**CDC Ebola Response Oral History Project**

The Reminiscences of

Valerie N. D. Bampoe

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Valerie N. D. Bampoe

Interviewed by Samuel Robson
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Interview 1 of 1

CDC Ebola Response Oral History Project

Q: Hello, this is Sam Robson. It is April 17th, 2017, and I am here with Ms. Valerie Bampoe today at the CDC [United States Centers for Disease Control and Prevention] headquarters in Atlanta, Georgia. We are in the audio recording studio here, and I am talking with Valerie about her Ebola experiences for our CDC Ebola Response Oral History Project. Thank you for being here with me.

Bampoe: You're welcome. Thank you for having me.

Q: Of course, it's a privilege. Can I ask you first, would you mind just saying "My name is," and then stating your full name?

Bampoe: My name is Valerie Nana Darkua Bampoe and I am originally from Ghana and then Virginia and now I'm here in Atlanta.

Q: If you were to give someone just a couple-sentence description of what your role was in the Ebola response, what would you say?

Bampoe: I was a CDC field epidemiologist in Freetown. I was assigned to Western Area, and I was the epi [epidemiology] lead for Western Area.

Q: Thank you. What do you do now? What's your current position?

Bampoe: Now, I'm a health scientist/epidemiologist, and I'm trying to design a global WASH, which is water, sanitation and hygiene, project for Global Health Security Agenda countries. Sort of a follow-up to Ebola to prevent that kind of epidemic from happening. Waterborne diseases is what I'm doing now.

Q: Perfect. Thank you. Can I ask when and where you were born?

Bampoe: Yes. I was born in Accra, Ghana in 1979. January 31st, 1979, to be specific, and I spent most of my life there until I was twenty and came to the United States—or twenty-one. It's always weird, I came to the US in September of 2000, and it's been seventeen years I guess since then.

Q: What was it like growing up in Accra?

Bampoe: Oh gosh. I was the first of two children. My parents were middle-income workers, but they both prided education above everything else. I went to the best schools and I didn't necessarily have everything I needed to go to the best schools, but I went to the best schools.

Q: What do you mean?

Bampoe: My tuition was paid. I went to boarding school, so I would leave home and go to boarding school, but I wouldn't have all the necessary things that I needed. I would have the basics like your sheets, your pillows, your whatever, but you had to rely on boarding school food to survive. The parents who had the luxury could send their kids with a box full of what we called "provisions." You had like your cereals, your whatever, all the fancy stuff. We didn't always have that, but we got to go to school with some of the best and the richest in the country and got the best education.

I went to school actually thinking that I was going to do medicine, and the way that started was because I grew up as a very sick kid. Not very sick as in terms of something terminal, but I was always sick: malaria, anything, you name it, I was always in the hospital. I idolized the medical field workers and I thought, I want to be a doctor when I grow up and I want to heal people like they do every time I go there. For the longest time, that's what I wanted to do. When I went to junior high [school] and senior high, Ghana is structured in a way that you pick your career, if you will, before you get to college. You're in a track, a set track while you're in high school, preparing for that career. I was pre-med [premedical studies], physics, chemistry, biology all through senior high, preparing for that. Then I came to the US after that. But my sister and I moved around with my dad a lot because he had to keep changing jobs and keep moving, so we never stayed in one place for a long time. I think some people would have hated traveling

because of that, but I loved travelling because of that because I made new friends and I explored new things. Just when you felt like you were settling in, it was time to go. Sometimes it was frustrating, but it was more exciting than frustrating.

Q: What kind of job did your dad have?

Bampoe: He's a surveyor, and when he wants to be fancy he calls it a "geodetic engineer." [laughs] They moved him around a lot because he worked for the government. He was surveying lands and parceling them and doing whatever it is that surveyors do, and we travelled around a lot. But sometimes, when he didn't want it to disrupt our school schedule, we would stay with family members. He would leave and then we would move around and stay with family members until he came back.

Q: Was that the sole income for the family, or was your mom working?

Bampoe: My mom was working, also for the government. She was a data entry person at the statistics—what do they call it—the [Ghana] Statistical Service, yeah, at the time. They ended up getting divorced later, but until I was thirteen, that was their life. We moved around a lot, my mom took care of us while my [dad] was out of town and then they would come, but they both spent everything on sending us to the best schools.

Q: When you moved around a lot, were you always in the city though?

Bampoe: Yes. Yeah. My first experience with rural Ghana was actually when I travelled, after I moved here and then I went back. I wanted to see what the other cities looked like. Actually, no. Correction. When I found out I was moving to the US, my dad finally decided that I needed to know my roots, so he took us to our hometown for a funeral. Really, he couldn't pick another event? It was a funeral he took us to. But that's when I saw where my parents were from, I mean my dad was from, and where his ancestors were from. Because my mom was from the Greater Accra Region, so that was her hometown. My dad was from the Eastern Region, so we travelled to Akropong, which is where he's from, to see what that was like. That was interesting.

Q: What did you think of it?

Bampoe: I finally understood my love of mountains. I guess that's where—because it's a high, high altitude, mountainous area, very rich forestry, very cool weather, so it's not hot, it's not cold. That's what I love, so it was perfect. I was like, that's why, this makes sense. [laughter] I was wired this way. So that was nice. It was beautiful. It was rural, so in a sense it was depressing, but it was nice too, to know where I came from.

Q: Depressing?

Bampoe: Depressing because you see so many people without basic necessities. I'm not saying we were living a life of luxury in the city, but it was still better than what I saw people experiencing. But I've learned a lot from that point to now. It's not stuff that

makes you have good quality of life. Maybe what I saw as depressing was probably a really good life for them. They were just happy. But yeah, at the time, it seemed depressing.

Q: I've never been to Ghana. I wish, I've always wanted to. Can you describe Accra?

Bampoe: Accra, crazy, that's what it is. Traffic is chaotic, there are street vendors everywhere. Before I travelled to other African countries, I didn't have an appreciation for it. I thought it was growing too quickly and it was highly overpopulated, highly. It still is. Everything is centralized, so everyone moves from the regions to Accra, and there's few resources being shared among millions of people. A lot of street vendors and a lot of homeless people. A lot of, I guess, runaway—there's a lot. There's highly developed—the buildings are impressive, the streets are impressive. There's a lot of trash, there's a lot of poor drainage. But now that I've been to other African countries, specifically Sierra Leone and Zambia, I realize where we are—and Togo and Senegal too. I've been to a bunch of places and now I can compare. We're, I think, mid-range, depending on where you are in Accra. But it's beautiful. I love it there and I've said all these negative things, but it's home. It's home to me. People are friendly, people are very spiritual. Depending on where you are, it's highly Christian or Muslim. People take their faith very seriously. There's always a sense, sometimes I think it's complacency because it's like oh, if something happens then it's the will of God, it must be the will of God and that's why it's happening, when it's not always that. There's a role that faith plays, but I think people need to take responsibility for their actions and stop blaming everything on

the will of God. So, there's a mix of everything. People are highly professional, you have a very educated base, a large educated base, but very few jobs to employ them so there's a lot of unemployment. People who are highly qualified and being forced to do things that they didn't train for. We have a lot of universities that churn out a lot of people and there are no jobs to embrace them, and I think a lot of people end up in banking. Not that banking is wrong, but you have trained engineers now serving as bankers or something else. I think that's not okay. But, it is a developing country, I'm very proud of it and we are doing well, I think.

Q: This is kind of a strange question. You mentioned that part of your impulse to want to do health related things, to want to do medicine at a young age, was being sick all the time and going to see the doctors. Were there particular experiences that you had with medical professionals, that when you look back, stand out to you when you were growing up? Ones that inspired you to want to do it, that pushed you in that direction?

Bampoe: I can't think of any singular incident, but it's just every time—malaria, I don't know if you know about malaria, but it's kind of like flu [influenza] but then with body aches and all kinds of things added to it. I think there's a range of symptoms, people have mild instances and people have really bad ones. For me growing up, most of the ones I had I needed to be hospitalized, especially when I was in junior high and senior high. The boarding school that I attended had a hospital, so all the students could go to that. It's called Achimota Secondary School, and all of us students would go to this one hospital to get treated. I got to know the nurses, I got to know the doctors, because I was there all the

time. It wasn't just one individual, it was all of them. They were working with such limited resources, but I never felt like I was getting less care or substandard care. I just thought that they were doing the best they could and I wanted to be one of them.

Q: Was it right after high school that you went to the US? What brought you—

Bampoe: Yes. I graduated high school in 1997, and then like I said, the schools are churning out a whole bunch of people and we're all trying—at the time, there were very few universities. There was Kwame Nkrumah University of Science and Technology, there was University of [Ghana], Legon, and then there was the university in the north and University of Cape Coast, I believe. Then there were some other technical universities or colleges. Everyone was trying to go to all of these universities, and they only had a few spots. If you didn't have excellent grades, you didn't have money to pay someone to get in, or you didn't know anyone who knew someone who knew someone, then you were not going. You were not getting in there. Everyone was good, I mean like excellent, excellent grades. I don't test well. I am a good student, but I didn't test well. There was this West African Senior School Certificate [Examination], which is kind of like the SATs or some other board exam. English was the only thing I got an A in, everything else was Bs through. The worst was an E, it was terrible. When I got out I was like oh shoot, I can't go to college, what is this? I took remedial classes to retake the exams, I got better grades when I retook them, and I kept trying to get into college and it wasn't happening. This was between 1997 and then 2000, the year 2000. Between that range, that time period, I went to visit a cousin of mine, and there's this lottery system

called the US Diversity Visa Lottery, and fifty thousand people from all over the world get selected to come to the US. You have to have a good financial backer, you have to have education or some skill or a trade, you have to have a clean bill of health, and then, if you're lucky, you get approved to come. Even if you have all of these things and you go in and the interviewer says no, that's no. You pay for all your things, you get all these tests, and you come. She gave me the form, I filled it out, and I thought oh, what am I going to do in the US, I don't know. But I won the visa. Then I started the process, it was a yearlong process, I finally got approved, and I came here in September of 2000.

