about, you know, I realized that I have to be responsive, but at this block of time I might need to do some activity with my family, or at this block of time I might need to address some other personal issue.

I think that we are all human, and we all have different family structures. And that I think communicating the realities of your home life to your leadership is really important. I probably said yes too much, in retrospect, when I look back over the years, but I think it’s really important to consider ways to take on additional responsibility without sacrificing the time that you need to spend with your family.

And it does take a balance. But it can be done. And I think that open and clear communication is one way to really, really address that.

Great, thank you. Next question for you, in a developing country where human health risk resources, and health infrastructure and funding aren’t stable, how do you engage political decision-makers in the scientific priorities?

Oh, yeah. That’s a really, really good question. So I can share with you some of the strategies that CDC uses. So both, and I’ll use both our organizational structure, as well as our incident management structure. So it is critically important that, when we are engaging with international groups, that we have the right expertise at the table. At CDC, we have really two places where this takes place. We now have, we have some structure in our Center for Global Health where we have assigned personnel that works with each group.

We also have CDC staff who are deployed in those areas and work very closely, either through embassies or through leadership, through working with country directors, to make sure that we have people who are engaging with those groups, who know the landscape, who understand the environment, who have the right expertise, engaging. So the way that we do it at the agency is that we have staff who are really, I would say, engaged in that environment, so that they can appropriately communicate.

We did the same with our response incident management structure. We actually had an international task force and we had an International Laboratory Task Force. The great thing about an incident management structure is that it is designed to be flexible and scalable, so that you can move in parts, expertise, resources, that are needed when you’re dealing with a crisis, that can change.

So for us at the agency, and in our task force, we simply use the resources that we already have in place in those countries, to help us navigate through the complicated conversations.

Great, thank you. Another question we got from the audience, how can I, as a leader, effectively lead staff when they are burnt out or, worse, traumatized by recent events?

Yes, that is a really critical question. And I tried to provide some tips during my presentation. And this is something that all of us are faced with every day. I mean this is a historic time. I don’t think we could have ever anticipated this crisis, and that it would continue for so long. Many of our staff are burnt out. I mean this is just something that is widespread.

The only suggestion that I have are things that we are really, really trying to do, is to, where you can, encourage your staff to take time. And that really does start at the top, because they model our behavior. It is difficult for me to say to my leadership team or to our staff, you know, we want you to think about taking time off. And don’t work on weekends, when they look online and they can see at 9:00, 10:00 at night, 11:00 at night and on weekends, I’m logged on and I’m working, right?

That’s not really setting the best example. So I think it starts with the top. You have to communicate that they have to find ways for them to take the time that they need for their well-being. But importantly, you have to model that behavior. And this is something that’s difficult in leadership roles. I’m trying to get better at that myself.

And I’ve even had some leaders say to me, I saw that you were working, Les, at 10:00 PM, and you said we need to model this behavior. So it is difficult. Also, something that we hadn’t done a lot of in my last organization in preparation for a crisis, is to think about cross-training. You know, we need to have systems and structures in place, so that, if one person is not available or needs to leave, that the ship doesn’t sink, right?

So thinking about ways to use the expertise across your organization or your team, and allowing them to learn from each other, so that others can step in and take off the load whenever possible. Some examples are rotation experiences, cross-training opportunities, allowing team members to work on another team for a short period of time, when they’re not in a crisis. So that when we are in a crisis, they’re able to step in and help.

And it’s critically important for all of us to get some time off, and to encourage them, and to let them know you’re not alone. I realize and I hear and I know that many of you are tired, burnt out, and even traumatized, as was indicated in the question. Also, making them aware of the resources that are available to them to get help. Support groups, resources about how to deal with this, I mean we’re not experts in this area.

There’s a whole field to deal with these types of issues, and directing them to those resources. Also letting them know that you are open to their recommendations and suggestions for how we can encourage wellness and work-life balance. One of the things that we do have in our center, which I’m really proud of, is that we have an anonymous feedback mechanism. And we are often encouraging staff to send recommendations for how we can improve our organization, improve staff morale.

Often, a lot of the suggestions for how to improve the work environment come directly from staff. So allowing mechanisms, creating opportunities for them to give feedback, is critically important.

Great, thank you.

I hope that addressed the question. There’s no—

Yeah, that was a great answer. So next question is, what are the best tools, or maybe tips you can share for making decisions in times of endangerment.

Yeah, I think decision-making is always challenging. But what’s worse in a leadership role is not making the decision. I have to say, sometimes people are more forgiving if you make a decision with limited information in a timely manner, versus waiting too long to make the decision, and then having unintended consequences as a result of that. I think one of the tips that I would share is get the information that you can, as quickly as you can, so that you have as much information and data before you make the decision.

You may not get all of it, but do your very best to get the information. One of the strategies that we use are having team huddle meetings. That’s an opportunity to get everything you know, so that everyone is hearing at the same time what information they have. So setting up mechanisms to share information, so that you are making as an informed decision as you can.

Also, I always go back to the priority. What is most important? Sometimes you can hold off on a decision, because you’re focused on something that’s more important and come back to it, if you don’t anticipate that there will be consequences of not making that decision. So think about impact. What’s going to be most important, I think, is critical, priorities, and getting the information that will help you make the decision.

There are always risks. You know, we all make mistakes too. I do want to suggest that you share with your team members that you’re not perfect, and that you rely upon them to help you, sometimes in the decision-making. Ask for their recommendation. Ask for their suggestion about a decision that needs to be made.

Ultimately, as the leader, it’s your job to do that. So you take the information that you have and do the best that you can. But get the input and feedback from your leaders, from your staff, from people who have information that can help inform.

Great. Thank you, and I think we have time for one more question, so this is what we’ll end on. What other resources pertaining to crisis leadership or crisis communication would you recommend?

Right, so I provided some in the slide deck, which I hope will be helpful. I personally utilize FEMA’s resources, a lot. I have done that over the years. And they have an entire Institute that helps with emergency management training. All of it is not applicable for every organization or role, but a lot of the resources are there. They even have tools, templates, things that you can use in terms of communication, helping with decision-making in a fast-paced environment, training resources.

I think one of the things that we can do as a follow-up is to pull together, if possible, some resources that can be shared with this group. I provided some, like I mentioned, in the slide deck, but there are many, many more. I really, FEMA is my go-to, because this is what they really, this is their function. And so they’re constantly working, taking the latest information on emergency management and crisis management, and creating tools.

There are lots of classes and training materials. I really would encourage those who are interested to visit their website. Lots of resources.

Great, and thanks again, Dr. Dauphin, for presenting. We loved your presentation. I’m going to go ahead and turn this over to Triona for closing.

Great, thank you.

Thank you.

My pleasure.

Thank you so much Dr. Dauphin, and thank you Johannsson. So that’s all the time we have for questions today. But if we didn’t get to your question or you didn’t have a chance to enter it, please feel free to email us at OneLab@CDC.gov. In case that you had a challenge hearing me in the beginning when we were sharing the resources, we are now about to share the associated closed captions in the chat box.

The next network meeting will take place in August, so please look out for that meeting invitation. As a reminder, all of these slides with the links and the associated resources will be posted at CDC.gov/OneLab within the next two weeks. You’ll notice when this webinar closes, a post-meeting survey will open on your browser. We will use the results of this survey to further improve future OneLab Network events. This survey is voluntary and anonymous. Thank you all for joining today and have a great weekend.