

## Challenge after Challenge, She Persists

<https://www.cdc.gov/coronavirus/2019-ncov/communication/responder-stories/woghiren.html#print>

Mabel Woghiren is originally from Lagos, Nigeria, and is part of the Benin tribe. Mabel loves to cook, travel, and host people in her home. “Part of the Nigerian culture is singing, dancing, being with family, and being happy,” she said.

Mabel started her career at CDC as an ORISE (Oak Ridge Institute for Science and Education) Health Communications Fellow in CDC’s Division of Emergency Operation (DEO) in October of 2017.

“My sister kept encouraging me to apply. She is a Geospatial Systems Analyst/ Project Coordinator at the GRASP team in CDC. She wanted me to enjoy the benefits of working at the CDC like her, so she kept sending me applications. I was lucky to be hired to work for CDC, I was excited,” she said.

Mabel worked in the Emergency Partners Information Connection (EPIC) and Crisis and Emergency Risk Communication (CERC) teams within the DEO. Her work entailed outreach activities to partners, such as moderating EPIC webinars on core emergency topics.

Having worked at DEO, Mabel is no stranger to the ropes of deployment. After completing her tenure as an ORISE fellow, she worked as a contractor in other divisions across the agency. In August 2021, she was employed as a Federal employee in the Division of Global Migration and Quarantine’s (DGMQ), Quarantine and Border Health Services Branch (QBHSB) on the Communication, Media, and Training (CoMeT) Team. Mabel was deployed for the first time in her CDC career to assist with the Department of Homeland Security’s (DHS) Operation Allies Welcome (OAW) effort at Washington Dulles International Airport just a month after joining the branch.

“That was a challenging moment for me,” she said. Although excited to be part of a historic event, she was apprehensive given the state of the pandemic, but she braved it. “On September 10, 2021, my plane came to a smooth landing at the Washington Dulles International Airport. I’m suddenly filled with conflicting emotions, primarily excitement and apprehension. The afternoon sun shone brilliantly, and the air was crisp. It was my first time in Washington, D.C., and I couldn’t have asked for a more splendid day to make my arrival,” she said.

### **The Response Site**

Mabel shared that the airport looked like it had been ripped straight out of an emergency room soap opera. There was a makeshift tent set up in a semi-secluded airport section right across from the Emirates check-in counter. It was nothing like she expected. “An Afghan girl in native attire rushes past me in a fit of giggles as I approach the quarantine check-in station. My heart ached with all shades of emotions as I watch this little girl playing without a lick of caution—so blissfully far from the chaos of her home country. Suddenly, all of this starts to feel real,” Mabel shared.

Mabel sat with her team, observing everything as it happened around her, soaking in as much as she could. They also saw Emergency Medical Services (EMS) officials load a visibly pregnant lady onto a stretcher for medical evaluation. The team then painstakingly combed through the flight manifest to identify all those who may have come into contact with the woman,” Mabel shared.

## **Screening of the Expats on Arrival**

A typical response day for Mabel began as flights arrived from Afghanistan, Abu Dhabi, Germany, and Spain. Those flights brought in a getaway plane full of Afghan nationals, or expats (a person who lives outside of their native country), seeking resettlement in the United States. The expats go through customs for screening of their travel documentation and proceed to a holding place for a health screening. A mixture of a squad awaits these expats upon arrival. Among them are Custom Border Patrol Officers (CBP), quarantine public health officers (QPHO), quarantine medical officers (QMO), public health advisors, logistics, planning officers, and an officer in charge (OIC). The CoMeT team ensures that the expats have been screened for infectious diseases. If a expat is suspected of having a contagious illness, they are isolated. This process is best described as a partnership—and there's a lot of precision in the work that's performed, even with so many uncertainties. The mission's primary purpose is to protect Americans. Their secondary mission is to protect the expats. DHS, the Department of Defense (DoD), and the state and local health departments are stationed strategically to support the triaging process.

"I got the hang of this process quickly. The environment is so fast-paced, I didn't have an option to take my time," Mabel says.

Individuals with a positive test result for SARS CoV-2 (the virus that causes COVID-19) get transferred to a DHS-sponsored hotel to be isolated. Those with a negative test result are transported to the Dulles Expo Center.

"It's a tedious method, but it works well—and for the expats, even tedium is preferable to home. As I witnessed a public health advisor's interview with one of the expats, I heard a family member exclaim: 'We're happy to be anywhere but there!' I felt my chest seize up a little" Mabel shared.

Mable says it's hard not to empathize with them as she tries to imagine how traumatized they must be. "Some of the children look like they haven't had a change of clothes since they left their country. Most of them wear ill-fitting shoes—as though they had been hurriedly rushed out the door of their old home, not even given the time to commit to memory the place they were escaping," Mabel says.