When I came, just like most people say, America is the land of opportunity, so I thought okay, where can I start? How can I get to where I wanted to get when I couldn't do it in Ghana? I started charting out my life, and at that point I had decided okay, maybe if I didn't do so well in the exams in Ghana for science, then maybe that's not my calling, so I should look into something else. I thought, okay, what else do I like to do? I like to read, I like to debate, I like to argue things out. So I said okay, maybe I should try law. I decided to—after I got a job, my first job was at Nordstrom in children's shoes. After I got a job there, I got a second job at a healthcare system called Inova, it's in Northern Virginia. It's Inova Health System, and I was answering their telephones. I was connected to the medical field because I was in the hospital answering the phones, and then I was doing Nordstrom with children's shoes. I decided to go to the community college next to me because that fit my time better. I could walk from my apartment to the hospital. Oh, and I had a third job at the Hilton Hotel, it was across the street, so I could do that weekends. I would do Nordstrom in the mornings, so I think it was nine to five

maybe, and then I would do the hospital in the evenings, overnight shift, and then I would do the hotel on the weekends. But I had the hotel job before the hospital job, so I got the telephone experience through the hotel, and then I got the Inova job. I messed it up a little in my timeline. But all of these were within close proximity to where I lived, so I could take a bus to work or I could walk to school.

I did an associate's degree in liberal arts, and it was at Northern Virginia Community College. They had an agreement with George Mason University that if you completed your two years there, then you could transfer to George Mason University and your credits would move over. That's what I did. I talked to a counselor, I said, "This is what I think I want to do. What are the courses I need to take to get to do law when I leave here?" My first day of class, the teacher was like, "Everyone introduce yourselves," and ninety percent of the people in the class were immigrants. He said, "I'm used to seeing a lot of immigrants in my classes. Everyone tell us how long you've been there." I was like, "This is my first class," and someone said five years, ten years, they had been trying to do this for a long time, while going to school and working. I immediately told myself, I am not going to stay here for ten years. No, that is not going to be my life. So I went back to my advisor and I said, "I need to know how many classes I can take to get out of here in a year and a half to two years maximum." And that's exactly what I did. I was out of there in a year and a half, transferred to George Mason University. When I got there, they said, "What do you want to do?" I had to meet with the counselor again. I said, "Law," and she said, "To do law, the most important thing for you is to get good grades to go to law school. You can just pick any course at all that you think you might be interested in

and do it and excel at it so that you can get accepted into law school." I said okay. I looked at the course catalog and I decided that conflict resolution appealed to me. This was a conflict analysis and resolution program at George Mason, one of the best I think. I decided to sign up for that, so I did conflict resolution for my Bachelor's degree. I was still working at the hospital at the time, still answering the phones. When I went to Mason, I just went down to that one job. I wasn't working at Nordstrom anymore. And I did something else, but I can't remember right now. I always had two jobs, at least two jobs. The three jobs became overwhelming when I fell asleep at the wheel one night going home and yes, I almost drove off a bridge. That was the day I decided, this is crazy, you can slow down to get your goals, just figure out how to live within your means and cut down on the things that don't matter. So that's what I did. I moved in with a bunch of girls, rented one room, and cut down expenses so I could go to school and be alive. [laughter]

So I did conflict resolution. When I finished the conflict resolution course, I was recruited by a conflict resolution firm in Washington, D.C. I did that for a few months and I realized that wasn't really—it was a lot, because I was doing that and the hospital job, and it was a lot going back and forth. I wasn't really happy doing what I was doing, so I came back to the hospital. At the time I came back, they had a job in the emergency department looking for what they were calling a patient representative. A patient representative would be the person who would check in on patients in the ER [emergency room] and make sure that they were getting everything they needed, made sure they were being informed of what was happening. If anyone had a complaint in the ER. they would

call me and I would go take the complaint and try to figure out how to solve it. It was a perfect match for conflict analysis and resolution. When I went back there, I realized wow, I really do like healthcare and the field of health, so hmm, what do I do next? Do I go into medicine or do I go into nursing? I thought, again, very traumatized by the high school experience and the grades because I'm not used to being a sub-standard student. I had gotten As all my life, and so for that to be the most critical point when I need to get As and I couldn't get it, scarred me. I thought okay, maybe I'm not cut out for that. Let me look into something else that allows me to get this experience. And I thought public health. George Mason was just starting a class at a new school of public health and a new public health program, so I was like oh, yeah, let's do it. I think I was the first class, yes, of public health students, master of public health at George Mason University. That's what I did.

That's my long, roundabout way of getting here, while stressing my parents out because they thought I really was clueless. They were like, "First you wanted medicine and then you said law and then conflict resolution, and now it's public health. What is public health by the way? What is that? What do you do?" [laughter]

Q: Can I ask, when you moved over, did you come alone?

Bampoe: Yes.

Q: Were you doing all these jobs and school and everything living alone and did you know anybody?

Bampoe: I moved here to live with an aunt who lived in Maryland. I didn't like Maryland. I was commuting from Maryland to Nordstrom in Pentagon City in Arlington, Virginia, and it was a lot, and going back and forth, and I didn't drive. I didn't know how to drive when I came to this country. I didn't have a car, I didn't have any of those things, so relying on family members that I didn't even know. This aunt was a distant aunt and she took me in, she was great, gave me a place to stay and all of that, but it was a lot and I wasn't feeling—it was just a lot. Within six months, I had moved from her house to Virginia. But I was fortunate, the reason why I got the job at Nordstrom was because my high school best friend was actually working there. It just happened that when we left high school in 1997, she came, Anna, to the US first. I didn't even know she was in Virginia. We had been talking and she was in the US, but I was like oh, she's in the US, and it didn't really matter to me what state she was in, she was in the United States. When I came, she told me, "I'm in Virginia. I work at this Nordstrom. You should come, and I can introduce you to the HR [human resources] person, and I can vouch for you and hopefully you can ace your interview and get the job." Nordstrom is very sale-focused, and she was a high, top performing sales person, so she carried a lot of weight, so they gave me an interview. I aced the interview—I actually was working for a Ghanaian manager, so it was perfect. I had my aunt that I really didn't have a relationship with before I came to the US, then I had my best friend in the same store that I was working at, then I had a Ghanaian boss who took me on like a surrogate mother. It was awesome. It

was really the best because I was alone. I moved here without family, I was twenty, twenty-one years old, I had two hundred dollars in my pocket when I arrived at Washington Dulles [International] Airport on September 29th, 2000. Yeah, two hundred dollars. I had to break the bill to call my aunt to find out where she was because I couldn't find her. I was panicking at the airport. I was like, oh my God, did I make the right decision? It was cold even though it was September, and it was beautiful weather. At that time, it was cold for me. I was like, what is this, did I make the right decision? But yes, I've never regretted that.

Q: What year was it that you started the public health program at George Mason?

Bampoe: George Mason must have been 2009.

Q: 2009.

Bampoe: Yes, I found out that I had been accepted on May 20th, 2009. I was quite excited.

Q: And how long was the program?

Bampoe: Two years.

Q: Okay, typical two-year master's in public health program.

Bampoe: Yes.

Q: Was there an area that really caught your interest that you started to focus on within public health?

Bampoe: Global health. My concentration was global health, and I took all my courses along those lines. I also liked infectious diseases, I was fascinated by that, and my teacher was interesting. She was engaging. You know how when there's something that you like, and then the teacher delivers it so well, you're just inspired to do more. She was awesome. Her name just went out of my head right now.

Q: That's okay, we'll put it in the transcript. [note: Kathryn Jacobsen]

Bampoe: Yeah, she was fantastic. I keep her up-to-date on where I am sometimes, when I remember. I'm just like, "Hey, I just wanted to let you know I'm doing this and I think it's because of you that I was so interested and inspired by this."

Q: Did you have a thesis that you had to put together?

Bampoe: No, Mason does the practicum option. I had to complete 262, I think, hours in practicum, and I decided that I was going to go back to Ghana. I wanted to investigate mother-to-child transmission of HIV [human immunodeficiency virus]. Going back to

my job trajectory, after I finished the MPH [master of public health degree], when I was at the emergency department, it was the same health system, Inova Health System. I started as the hospital operator, then I went to patient representative in the emergency room, and then I got a job as their community health educator after I got my MPH in the HIV program. They have a program called Inova Juniper Program, which provides HIV/AIDS [acquired immune deficiency syndrome] services to underserved and underinsured persons throughout Northern Virginia. I was doing HIV programs there, designing programs, teaching some of them, very few, I was a junior educator. My interest was maternal-to-child transmission of HIV, and why the US has really zero to none and then other countries have a lot. I picked Ghana because obviously I'm from Ghana and I had been in this country at that point, it was 2011, I had been in this country for eleven years and I had only gone home once, in 2007. I decided, if I do this practicum in Ghana, then I can see family, I can work in the Ghanaian environment and global health, score all around.

I wrote to the global HIV/AIDS and STD [sexually transmitted disease] program, it's usually called the Global Fund, Global Fund [to Fight AIDS, Tuberculosis, and Malaria]. There is a national STD/HIV control program in each country [note: in Ghana, the National AIDS/HIV Control Programme], and I wrote to them and I said, "I'd like to come do an evaluation of your services for mother-to-child transmission of HIV." And they were like, yeah, you can come do whatever you want. So I submitted my proposal and I did interviews in Accra, Kumasi, and Cape Coast. Unfortunately, I was only in Cape Coast for a day. I got sick and I had to come back to—I know—come back to

Accra. But that's what I did. I evaluated their Prevention of Mother-to-Child Care—I don't know why I keep misstating the program's name, it's called PMTCT, Prevention of Mother-to-Child Transmission of HIV, and it has since evolved, there is a new name for it. But what I found was that Ghana was on target, following WHO [World Health Organization] guidelines and everything, but it was actually the resources surrounding the service delivery that were an issue. For example, medicines were available to pregnant mothers, which is what this is. You had to start taking medication, HIV-positive mothers to start taking medication so that they don't transmit that disease to their children, unborn children. They had to be taken at specific times to facilitate this. The medicines were available at the health post where they were supposed to be on the maternal child clinics, but oftentimes the mothers couldn't go there to get the resources. The medicines were subsidized. They were five Ghana cedis, which is really nothing, it was just asked of them so they could get buy-in and sign on to this. But it was transportation access, they weren't feeling well, all of those things that were preventing mothers from getting the services they needed. I shared that with NACP [National AIDS/HIV Control Programme] and came back to George Mason to present, and that's how. I didn't do a thesis, it was practicum.

