Terrifying. Life-changing. Rapid. Unprecedented. It is impossible to pick one word to adequately describe the Ebola epidemic. From its origins in Guinea early in the year, the Ebola virus caught the world off guard, moving swiftly to neighboring Liberia and Sierra Leone, claiming thousands of lives and requiring a massive global response to help bring it under control. When we activated the EOC on July 9th of 2014, it was a horrific situation. We knew that it was going to get much much worse faster than we could respond. And whatever we did, whatever we threw at the epidemic, we couldn't turn it around. Early on we tried to, you know, stick to the core principles of what we knew…that it was contact tracing, it was case identification, it was educating people about disease and educating contacts to come to health care settings for diagnosis or treatment should they become ill. We are following the ambulance you see ahead so that after these two cases are picked up we can do some contact tracing. Cases in West Africa escalated quickly and Americans faced the harsh reality that infectious diseases are just a plane ride away. Today, we are providing the information that an individual traveling from Liberia has been diagnosed with Ebola in the United States. I remember looking at the results and thinking this is, you know, a very historical moment, the first imported case of Ebola in the United States. In the fall of 2014, CDC set key programs into action. Airport officials began screening passengers from Ebola-affected countries, and those travelers were monitored for 21 days. Experts worked around the clock to help hospitals prepare to treat Ebola patients. We have 5,000 hospitals in the United States, and so they're not all going to have the exact same personal protective equipment. So, in the past, CDC would allow for some flexibility with regards to changes in local protocols. What we learned with Ebola is that we needed to be much more specific. I knew that making this training really good could be an opportunity for us to regain some of the confidence that I feel like we had lost when those nurses got sick in Dallas. I could palpably feel the tension in the room begin to go away as I went through this talk and as we did this demonstration. CDC sent their Ebola lab experts to Sierra Leone to help rapidly detect cases; this also lowered the chance of an infected patient showing up in the United States. I think lab testing is critical in any outbreak response. It's very important to get the positive patients into a treatment center, but it's also just as important to get the negative patients out. A major challenge was getting the cooperation from the West African community. People were afraid of Ebola and skeptical of the foreigners who had come to help. We needed to understand what was driving the behaviors contributing to the outbreak, and then craft the right communication messages to change those behaviors, and then deliver 'em in a way that people could understand. As we moved into 2015, there were signs of hope. When you can actually see contacts being followed and patients being discharged as survivors from Ebola treatment units because they are coming in for early care, those are the things that you see that can actually give you some hope. Ebola has been a devastating experience for many of us to see, to see death so up close and personal, to see deaths that we couldn't prevent. We've made great progress but we can't let down our guard. There will continue to be cases and clusters of Ebola but an epidemic of the kind we've had for the past year never has to happen again. Over. It is a word we can't use… yet. The Ebola epidemic highlights the need for strong public health systems *before* outbreaks happen. CDC is establishing offices in Liberia, Sierra Leone, and Guinea to help them prevent future cases of Ebola and prepare for the next health crisis.