

Barb Marston: Coming out of internal medicine residency, I really thought I wanted to work on key infectious disease issues and scientific studies, but I ran into another public health giant, Ron Waldman. He said, "If you have the science and you know that this intervention works, but you don't have the program — a way of convincing people to follow those guidelines — then all that science just goes out the window." And if you look at what I've done for the last — I don't know how many years — it's all international health program work, so Ron was onto something when he told me that. And I ended up having some pretty interesting adventures in my time.

I was in Kenya in 2001 when the AIDS epidemic is raging and got to be there at the time when the antiretroviral therapy became available. Seeing person after person who is dying and then get started on antiretroviral therapy, to see that transformation was remarkable. And my job ended up being going around to clinics and saying, "Would you like to start an HIV clinic?" And them saying, "Well, we really need it, but we don't know how and we don't have the resources." And I'd go, "Well, that's OK. I know how, and I have all the resources we can possibly bring to it."

Anna Chard: Something that you said about starting the HIV clinic in Kenya and how you kind of recognized the need reminds me of a story about your time in Guinea during the West Africa Ebola response.

Barb Marston: Very near the end of the epidemic in Guinea, one of the last few cases was a pregnant woman who died in childbirth but delivered the infant. And at the time, there was work going on on some antibody treatments for Ebola. The baby wasn't eligible for any of those in an official way, but we could potentially get compassionate use of those drugs. And I think we all felt very much like we should try and do that. We basically had to convince the FDA to release those drugs and to get them delivered for the baby. And she survived, which was an amazing thing. Leadership at CDC at that point were so exhausted by the response, and her survival was really a very lifting experience. You know, you don't want to be cold and hard about public health. You want to make those sensible population-based decisions, but everybody's a person and can we think of how we can do the best for those individuals too?

Anna Chard: You make a really great point, and that's a great perspective to keep in mind. You do learn throughout your public health training that it is more population focused rather than individual focused, but the population is a group of individuals and they all matter. I think just the kind of combination of science and service has always been very motivating to me in terms of public health.

Barb Marston: If you can have a job that makes you feel like you're having an impact, that really helps you keep energized about it. Sure, I mean, we all feel burned out, but it is the greatest privilege to have a job that has all these characteristics that's interesting and adventurous and also that you feel like you're making a contribution. I think public health gives you that opportunity pretty frequently.

Anna Chard: Definitely, we're very lucky.