Q: How did you evaluate? What were your methods? Were you doing interviews?

Bampoe: I was doing interviews. I surveyed staff, I surveyed people, customers. The third part of it, what I was hoping to do was to interview the mothers themselves to get the feedback, but I couldn't, so all I did was literature review, talked to staff and got their

feedback on what the client challenges were. Because HIV is such a highly stigmatized disease, getting people to trust you and let you in to reveal their status, to share this information with me at the time, was hard. So I just decided to do staff interviews.

Q: What happens after George Mason?

Bampoe: After George Mason, I was working as a community health educator with Inova Juniper Program. There was an Emory [University] grad [graduate] who was a community health educator just like me, and she was telling me about CDC and a Public Health Prevention Service Fellowship, it's called PHPS Fellowship. Her friend was a fellow and was getting to do all this awesome stuff in this three-year fellowship, and she thought I should apply. I was like, what is this? I looked into it and I was like okay, I will definitely submit an application. I did, but the whole leading up to this was so funny because it took me a while to gather all the people that I needed, all the stuff that I needed to gather. If you've had to tackle USAJobs [website], you know how it is to just put your resume in that format, it's crazy. And to get recommendations from my teachers, of course they wait until the last minute so I had to hunt people down. On the very last day it was due, which was, I think, January—it had to be postmarked by January 30th or 31st, the 31st was my birthday and I didn't have any of the stuff I needed from my professors on the 29th. I told Angela, who was this friend, Angela Johnson, I love her. I told her, I said, "I'm not going to do this, maybe I'll wait until next year. This is too stressful." She was like, "Valerie, no, you're not waiting until next year. You're gathering all of the materials you have, you're driving to Mason right now." It was the proximity, it was right

there. “You’re going to Mason, you’re going to follow up with these professors, you’re going to pick up the letters, you’re going to go to the post office, and you’re going to mail this stuff off. If it doesn’t go anywhere because you didn’t have any of the materials, that’s fine, but at least you know you did your part.” So I started, I called all of them up, they were like yeah, sure, come pick it up. [laughter] So I got there—of course I’m like, really? If it was that easy, why didn’t you just tell me? I got there, I picked up the letters, I went to the post office the very next day, the 30th, had everything in by FedEx, sent it off. This was 2012.

On April 29th, 2012, I came to Atlanta for my interview and there were seventy-five of us interviewing for twenty-five spots. I was nervous—to say I was nervous would be an understatement. I was like, this is what I want. This is what I need to do. This is what I’ve been working for. I told myself, if you’ve made it through to the interview round, then there’s no excuse—you really have to get selected so you’re doing your best. I’m very religious, so I’m like God, if you’ve brought me this far, you cannot close the door right now, it’s not okay. I prayed, I did all my stuff, I came, I prepared. It was an interview—I’ve never had an interview like that. It was several hours long. There was a one-on-one interview. Then, there was a group challenge where we all had a task with the other interviewees and we had to brainstorm ideas and then share it while people were listening to us. We were not presenting, we were just like—simulated brainstorming exercise with colleagues, “what would you do?” Then you had to go do a written piece of it—all in four hours. I was exhausted by the time it was done, but I was like, I know I gave it my all.

I left Atlanta and then I went home and I kept praying, and I got the call that said you got in. I was like, yes! I think it was around July or something, I was thinking, did they forget about me? Is this still happening? I got the call saying you got in, I said, "Yes!" Angela and I just went into her office, closed the door and jumped around a few times. [laughter] It was very nice because she told me that she had applied to the program and couldn't get in, so she was genuinely excited for me. It was nice. She's one of my very true friends. What do you know, that was the last class. My fellowship was discontinued after 2012. We were the last class, 2012. There would not have been a next year if she hadn't forced me to send my information in. Yes. So I started at CDC October 9th, 2012, and yeah, that's the long journey to CDC.

Q: The name Angela Johnson is familiar, maybe it's just common. I don't know, is she here?

Bampoe: She's not here. No, she was Angela Clements, and then she married, so now her married name is Johnson. She works for the National HIV/STD Program, it's in DC. I can't remember what they're called, but it's called NASTAD [National Alliance of State and Territorial AIDS Directors]. She's doing HIV work now, which is what we were doing, and she's still doing that. She actually went to Mason to teach for a while before she got this job. It was all kind of interconnected.

Q: You said October 9th, 2012. Do you want to just tell me what happens once you get here?

Bampoe: I got here, and I met the other twenty-four people who got into the program, and we immediately became as close as family because we all had left our families behind, wherever we came from. People had moved from California, New York, all over, and we all came here together. We became our closest buddies. We started sharing rooms and apartments and all those things, trying to keep connected. The PHPS program was great in that it had one year, fellows stayed here in Atlanta for one year. Your first assignment was six months with any CIO [centers/institutes/offices], but they matched us before we even got here. My first assignment was with the Office of the Associate Director for Programs, which is now called [Program Performance and] Evaluation Office, PPEO. It's an Office of the Director, and what they did was evaluate programs, trying to figure out how to maximize the efficiency of CDC's programs. The task I was assigned to was the funding opportunity announcement redesign. What that was is they were trying to simplify how they accept grants and put out grants information and how to streamline that process. We were involved in meeting with every center to roll out a template to say, this is the template we're going to use from now on, what are your concerns, this is how you use it, to evaluate the use of a template. My specific project was program evaluation and interviewing people, making sure that we were getting the responses that we needed to get and at the same time, designing resources to facilitate the smooth implementation of that project. That was the first six months.

My next six months was with the Global WASH Team at the National Center for Emerging and Zoonotic Infectious Diseases, NCEZID. I always have to pause to say the

name, it's so long. I was with the Zambia team, and what we were doing was rolling out—and this was the first of its kind, interagency agreement. CDC had an interagency agreement with the Millennium Challenge Corporation, which was rolling out a big-scale water, sanitation and drainage project in Zambia, specifically Lusaka. My project on that, again, was evaluation. I checked the evaluation components, identified stakeholders that we could meet with, and actually had the pleasure of going to Lusaka to meet with some of these stakeholders and start the project rolling. Looked at the drainage sites and looked at what our test site was going to be and what our control areas were going to be. It was very much of a scoping visit for that one. Stakeholders, then look at the sites, look at what the realities are on the ground and come back and cater a program to meet those specifics. That was the next six months.

Then the way PHPS works, after you've completed your first year in Atlanta, you have to go to a state or a local health department and work at that level too. You've seen the federal level, and then you get to see the next level, state or local. I was assigned to the Westchester County Department of Health, and "assigned" meaning I matched with them. I interviewed them, they interviewed me, I liked what they were offering and they liked what I brought to the table, and so we were matched. I moved to Larchmont, New York, to work in New Rochelle, which is where the health department was located. It was very different—very, very different. My first year was with the Office of Disease Control and Prevention, and so I was working on STDs and HIV. So I went back to my HIV field, which I was very comfortable in, very, very comfortable in. I did evaluation of programs and efficiency of our systems and our processes and our forms. I went out a few times to

look for patients and try to counsel them with some of the outreach workers. But that first year was definitely performance improvement, service delivery improvement, evaluation again.

Then the second year, I got assigned to a different unit in Westchester County Department of Health, due to a variety of reasons. That meant relocating my office from New Rochelle to White Plains, New York, which is where that new unit was. At the same time, I moved to New York City, so I was commuting on the train one hour into work, one hour back home, but I loved it because this was a new thing. It's the HIV Pre-Exposure Prophylaxis, PrEP. What that means is giving a pill, one a day, to people who are at high risk for contracting HIV, or maybe in what we call sero-discordant relationships, they have a partner who has HIV and they're not HIV positive, so you're protecting yourself from getting HIV. Various target groups, populations. But my task was designing a program for Westchester County so we could roll this out, and so that anyone who went to our clinics, any of our Westchester County Department of Health clinics, would get screened for PrEP and assessed for their risk behavior and then prescribed PrEP if they needed to get PrEP. But our funding did not cover prescription of PrEP, so what I needed to do was actually find a network of providers within Westchester County who could prescribe PrEP and make sure that that prescription went through, and then with a follow-up so the patient didn't fall through the crack. That was New York State's Ending the Epidemic initiative. New York State is ahead, like LA [Los Angeles], California, and New York are ahead when it comes to HIV prevention. They rolled out this initiative. It was linkage to care, making sure that everybody is linked to care, and

then PrEP to prevent it and then treatment as prevention. For people who are already infected, giving them medicine so that they can stay undetectable and pretty much prevent the spread of the infection. They are hoping that by 2020, they would have eliminated new infections in New York State as a whole. It's very forward and aggressive, but they are doing a good job, and I got to work on that, all thanks to PHPS. This is what you needed to come to CDC.

It was a fantastic two-year experience, and while I was there is when Ebola struck. I got to New York in October of 2013—yes, because I had been here 2012 to 2013. We got there right before a furlough, so I couldn't start work for two weeks while I was there. I had moved to a new state, no job essentially, no income, and I was like, how do I pay my bills? I just got here. Thankfully, it was only a two-week furlough, we got to work right away. I did 2013 to 2014 in New Rochelle with the STD program, then 2014 to 2015 in White Plains with the PrEP group, and that's when Ebola struck.