## **Day Two of Deployment**

On the second day of her deployment, Mabel set out to work the night shift, from about 3:00 PM to 11:30 PM. Ever prompt, she arrived at Dulles about fifteen minutes before her shift. Overnight, the busy "campsite" was cleared out into something more like a ghost town. There was a trickle of passengers from other commercial flights checking in at the Emirates counter, but not much else. "There were no kids screaming or running around. No EMS workers rushing in with stretchers to take ill repats to the hospital for admission. No media outlets trying to solicit information. I checked-in and proceed to our base camp. As I arrive at the CDC desk, where we all sit to work, I ask, 'what's going on?'," Mabel says.

Everyone around her was unsure. After a moment, Emily Pieracci – the Zoonoses team lead, came back to brief the team, informing them that all connecting flights bringing in repats were suspended until further notice. The instructions from CDC leadership were for the team to leave the airport and head to their hotels until further instructions are given.

“We quickly cleaned up our areas before shuffling out of the airport just as quietly as we had come in,” Mabel shared.

### **Working at the DHS-Sponsored Hotel**

Mabel worked at a DHS-sponsored hotel housing the expats and contacts suspected to be infectious. She met a new set of OAW members from different regions and introduced herself to them. They had originally set out to screen the expats for infectious diseases, but, somehow, the order of the day became contact tracing instead.

“A boisterous woman, Captain Rice (the lead for the HHS team), constantly provided us with information to facilitate the contact tracing process. We had limited information to draw from as a large majority of the repats were not literate (and so getting accurate information is a challenge), but somehow, we found a way to make it work,” Mabel shared.

They worked with a translator that spoke Pashto, the native language of Afghanistan, to interview family members and gather more information.

That helped immensely, but it didn’t fix the problem entirely. Mabel felt like she was trying to complete a puzzle when half of the pieces were missing. At this point, the hotel resembled a medical center far more than a vacation destination. The first-floor conference rooms were designated offices for all CDC, Health and Human Services (HHS) officials, and nonprofit organizations. The second and third floors were assigned to COVID-19 cases and contacts. The fourth floor housed expats who were medically fragile. Measles cases and their contacts occupied the fifth and final floor.

### **Cultural Differences**

There were cultural differences that left the hotel staff upset and overworked. The expats were not accustomed to American restrooms and relieved themselves on the hotel stairs. Subsequently, the hotel staff to deep clean multiple times per day. The HHS safety officer came up with the idea to create infographics in Pashto to help the expats understand how to maintain their rooms better, but because most of them weren’t literate, these infographics were almost entirely useless. The translators quickly became the MVPs of Mabel’s team. The translators assisted in getting missing information and relayed the infographic messages to the expats. However, there was still some chaos. The children would climb up to different floors to play with each other.

“I sympathize with them—after all, it must be tiring to be confined to the four corners of their hotel room with nothing to do but watch TV shows or cartoons in a language that they cannot understand. However, their floor-hopping defeats the purpose of confining the expats to different hotel floors,” Mabel says.

A solution was quickly found, wristbands were distributed specifically colored to correspond with a designated floor. All expats were required to wear these bands to tag them to their floor. This decision also helped to identify any wandering children.

“I copied down the translator’s contact information in case there was a need for his services later. Then, I left the HHS staff to their duties and returned to my hotel,” Mabel shared.

## **Save the Children Organization**

Mabel was hoping to get a good night's rest before her flight back to Atlanta, but as she walked down the DHS-Sponsored hotel hallway to leave, she noticed stacks of children's clothes neatly arranged in room with the door ajar.

"Though I figured the clothes must be for the Afghan kids, I couldn't curb my curiosity. Looking further into the room, I noticed some ladies unpacking more clothes from a box labeled: 'Save the Children,'" Mabel says.

Mabel concluded that the foundation must have donated these clothes. She recalls walking away to catch her Uber ride back to her hotel, her mind was abuzz with a stinging regret that she could not get more items to donate to the children before her departure.

"It didn't take me long to come back to the truth of the situation. I had given everything that I could have—there was no reason for me to feel as though I should have done more," Mabel says.

As she sat in her Uber, a sense of fulfillment washed over her, along with a new appreciation for all the hardworking people she had come together with. She saw first-hand how quickly a response can change and how flexible and proactive everyone needed to be while working on it. Though she was grateful for her experiences at the hotel, and though she found it fulfilling to do her part in such a meaningful effort, she was also infinitely thankful that she had the opportunity to lay down and relax at the end of the day.

"Public health is eclectic. You must be flexible and able to learn new things to support the team. Going into a response with expectations will make learning difficult if you're close-minded," Mabel says.

Mabel expects to complete her PMP certification soon, where she can learn to be project manager and eventually become a public health advisor.