PHPS sent out a notice to all the fellows who were willing to deploy to help with the response. My first deployment was actually in April of 2015, and it was to the EOC [Emergency Operations Center] here in Atlanta. I did forty-five days here in the EOC, and it was while I was here that I realized there was a huge need for people to go to those three African countries: Guinea, Liberia and Sierra Leone. Being West African myself, I thought I needed to go. I felt like I needed to go. I went back to New York and convinced my supervisor—this was really great of them. My immediate supervisor's name was Tom Petro, and his supervisor was Renee Recchia, who handled all of our division. I

remember going into her office and saying, “Renee, I’m really thankful that you let me go to the EOC to do forty-five days, but having been there, I realized that there’s actually something bigger than the EOC and I need to go. I know that my project needs to go along fine here, but this is what I can do to make sure that my work doesn’t fall behind while I’m gone.” I had talked to Tom ahead of time, and we had come up with a plan on how to cover my work and how to roll it out, and it worked out perfectly because I needed to test what I had implemented. I had done all my stakeholder buy-in and everything, everybody was on board, I had produced all the things I needed for the clinics to start screening. I thought if I stepped away now, then we would see if the things would roll along just fine when I’m not there, which is what we needed to do so we know it’s sustainable. That’s how I pitched it to them, and I said, “The fact that I’m West African, the fact that I feel like this is really why I got into public health and the fact that I think the program is okay to go on its own for a few months, please let me go.” And they were like, “Yeah.” [laughter] She was like, “Sure, Valerie.” Renee and Tom, best managers ever, I mean really, yeah. She was just like, “I understand. I know that we wanted you here, it would be nice to have you here, but you need to do this, I understand, you can go.” We got the health commissioner’s permission—she actually used to be a former CDC employee, so she was also on board. And I got to go.

Q: I have a couple of questions, a few things. One is I’m wondering, you’re getting so much experience over these years in program evaluation and design and just how things should piece together, and I’m wondering if there are certain, I don’t know, lessons that

you're drawing from how a program should look and how it should work and how to evaluate it.

Bampoe: Yes. Having had all that program evaluation experience was perfect for this current job that I'm in because I was supposed to design a program. Having that in mind, when you're designing programs, you design them differently because now you're thinking of well, how do we measure that? How can you gauge effectiveness of this? Now when I'm designing something, I'm looking at it from the design part, the development and implementation part, what those responsibilities are or what the resources needed are to implement, but also, how can we track progress from the evaluation standpoint? How can we say that this is really what is responsible for the change that occurred? Building those evaluation tools into it from the get-go so that it's not later on, it's like wait, did you evaluate this? No. Can you evaluate it? No, maybe yes. But now it's more like okay, along the same lines we're developing logic models and thinking, if I have to explain this project to someone who doesn't know anything about it, how can I just take them through from here to end goal, world peace? How can you explain all that, visually and orally, all of that stuff? Now I use the tools that I learned from program evaluation to do that, and we're embedding evaluation checks in the project as we go along.

Q: How about communicating with stakeholders?

Bampoe: Oh gosh, that is my absolute favorite thing, I think, for the initial stage. The logic model and then putting it together helps me figure out all the pieces that need to work, and then identifying the stakeholders, the traditional and non-traditional stakeholders. For the recent trip, I went on a trip to Sierra Leone to launch a project, and it was all—Ministry of Health [and Sanitation] was expected. Ministry of Water Resources, yes, maybe WASH partners who are NGOs [nongovernmental organizations] who are doing WASH work; UNICEF; GOAL; JSI [John Snow, Inc.]. But non-traditional partners like colleges, universities. If we can start teaching people at that level, before they come out, then that's great. Other partners like UNOPS, who's building wells. What can we talk to them about that can help facilitate our project? All of that and putting all the pieces together, it's awesome.

It's like every job that I've ever had has prepared me for this. Seriously, it starts from Nordstrom, children's shoes. Nordstrom clientele are special clientele. [laughter]

Q: What do you mean?

Bampoe: They are a certain class of people who are used to getting their way, and when you're helping their children find shoes, they are exceptionally difficult, they can be. They can be very difficult and a new immigrant who is struggling with accents and dealing with all of that and being intimidated by their presence alone, it opens up a whole bunch of challenges. But learning to navigate that and to please a customer while getting what I needed, all of that started there. Then, phone communication through the hospital

system, conflict resolution in the hospital, in the emergency room, learning to calm people down when they're frazzled, all of these things come out. And then evaluation program development, community health education, everything goes into one giant ball, and I pull on those resources when I need them. You never know when it's going to come up and be like, oh yes, when I used to work here, we did this this way and it worked, so can we try it that way? Westchester County, I did outbreak investigation for the first year, so I did norovirus outbreaks, three of them. Developing an outbreak response toolkit now in my current job, I'm just like, this is a stakeholder we need to pull because when we did it in Westchester, this is how it worked out. This is something we need to think about because it didn't work out when we did it this way in Westchester. It has come full circle for me, truly.

Q: Along the way, have there been certain people whose thinking and guidance has had an especial influence on you?

Bampoe: Yes. Starting with my first supervisor at Nordstrom, she taught me—she was like, "I'm glad that you found a job, I'm glad that you're here, but this is not where you're going to end up. You need to push yourself. If you went to school in Ghana, you're educated, you can do better. This is not acceptable. Go to school." The next one at Inova, who hired me for the phones, she said the same thing, "You need to go to school. Don't get comfortable here and stay here and not do what you're supposed to do." Professors at George Mason University, the one whose name I cannot remember today for some reason, and several others there, inspired me, kept pushing me on, do it, you can

do it. The conflict resolution program, they had a Master's level program at that time, but we were the first class of undergraduates. They were piloting it on us, and they kept pushing us to do well and supporting us to do well. Then, back to Inova, Angela Johnson kept pushing me, you can do this, you can do this. Then when I came to CDC, my advisor for PHPS was Susan Clark, and she went on maternity leave for a little bit. Then Latasha, what is Latasha's last name? [note: Sanders] I can't remember right now, but she filled in. Then there was Michelle [L. Scott], who was the program administrator at the administrator level, and she kept inspiring me to move on. Then my first two supervisors here, both of them, Ann [E. O'Connor] from the Office of Associate Director for Programs kept saying, "You can do this," kept teaching me things, kept exposing me to things. She realized very quickly I was intimidated. In my mind this is public health Mecca—I was here and people have been here for years. In meetings, I didn't want to speak up, and she would make me get leadership experience by speaking up and talking about the project. Even though I knew only a little bit of it, she's like, "Just present the little bit that you know confidently, people will buy into it." She pushed me that way. Then Joan [M.] Brunkard, who was a second WASH supervisor, she pushed me too, and she kept checking in, even when I was in New York. And then Renee and Tom from Westchester County, everybody, I've had champions all along. I know that I have the will to do what I want to do when I set goals, but I certainly would not have been able to do it or move as fast or progress that quickly without their help and guidance. Everybody, I've had someone at every stage. Even when I came back to CDC, I took a job with the policy office at the National Center for Chronic Disease Prevention and Health Promotion. I was in their policy office at the OD [Office of the Director] level. My supervisor was Sean

Cucchi, I was there for about four months before NCEZID poached me and was like hey, can you come work on this WASH project for us? I went in to him and I was like, "I'm really sorry, I know you invested in me to come here, it's been four months, but there's something else that actually works in global health and I can do much more there." He was like, "Yes, your career comes first. Your career comes first. I know you'll do excellent, go ahead and do it." He even wrote a letter of recommendation for me to go to DrPH [doctorate of public health] at UGA [University of Georgia]. I applied to a DrPH program and I got accepted, and Sean wrote one of my letters of recommendation. That's how awesome he was. But I've had champions all the way. I've had some bad ones, but I've had a lot of champions.

[break]

Q: We're back, and Valerie, I was going to ask you. You said, I think, it was April 2015 that you came to the EOC and worked here for forty-five days.

Bampoe: Yes.

Q: What were you doing in those forty-five days?

Bampoe: I was recruiting staff across the agency, and also throughout all of the US federal agencies, to deploy to Liberia. I was the epi task force staffing person for Liberia, which means I was scouring the agency trying to find epidemiologists who were

available to deploy to Liberia for thirty or more days. That's what I did—managed a spreadsheet, went and gave daily update reports to the incident manager saying okay, we have five staff coming, or I have a week where I don't have any coverage in-country, I need to move people around. That kind of thing. Managing staff levels for Liberia.

Q: Right. And the incident manager at that time was?

Bampoe: The person who was handling staffing was—I can see him, now I cannot say his name, he wears all kinds of fun Hawaiian shirts. [laughter] Kevin, Kevin Gallagher was the staffing person for us. He reported to the main IM [incident manager], but he was the staffing IM, if that makes sense.

Q: Yeah, that makes sense. Was it Dan [Daniel B.] Jernigan at that time, or Oliver [W. Morgan]?

Bampoe: No, Oliver was in country at the time, I think in Sierra Leone. Maybe he was there, but then he kept going back and forth. Dan Jernigan was there too, I never really saw him. The meetings that we had were the staffing meetings, I think it was daily at 3:00 pm with everybody else who was managing staffing with Kevin Gallagher and other people on the phone.

Q: Did this involve you actually reaching out to individuals?

Bampoe: Yes. Reaching out to individuals. We would get names—there was a screening group that would look through CDC and find names and say we found a name that could potentially fill staff position at B 3.1.5, so then we'd have to go see what Epi 3.1.5 is. We need a team lead person, let me look at their qualifications and say no, this person doesn't have the qualifications to do 3.1.5, but they could do 3.1.1, which is just a field epi, would they be willing to do that? Reach out to them, hey, your name was given to us by so and so, saying you were available to deploy to Liberia. Would you be able to do thirty days, and would you be able to do this position? Would you be able to do it in this part of the country as opposed to maybe the city or whatever? And talk to them about what to expect in all of those things and then see if they were willing to deploy and try to negotiate it, if they could, from thirty days to forty-five. Could you do forty-five? Could you do sixty days? That kind of thing.

Q: When we're talking about qualifications, were there some overarching qualifications you were looking for, for candidates generally?

Bampoe: Generally, for the epi—well epi, you had to have an epidemiology background or at least understand what fieldwork entailed. Epidemiology was the main criteria, but a willingness to learn, ability to work in limited resource areas and ability to work under high stress because epidemiologists in the field were working more than eight hours a day in very harsh conditions. We asked if people had global health experience—that was desired but not required. Essentially, we were looking for anyone who was willing and able to go and whatever your skill sets were, we would find a position for you. Like I

said, if someone was posted—the only thing that we really screened or the only positions we really screened for were the lead positions because you had to be managing other people. For an epi lead position, you needed to have an epidemiology background and know what to do, know how to manage your teams, and some supervision skills or experience was required for those as well. But otherwise, anyone and anybody who was willing to go out and do this work, we tried to recruit.

Q: Wow. Do you remember any interesting conversations you had with people about potentially joining the response?

Bampoe: Yes. There were many. There were those who wanted to go but were not released by their supervisors to go, and then there were those who were put up by their departments to go. I think they had said they were willing to go and then when the time came, they were like, do I really want to do this? What have you heard? What should I be preparing for? All kinds of questions. But the response did a very good job, I think, in having forums where people who had signed up to deploy would go and ask questions, and oftentimes it was recent deployers who were on the panel. They could say, "When I was there, I did this, and you should pack this," all the questions that you could think of, they had panels, several panels to handle it. People were well prepared for what they were going in for. But yes, we did get some questions that you could tell the person really wanted to go, but they were scared and/or worried about their families. I would say, "There is a forum on so-and-so date and maybe you should sign up for that and listen in and let me know if you still want to go and then we can move ahead."

Q: That makes sense. You mentioned that issue of sometimes there was a supervisor who wouldn't release someone to go. Were there people who appealed to those supervisors to ask if people could go?

Bampoe: Yes. There was a mechanism that was used, and because Dr. [Thomas R.] Frieden said this was a high priority, if an individual's name was presented to us and we knew that that person was willing to go and we knew that there was a block on the supervisor level, when we get the fact that the person is willing to go, then there's a name request to put in for the person. Usually, it's just generic. We're looking for CDC-wide, anyone who can do lab work or epi work. But then when we knew that oh, this person deployed, Valerie deployed and said she has a colleague called Sam who is willing to deploy, and he has A, B, C skills that would serve us well, then we reach out to Sam and say hey, your name was sent to us by Valerie, are you still interested? Should we put in a name request for you? When a name request goes in, that goes straight to the supervisor. When it goes to the supervisor, it goes to all the leads on the IM chain. When a supervisor declines a person to go to the EOC or to deploy, they have to present a reason to the leadership. That decreased how many declined requests we were getting because you really had to come up with a good, justifiable reason why this person couldn't go. To the best of my knowledge, unless the person was working on Winnable Battles or something big, an MMWR [*Mortality and Morbidity Weekly Report*] publication or something that would impact a project that also had significance for the agency, everyone was going. If the person agreed and was willing to deploy and the supervisor said no, they would come

back and say give us a reason. If the reason wasn't good enough, they would say no, this person has to go, you have to release them.

Q: Do you know if that's a system that was just developed in the moment for this specific response, or whether some of it was preexisting?

Bampoe: I don't know. I didn't ask so I don't know if it was preexisting.

Q: That's okay, I was just wondering.

Bampoe: Yeah. Sometimes it was they can't go now, but they can go in sixty days, which was good. We would always work to get to a compromise, like oh, you want her now, but she can't go now. She can go in three days or four weeks, after this project. Those were some of the justifications we got that we were like okay, put her down for further out. But now you have to find someone else to replace that person. There were a few people who declined because I think everybody around the agency got the magnitude of the ask and the purpose and was fully invested in sending people, but it must have been tough for them too because they had projects they had to run, especially domestic projects that had to run. It's like okay, how do you balance? Everybody was willing to make something work, especially around flexibility. I can't go now, but I can go in ninety days. Summer was tough because it's like, schools are out, people have to be home with their kids, so, "I can't go. I need someone to watch my kids. I can go in October, September," whatever, but yeah.

Q: As you're going through this, you must have been learning a lot about what it meant to go out into the field and actually do this work. Can you tell me about that part of it? About your exposure to what a deployment would look like while you were doing this work?

Bampoe: Yeah, most of what I got from that was through the forums, sometimes I listened in on those, and then anecdotal stuff from people who came back. And then sadly, for some of them I heard through the staffing meetings, people who got injured as soon as they got there and had to come back or people who didn't have the interpersonal skills to work in challenging environments who had to come back. You would spend weeks and weeks trying to recruit someone to go, and then as soon as you would hear, as soon as they got there, that they were not a good fit—and so they had to be moved from whatever task you had previously slated them for to something else, which meant you had to find someone to replace them immediately. All of those things were like oh, what kind of environment is out there that people are crashing and burning or not doing well? This is really a fraction of the people who went, but still, those stories make you think, okay, what is happening? Because I had an idea of what Ghana was like, I could think okay, Liberia and Sierra Leone had gone through war so if they are slightly less, less—I don't know what word to put in there, than Ghana—slightly worse than Ghana, I guess, then I can picture what that kind of environment would be like, coupled with the fear around Ebola and the challenges for people and not touching your family members. All of those things added up together, I could tell that people were—yeah. If you were not

someone who had deployed before, worked globally before, worked in resource limited settings, it would be a lot to take in. While I was there, I worked with people who were in that category and it was taxing for them.

Q: It was the forty-five days in the EOC, and is that then when you went back to New York and had those conversations with—who was it?

Bampoe: Tom and Renee.

Q: Tom and Renee. And they said, "We're behind you."

Bampoe: Yes.

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Q: What happened then?

Bampoe: Then I had to prepare my family, [laughs] and that was the tougher thing. I had to prepare my family for going to—so, doing Ebola in the EOC was fine with them and they were like, oh yeah, okay, you're going to Atlanta, that's fine. There were two things: preparing work so that I made sure everything was happening according to plan while I was gone. I also knew that when I came back, I would be coming back in August and PHPS was ending in September. I had to find a job by the end of September. So making sure that while I was gone, I would be applying for jobs while I was gone, which is when most of the job announcements would be coming out. I was worried about that a little bit.

But the biggest challenge—and then planning to move because I would have to move from New York to wherever I ended up getting a job.

Then, the family. I thought that because I was from West Africa and it would be neighboring Sierra Leone, they would be okay with it. They were not okay with it. They did not understand why I was intentionally exposing myself to something that was so deadly, and why I had volunteered to do it. I am unmarried, no children. It's like, really, your whole life is ahead of you, why are you doing this now? It was a lot of things and explaining what I do to them is difficult on a normal day anyway because they just don't get what an epidemiologist does and what is public health anyway. But explaining that I would be exposing myself daily to people who might be sick, that was tough. That was really tough. I didn't really get approval to go, but then no one could tell me you couldn't go because I am an adult. [laughs] They just resigned to it and said we'll pray for you. Yeah, that was the closest acceptance I got to that, we'll just pray for you.

Q: Who were the ones who were really resistant?

Bampoe: My mom, my aunties. My mom's family is very close, we're very close to all our aunties and uncles and they all have a say in what happens in our lives. Yes. My dad was confused—he understood my need to go or desire to go help, but he was scared too, and he was like, "If you have to go, just take care of yourself." But my mom was like, "I don't understand why you have to go. Why you?" And I was like, "If not me, then who? I'm from West Africa and you guys are scared that this is deadly; it's only two countries

over. It could skip Ivory Coast and be in Ghana tomorrow. Then what? Then would you say it was okay for me to go respond because it's in Ghana? That's not okay." I leveraged the Christian thing. "That's not Christian of you to only care about yourself and not the other person." "Okay, okay, fine, if you must go then we'll pray for you." That's how I won that battle.

Q: That's smart. [laughs]

Bampoe: Yes, you have to know your people when you're trying to negotiate things—you have to know the other person and what matters to them. That's what I used to get my say in this, yep.

Q: Another stakeholder lesson, that's good.

Bampoe: Exactly, exactly.

Q: What happened then?

Bampoe: Then I got ready to go, and I had to come back to Atlanta on July 1st because there's pre-deployment things you have to do. I was here for three days, trainings and preparation, pick up equipment, all of that stuff. Then we departed Atlanta for Sierra Leone on July 4th, 2015. I thought that was very patriotic. [laughs] It was purely coincidental because at that time, flights were only going out two times a week, so it was

Saturday or I think Tuesday and we didn't want to arrive in the middle of the week and have people now trying to adjust. Leaving on Saturday meant arriving on Sunday, and then orientation on Monday, work on Tuesday. Yeah, that's how it all started. Before I left the US, I thought I was going to Kambia, which is up in the north and along the Guinea borderline, and I had been preparing for harsh conditions, I had been told that. I packed for that environment, and then when I got to Freetown, I found out that there was a recent cluster in Western Area, in Freetown, and so that's where the resources were needed and I had to stay in Freetown. I was like, okay. Before I left I told my lead, I said, "I'm West African. I've never been to Sierra Leone, but I can handle both city and rural environments so you put me where you think I would be appropriate." Then he said Kambia, and then I got there and he was like no, Freetown. So that's how I ended up in Freetown.

Q: Who was this?

Bampoe: John Redd.

Q: Ah, it was John Redd.

Bampoe: Captain John Redd, yes. Yes.

Q: Alright. It's just a couple days in where you realize or a day in when you realize you're staying in Freetown?

Bampoe: When I arrived. Before we arrived, they had given us the lodging assignments and I thought oh, okay, I'm staying in Freetown. I actually had a friend who was coming later, after me, to bring me some clothes that I could take to meetings that were more presentable for Western Area than would have been for Kambia.

Q: How do things start out working in Freetown?

Bampoe: I went into Freetown thinking I was going to be a field epi [epidemiologist] and that's day two, so day two for me was Wednesday. Day one was okay, you're going to Magazine Wharf and you're going with our CDC team who is responsible for Magazine Wharf, and we're doing a house-to-house search and survey. It meant going to door-to-door and saying hey, checking the names of the people who live there, is anyone sick today, does anyone have a fever? Checking everybody's temperature in the household, making sure no one was sick. If someone was missing, trying to find out where they went, and if they were not sick, hiding out. It was challenging, to say the least. Magazine Wharf has homes that are so close to each other, and this was a disease we're trying to avoid touch and contact and you often had to squeeze by people, sweaty people, and you knew it could be transmitted through sweat, or speculation at the time. We're like, what do we do? And then the homes, you can't invade someone's space when they say this person is not home. You have to verify that there's no one hiding in the room, but how do you do that diplomatically? And step into their areas. The good thing is that each team had a social mobilizer, an epidemiologist, a physician or a WHO person who was

clinically trained, and then there was a contact tracer, and then there was a survivor. The survivor could enter—the survivors, contact tracers and community health workers were from the community, so they were trusted by the community members. They had allowed us to go into places where we wouldn't have otherwise been able to go, because who would open up—I wouldn't open up my house to strangers. Who are you and why do you want to be here? They were the ones who were able to go in and verify things for us if we needed to verify, but we didn't have to do that on my team at all because people trusted us and people liked us. Thank God. You just strike up a conversation and all the information will come up. Sometimes we had to deviate from the typical script and just start everything—Sierra Leone, like much of West Africa, is very conversational. You can't just go in and say good morning, I'm looking for A, B, C and D. Good morning, how was your evening, how was your night, did you sleep well, is everybody okay, everything going well today? Before you start asking your questions. And then they open up to you. Things that would have otherwise taken maybe five minutes in the [United] States from house-to-house, would take all day. We would get there probably—we would wake up in the morning, go to the District Ebola Response Center, which was the DERC as we called it, go for a meeting, find out what the updates were from overnight and things we had to look out for, for that day, and then we would go out into the field. We would arrive at Magazine Wharf around maybe 9:00 am and we wouldn't leave until about 4:00 pm or 3:00 pm to go back, 3:30-4:00 pm to go back to the DERC for our evening meeting to report what we found and get things followed up on. That's several hours of going house-to-house in the intense heat; it was hot. Wearing rubber boots because we had to wear rubber boots everywhere we went when we were doing

household things because Magazine Wharf really is terrible. And not being able to drink water. We carried water with us, but you didn't want to drink too much because you would then have to use the facilities, and there were none. Even if there were any, you didn't want to go in there. That was a concern, but that concern was, after day two I didn't have that concern.

Q: What do you mean? Why?

Bampoe: You sweated so much that you didn't really need to pee. You could drink a lot of water and you would sweat it all out, and so there was no need for bathrooms—you didn't have to worry about that. I drank all the water I could drink. But yes, that was my first introduction to it. I thought field epi for sure, and then a friend of mine—so when I was in the EOC staffing and I realized that fellows could deploy, I reached out to my class of twenty-five people and I was like, "Hey, does anyone want to deploy to these countries?" And some said yes. While I was in Sierra Leone, I deployed with someone who was from my class, we left here on the same day, and I took over from someone else who was from my class. While we there, I think there were about six fellows from my class, from PHPS. Kara McGinnis [Pilote] was the epi team lead for Western Area when I got there, and she was from my PHPS class. I thought she was going to be handing over to someone who is an EIS [Epidemic Intelligence Service] fellow who was expected to come in. For some reason, I don't know what happened with their travel arrangements, but they couldn't deploy at the time they were expected to deploy, either because their supervisor negotiated for a different date or something with them themselves and health

reasons. I can't remember exactly, but they couldn't come. Then it was, we have to find a new epi lead, and who among the field epis we have now is most qualified to do the epi lead position? Kara, knowing me, said, "We've received training on outbreak response through PHPS and she did some outbreak response things in Westchester County, so I think Valerie would be most suitable." Unbeknownst to me. I was paired up with someone else who was an EIS fellow and we were chatting, and while we were doing our rounds at Magazine Wharf, he was asking me questions about how I would do things. John Redd asked him too, and he also said Valerie.

So then, I became a de facto epi team lead. I was terrified. I was like, I don't want to be team lead, I just came here to do field work, I want to report to someone else. I don't want to be overseeing staff that report to me. What if I miss something? Of course, I'm an epi, but I'm not a seasoned epi by my own classification, and I thought I didn't have the experience to do this. If one thing went wrong, then it would be all on my head, that's how I saw it. I thought, oh gosh. Then the epi team meetings at the DERC, you had to report out and it was to all these senior WHO people, senior CDC people, clinicians and epidemiologists who've been doing this for years. Questions upon questions about the technical epi side of things, which I felt I was not strong on. How did I manage? It meant more hours in the evening. It just meant that I spent more time writing my reports than Kara might have, and checking everything and double checking and triple checking before it went out because if there was one error, you could guarantee within minutes there would be a string of emails saying, what does this mean? You need to clarify this. This doesn't make any sense. And I didn't want to look stupid in front of all these

international partners and especially not let John Redd down. He's kind of intimidating. [laughs]

Q: Really?

Bampoe: He's sweet, he's very sweet, but he's very intimidating when he gets into work mode. I was like, oh gosh, I don't know. He has this military vibe, I don't know if he was in the military before.

Within, I think, four days or a week of being there, I had switched over to epi team lead and Kara left, so I had to do all of that. That kind of minimized my field work and I had to spend more time in the DERC trying to find information. The stakeholder thing came into play and the nice interpersonal skills because here we were as outside partners trying to get information from Ministry of Health people working at the DERC. It really was interpersonal relations because I could go ask someone for something and I would get it immediately. A colleague would go ask and not get it, for some reason, I don't know whatever reason they would give. Other things, it was just like persistently going every day, "Can I please have the list of survivors from Western Area, can I please have the list of survivors from Western Area, can I please have the list?" "I don't know where the list is, I don't know where the list is," to "I have the list, where's your flash drive, I'll put it on a jump stick for you." It's like oh great, yay. There was a lot of that, and then balancing reports and answering to John Redd and then going out into the field and then making sure my field epis were okay and presenting their reports to me so that I could

write it out and send it up. Yeah. That was what I did. Then, towards the tail end, I did some trainings for contact tracers and district surveillance officers.

I forgot one part. There was a field epi team that was responsible for finding sick people and identifying people. That was the live team, is what we called it. Then there was a death team, sadly. The district surveillance officers were initially just looking for sick people to get out, and then they realized that the burial team needed some district surveillance officers to go with them because we needed to get epi info from all of the people who were related to the dead person, so that if we found that the person was positive, we could immediately start the chain to isolate people and all of that stuff, which wasn't done before. They decided to have DSOs go with them, and then the partners, who were the field epis, were their support system. We were doing "supportive supervision" is what we called it. I was a member of the burial team for about a few days before the team lead thing came up, and I had to leave, and that meant that going out with the burial teams and picking up bodies, fortunately or unfortunately for me, the one day that I was doing this with my team we never got any calls so I never saw what the process was. But I got to hang out with the burial teams and then got their feedback on what the challenges were, which I passed over to the live team, and then we kind of made some changes over there.

Q: Like what kinds of things did they tell you?

Bampoe: Some of them didn't have disinfectants, and I also observed that the way they were cleaning their things when they came back was not the appropriate way. They were not using protective equipment when they were cleaning their stuff after they came back. I passed that on to Sarah [D.] Bennett, who was our IPC [infection prevention and control] team, she got in touch with the Red Cross [note: the International Federation of Red Cross and Red Crescent Societies, as well as Red Cross Sierra Leone], which was handling the burial teams, and then they got some things changed around there. Elizabeth Schill was my CDC colleague who was also assigned to the burial team, she did a lot of work in changing the way processes were, the way things were done and the processes for picking up and talking to people and all of that stuff. I guess I never thought about it that way, but in hindsight, I got to touch almost all of the pieces: the household-to-household surveys, the live side, the burial team, then the leadership part of it and reporting. I never worked at the isolation facilities, the voluntary quarantine facility, so I didn't get that piece of it, but yeah.

Q: But a lot otherwise. Wow. Magazine Wharf, your work there, was that about the [forty-two] days that you had mentioned?

Bampoe: Yes.

Q: Okay. Then coming to work at the DERC in that more supervisory role, how long were you doing that?

Bampoe: Oh no, all of these roles were in [forty-two] days.

Q: This was all [forty-two] days?

Bampoe: Yes. Things evolved very quickly. For the household-to-household, I did that exclusively I think for about—so I started on Tuesday, maybe by Saturday that had changed and I was shadowing Kara—the timelines are a little fuzzy—to take over. Then when I took over for Kara, I was assigned to the rural, Western [Area] Rural, so I was responsible for Waterloo and Jui and all the other parts of it. What that meant was while I was doing the epi team lead position, I was also providing supportive supervision to the DSOs from those zones. They would bring their forms in at the end of the day of everybody they interviewed, we reviewed the forms, made sure there were no discrepancies—if you're saying this child is three years old, how did they go to the hospital by themselves, who took them? There were questions that didn't match when they had the answers, and so you had to make sure that the answers tracked well and everything was completed appropriately and turned into the right person. That was part of the supportive supervision we were providing. Then if you went on an interview with someone and they missed something, after that you would coach them and say hey, so you asked this question in this way or they told you that the child was home from school the day before. Perhaps you should have asked questions like, were there any kids playing with the kid at the time? Did anyone come to the house to visit them? Questions that they should have thought of, but they didn't think of. You would bring it up so that the next time they would think about it. That's the supportive supervision. Then we did

household-to-household—there was an operation called Operation Safeguard Western Areas, OSWA is what we called it. That went on for about a week, and it was intensified household-to-household searches again, even down to marking the house to make sure that you went to it. You saw everyone consistently for seven days and everyone was fine, and we did this in the rural area, which was difficult. In Magazine Wharf, everything was there, clustered together. That had its own challenges. But this was, houses were spaced out and we had small teams and we had to go, so there was a lot of walking and a lot of visiting and a lot of mistrust, and is the correct word, apathy? I don't know, people were just tired of being asked questions and being bothered is what they thought. It was just everyday, people were bothering them with the same questions over and over again. They were kind of far removed from what was happening, so I think they thought, this has resolved, why are you bothering us? It's not in our community, why are you bothering us? There was a lot of resistance in Western Rural when I was working in the field, door-to-door.

Q: And that took the form of not wanting to answer questions?

Bampoe: Yes, not wanting to answer questions, or being flippant in answers and not just wanting to chat. It was like, "Everybody's fine, everybody is fine here, no one is sick" kind of responses, or just direct, "Why are you bothering us, there's no one sick here" kind of answers. To having to explain again, "There's no one sick here, and we really want to make sure that that stays the case. No one being sick here means that you guys are doing all the right things, so we just want to reinforce that keep doing whatever it is

you're doing so no one gets sick, and then your community gets to be safe. But please indulge us, in the next seven days we will be coming every day to check to make sure that everything is still fine." There was a lot of that we had to do. How do you turn this negative thing into a positive? "Nobody is sick here, we're all fine." "Okay, great, nobody is sick here because you're doing the right thing." Then they're like oh, okay, fine.

Q: Do you remember a specific family or people that you guys talked with that at first were resistant, and then—

Bampoe: There's also a lot that went on. You could only tell that people were agitated, but you didn't know what they were saying because of the local language. I could understand some basic Krio, but when they started going—West African culture is very expressive, and when you're excited you're talking really fast and your hands are moving, so it may seem you're mad, but you're not really mad. You can't really tell. But afterwards, we would get the debrief from the DSO [district surveillance officer], "This is what they said." But no, I can't remember—the specific family I can remember was actually in Magazine Wharf.

Magazine Wharf, there were two instances where I was like, why am I here? This one was a house on Mill Street, and we were trying to find someone who had been in close proximity to a man that had died and the family had broken the rules and snuck the person into the morgue and then buried him without a sample being collected. Snuck him

into the morgue without a sample being collected, and then I think they buried him before. We were trying to find this gentleman who was his in-law, and we heard rumors that he had gone to Guinea and that he had an interview at the American Embassy in Guinea, so he had gone there. We were trying to find out if he was really scheduled to go to the embassy—he was not on the list at all, so we were like, good. Where is he? And then we got a tip one afternoon when we were done with our work, we were leaving—I was with Kara at that time, so this happened the very first week I was there. Someone from the other ward—Mill Street was not CDC's zone, so everything, every part, section was portioned out to people, to partners. CDC didn't work in MSF's zone, MSF didn't work in CDC's zone, so there was accountability, and the people knew who they were dealing with daily so you could build relationships. It's not a new person every day. That was great that we did that. But this person came over and called to Kara and said, "Hey, we got word that the person you're looking for is back." I don't want to use names because these things will be on file forever and ever. But [John, a pseudonym] was his first name, and he's back. "We're hearing rumors that he's home, so can we go over?" We're like oh, I think that was an MSF zone if I'm not mistaken, but we didn't see anyone around. So we're like okay, do we leave or do we go? We called into the DERC and said, "This is what we heard, should we go?" We were already there. When we got there, there was a lot of noise, chaos happening, people saying that he shouldn't go. His family members who were in a quarantine section were quarantined, and they didn't want the quarantine, so there were actually members of the RSLAF, the [Republic of] Sierra Leone Armed Forces, and they were there protecting people from going in and out into that quarantine area. The family members were right on the tape of the quarantine border,

screaming that [John] didn't have to go with us to the voluntary quarantine facility. It's a volunteer facility, so the person, we don't make anyone go, people just have to say yes, I will go, or no, I won't go, and you leave them alone. But we were trying to reason with him, "Please go because you were exposed to this person. You've been away for a week or so, you're back now. If you're sick, you're still within your twenty-one days. We don't know if you're sick or not. Your family has been protected by being quarantined, so there's no point in you going into that area and potentially exposing them to something when we don't know what your status is. It would be better if you came with us to the voluntary quarantine facility." He was fine, he said yes; his family said no, absolutely not, he is not going with you. He's sitting in a chair somewhere, he's looking very weak and tired. I'm concerned because that's my first week. I don't know what people with Ebola look like, I've seen on the news. But he looked very tired to me and I thought okay, maybe he is sick and he's trying to hide something. We're trying to convince him to come along and his family is screaming. At this point RSLAF is like okay, what's happening? Everybody just calm down. The more we tried to calm people down, the more they got agitated. We had a security code that we were all supposed to say when we thought our lives were in danger and then leave. Kara was on the phone trying to call the DERC, trying to figure out what to do. Elizabeth and I, who were new, that was our very first week, were thinking we should probably get out of here now because things are getting rowdy. Kara was still on the phone trying to see what to do, so we're telling her the code word, we've got to go, and she's like, "I'm talking to the DERC right now, I'm trying to figure out what to do." I'm like "No, we have to leave now," because at that point, all the neighbors were out in the quarantine area, some were on their roofs, the

ones who were outside the quarantine areas were like forming circles around us, everybody is screaming, “John, come back into the quarantine.” So he gets up and he goes into the quarantine area with his family, and so now he’s in there. It’s like okay, there’s nothing we can do now. He doesn’t want to go, his family says he shouldn’t go, we should leave. Still on the phone, trying to figure out what the DERC is saying and the noise, she can’t hear, so she’s like, “What?” I’m like, “Kara, if we don’t leave now, things are going to get—” They start screaming, “Go Ebola Go,” at us, like we brought Ebola. “Go Ebola Go, Go Ebola Go.” At that point, she gets off the phone and she’s like, “We have to leave.” So we leave, of course, and they’re clapping and they are doing Go Ebola Go, Go Ebola Go, we just speed walk out of there. I’m like, whoa, what did I get myself into? Why am I here? These people don’t want us to be here and we’re trying to help. I left my family to come help you and you’re just going to attack me and call me the person who brought you Ebola? It was a momentary lapse of whatever. I was like, I don’t want to be here if you don’t want me to be here. Why are we doing this? We left, went back to the DERC, reported what we found, and of course there were some leaders there that were like, why were you there in the first place, it wasn’t your zone. You shouldn’t have been there, people have been working with them. It was a bad day. It was a bad day. Mill Street, I remember that.

The second time was another quarantine area. Someone was sick and they didn’t report that the person was sick, and then by the time they reported it was bad, they had to take them to the quarantine facility. Their quarantine had to be restarted, and they were not happy. That was the second time. They were not happy. They started yelling, “This is not

okay," like yelling. I couldn't hear what was happening because it was in Krio and it was fast and it was really energetic talking. Had to get out of there quickly too.

There was one instance where my conflict resolution skills came into play. There was another family that had been promised bedding. When someone is taken from a home, they go into the home, they take out everything, beds, pillows, everything, that gets burned. Then they sanitize the home, and then they replace whatever they took. Apparently, this family had been waiting for a week for a new replacement and they hadn't come through. The gentleman saw the team coming in to evacuate someone, and he wasn't having it. He was like, "I'm not allowing you access to this area until I get my bed, my mattress, my everything." I had to try to talk him down. "Please just let us do what we need to do for this patient. This patient needs to go to the clinic immediately. We're going to call her right now and try and find out where your beds are." Because he is attacking the medical team, the medical team is saying we're not responsible for beds. we're just here to carry the patient. You can't attack us. Then they are yelling at each other, there's a screaming match when the patient is there waiting to be transported. I was able to negotiate something, patient was allowed to leave, called DERC like hey, can we get this mattress ASAP [as soon as possible]? The guy gets to talk to someone on the phone, assuring him that before close of business, he would get his mattress and his pillows. All was well and he let us leave.

Q: Do you know if the man got his mattress and pillows?

Bampoe: Yes. Yes he did because we were not going to be allowed there the next morning. We went back to the DERC and reported that he wasn't going to allow us. The military, the UK [United Kingdom] military was responsible, DFID [Department for International Development] was responsible for the disbursement of supplies and things. We checked in with Captain Charlie [Robert "Billy" Parham] and he said, yep, it had been delivered. Then we were able to go back into that area the next day.

Q: Was that an issue, delays in replacing things?

Bampoe: There were some because there were logistic challenges, some of the supplies were out so it wasn't that we had them and we were not dispersing them, they didn't have them in the supply room or they were stuck at the national supply place but they were not coming down to us. There were some challenges, lots of challenges with everything. I think in that instance it was miscommunication, they thought he had received them but he hadn't, and no one had followed up with him. That's how we found out and he got his mattress. But it was the same with tarps, we were giving out tarps and some NGOs were giving out buckets and so they thought we were the ones giving out the buckets. "You gave buckets to this household, but not us. Why are you here to ask me questions? You didn't give me some supplies." A lot of that stuff happening. But the daily meetings helped because all the partners were at the daily meetings so it was like, "Where did you have that challenge?" "It was this address." "Okay, tomorrow morning I'll have someone deliver it." Then you go back in the afternoon, and you're like, "Was it delivered?" "Yes,

it was delivered." It was nice. We had challenges, but we did the best we could and I think those daily meetings helped a lot.

Q: Who were some of the people you were working most closely with at that time?

Bampoe: You means in terms of partners?

Q: No, just every day.

Bampoe: Every day. Kara McGinnis until she left, then there was Dasheema Jarrett, Sheila Guice, Turcina McNeilly, [Elizabeth Schill]—

Q: Can you describe one or two of them who you spent a lot of time with?

Bampoe: All of these people were PHAPers, so there's a Public Health Associate Program. They were also fellows, but that fellowship targets undergrads [undergraduate students] and new into public health, so they were fresh into outbreak response and it was their first time in Africa. For most of them, it was their first time out of the United States, and to be planted into Freetown, Magazine Wharf, it was really the worst of the worst they could see. They were excellent. They were excellent, going every day, we left the hotel at 7:00 am, most times we didn't get back to the hotel until 7:00 pm and the epi team worked seven days a week. There were other teams that had days off, but we didn't have days off. I think they handled it well. They handled it really well. There were some

challenges and there were days when—we trusted each other enough to just say, I'm not having a good day, and that was okay. You could say things and not be judged for them. Initially it was a little tricky because I was the newest member of the team and then I was made lead, so I think there was some resentment there—I had some challenges with my team in the beginning. But after a while, it became normal. The person I worked closest with actually was Antoine, Antoine—what is his last name? I can't remember right now [note: Thompson]. I was Western Area epi team lead, and he was Western Area field coordinator, and so he was responsible for all activities in the field, IPC [infection prevention and control], epi, lab, everything, but he was mostly at the DERC. He was a CDC representative if they had to have impromptu meetings and decide on where resources needed to be pooled. But he was also my colleague in the sense that the reports, we often wrote the reports together and I would check my reports with him. He had reporting to do too, so he understood from the leadership standpoint what my challenges were while my other colleagues could understand what the field challenges were. If we had to be closest, then that would be Antoine. But then personal support system there was Jasmine Jacobs, who was a member of the PHPS class—Jasmine Jacobs and Tiffany Humbert-Rico, they were both from the same PHPS class and we knew each other and we were friends. They were the people that you could—and Nina Johnson—could just decompress with, like I'm really struggling today and all of those things and try to talk it out and all that stuff. Elizabeth, I was close to Elizabeth too because we started off on the burial team together. It's hard to work in those conditions, doing that much work, spending so much time with everyone and not be close to everyone. I feel like the list could go on, everybody did something different for me.

Q: How about the Sierra Leoneans who you worked most closely with?

Bampoe: Sierra Leoneans I worked most closely with. James Bangura, I worked a little bit with Charles Keimbe when we—

Q: Can you tell me about James?

Bampoe: James was a Ministry of Health lead for Western Area. We became friends actually, personal friends after that. He was in the meetings that we had every morning and every afternoon. To me, he was on the high leadership end, so it would be the John Redd who would communicate with him regularly and if things needed to be done or things needed from the Ministry level, he would be the one to call and say hey, can you get your people to do this and this and that? My interaction with him professionally within that setting was limited in that I was just like okay, reporting. I would report out to him and he would ask questions, and one or two times he came out to where we were working to shadow us, to observe what we were doing in Waterloo and Jui. But then we became friends, so then I would see him off work times and socialize that way. My impression of him professionally was that he got things done. That whenever he was needed to do things, he got it done and he was a willing partner for CDC. CDC relied on him a lot for things when we needed to get—and even when I went back to Sierra Leone recently for a project, I just called him up and I'm like "Hey, do you know who the contact is for this ministry?" And he was like "Yes, I can give you their phone number,

here, call them." Or he would reach out to the person for me and then prep them for my call and I would call and get meetings. Great resource.

Q: You said that toward the end of that period you started training some contact tracers, that kind of thing. Can you just tell me about that?

Bampoe: Yes. We were in what was to be my final week—I was supposed to leave Sierra Leone on the 15th of August, I believe. We had discovered that okay, people had been doing this so long and we were so close to zero, we were at day seventeen, I think, in the Western Area, day sixteen when the training started. They had been doing it so long they were taking certain steps for granted. We had to retrain people and re-sensitize them to things and say, stop skipping steps, essentially—reinforce what we wanted them to be doing.

Q: What kinds of things would they skip?

Bampoe: For example, the training was put together by WHO, CDC and Ministry of Health. It was Dr. Aarti [Singh], who was a WHO lead; James from Ministry of Health, and Charles; and then Elizabeth was the CDC representative doing this. For district surveillance officers and contact tracers, when you go out in a team—it's important that you go out in a team. When you are out in a team, this is this person's role, but while the district surveillance officer is filling out the questionnaire, this is what you, the contract tracer, could be doing: striking up a conversation with someone else or the neighbors,

trying to figure out what actually happened and to collaborate the story that was told to the DSO. The third person is supposed to be their eyes on the ground, observing what's happening. Everybody is part of the team, you're not just waiting on the DSO to complete his questions, which is what some of them had been doing, just standing there waiting, waiting, waiting or having personal chats and ignoring what else was around. Sensitizing everyone to what to look for when you're interviewing and how you could even prompt the DSO to ask other questions. And then for the DSOs, this is the case investigation form, you've asked a question and you should be able to know when to prompt or when to follow-up with a question that is not on the form, but will reveal other information, such as the example I gave earlier. The child was home from school. Were they playing out? Were there other people there? This person was sick for two days. These are the members of the household, but did anyone come and visit them? Which is the norm, people will come and visit them. Who came to visit? Do they live around? Where do they live? Then try to get those names and phone numbers and markers for where they live—all of these things, sensitizing them to it.

A problem that we were having was onset, onset of illness, which was critical because then we could calculate infectious period, who was exposed to them and when they were really infectious and how we can track down those people. But a lot of these things were coming back blank because they were asking questions and people were not answering them. "I don't remember." But then telling them okay, so use prompts. Was it a market day? Was it big market or small market day? Then you know what day of the week it is, is it Saturday versus Wednesday. Then if it's Saturday, you try to verify that it was

Saturday. Did you go to church the next day? Or if it's Muslim, then was it prayer on Friday? The day before, did you go to prayer? Were you feeling well that day? Trying to find out the maximum we could to identify who could potentially be exposed to this sick individual, and that's what the training content was. We developed slides and gave examples, we allowed people to speak, to play out – do role plays. We had a lot of role plays during those segments, which were a lot of fun.

Q: Were they?

Bampoe: They were. Unfortunately, I couldn't record some of them. It was just crazy, people were all above and beyond. But they gave us scenarios. There was this one role play where the woman who was being interviewed said that she was essentially a sex worker, but I didn't understand what the terminology meant. She said, I think the phrase was wacka-wacka, and so I thought she meant she goes out to the market. They played out the whole skit, and it helped because the facilitators, I was a facilitator for the surveillance piece and my colleague was Charles Keimbe, who was a surveillance lead from Ministry of Health, Sierra Leonean, understood what everything meant. After everything, the whole class critiqued the role play, and then he mentioned that, he was like, "You guys didn't pick up on the fact that she said she was a sex worker. She potentially exposed—you had to ask how many customers she had had the night before, try to figure out who they were and try to track." And they were like "Oh, we totally missed that part." It reinforced what we were saying: nothing is negligible, everything that is said to you is important and can reveal something. I think that one scenario was

really awesome because you could see the lightbulb moment like crap, we missed something. He was like okay, thank God this is a learning situation, just know future wise, ask everything and anything and follow up. That's what those trainings were. We trained, Charles and I's team trained three hundred people over the course of three days, and the way we managed it was one hundred a day, so two classes of fifty a day.

On the third day, which was day eighteen, we were—and Dr. Aarti was actually part of our team too, so she handled the WHO trainings. We were in the training when she disappeared, and I was like, where did she go? Before that time, she had been handling all the surveillance and all the epi pieces. I wasn't doing much, I was just doing like one or two slides, and then that day she was gone. Then Charles and I had to do all the slides by ourselves, and so I had to do more slides that I was used to, that was stressful. But it was good experience. I was wondering where she had gone, only to find out that we had a case in Magazine Wharf. That was day eighteen. You could see faces drop. People cried. I think I cried because I was like, really? I was hoping that when I was set to leave it would have been day twenty-one, and so I would get the news before boarding the flight. Yay! No. Instead of leaving that weekend, I extended my trip because my replacement wasn't scheduled to arrive until a few days afterwards. My timeline is screwed up, I'm sorry. I opted to wait for them to arrive to hand over, and then to have a few days of overlap with them before I left so that they wouldn't be just thrown into a new case. The good thing is my replacement, who was Matt [Mateusz P.] Karwowski, he was an EIS officer and he had been there before, except he had been in Kailahun or somewhere else. This was his first time in Western Area. He wasn't fresh or green, it was great because he

hit the ground running and that was nice. And then when he was there, because he came over a week before my new extended period was supposed to end, he took over the leadership, reporting and whatever and I went back to the field. So I closed it out the way I started, which was nice.

It was a sick baby. The baby actually died, and we were trying to find out how we had missed her. Epis always say this, there's always when there's that missing link and you're pushing and you're pushing and you're pushing and you're not getting information, but you know that there's something there that is unresolved, and that's exactly what happened. There had been a baby that died earlier, and her mother had abandoned her with her family members, with her husband and her mother-in-law, and gone to her family in a different area. Her husband lived in Magazine Wharf and she lived in the home with her husband, her nephew, and her mother-in-law, and then the baby that came in on the scene. She left there and went to Goderich, which is where her family members lived, which is a little more affluent and slightly higher status. She refused to come to the house after she left. Baby got sick and baby died, grandma got sick, nephew got sick. Husband wasn't sick, but he was taken to the voluntary quarantine facility. Grandma died, I think nephew lived, I'm almost certain nephew lived—we have these complex charts that I stared at for so long, the cluster maps.

But the key for us was in Sierra Leonean culture, when a mother is not in the home and there's a baby and the baby needs to be fed, other nursing mothers within the community step up and breastfeed the baby. We were asking who was feeding the baby when the

baby was sick. Grandma swore that she was the only one who fed this baby, no one else fed this baby, no one else. We went back several times, several times, several times trying to figure out what happened, who fed the baby. No one fed the baby. It turns out this baby that died on day eighteen when we were hoping to be getting to zero, her mother was related to the woman's husband, and so she was the baby's aunt. The first baby that died, her aunt. She had gone over and fed the baby, and she had cared for the baby. She had come down with some mild symptoms of Ebola, she went to the clinic. She wasn't tested for Ebola, she was tested for malaria. She was malaria negative, so she went back. She had very mild joint aches, pains, everything. She was home, she was pregnant. Later on, she had her baby. Baby dies, baby is Ebola positive, then find out mom was too. Mom had been, but then she got over it. She wasn't deathly ill enough to have raised alarms. She went to the hospital several times, the clinic several times. She was not tested because she had mild symptoms. That's how the chain finally closed and we were like, that's who was feeding the baby, that's how this baby just randomly, out of nowhere, came back Ebola positive and died. If you could call something good, it was good in that it was not a new chain. It was not a new infection that came out of nowhere that we didn't know about. But it was terrible because we could have caught it and there were places where the clinic could have caught it and didn't. That's how our surprise came along and we started again.

But at the same time, Tonkolili and Pujehun, I think Tonkolili had a case, was it Pujehun or Tonkolili? Someone else had a case, which extended the whole country again, and then they finally got to zero. We had a celebration here when we got to zero. There was a

gathering of all the deployers, some of the deployers who had been in Sierra Leone—we met at an African restaurant. James was actually in town at the time, James Bangura was in the US at the time, so he was invited there to speak on behalf of the Ministry, blah blah blah, and meet all the deployers. We fellowshipped and ate and yeah, celebrated getting to zero. That was my Ebola experience.

Q: Can I ask, that last little group of people, that aunt who had cared after that baby, did you ever speak with her personally?

Bampoe: No. We couldn't find her. By the time I left, I wasn't part of the Magazine Wharf investigation anymore. Since Matt was there, Matt took over Magazine Wharf. The family swore they didn't know where she was and all of that stuff. So it was a difficult time trying to find her, but I think they did find her in the end.

Q: And she lived, right?

Bampoe: She lived. Yes, it's just the baby that died. Yeah. Then the original mother who left, we were trying to figure out where her infection had come from too. Her family didn't want her to be tested, but they tested her later and found that she had been actually infected because there was no link anywhere else but mother. I think they were talking about studies and tried to figure out what that woman had and what the mother of the baby, the second baby that died, had that made their symptoms so mild and what made

them able to survive, but then their children didn't. I'm sure there are a lot of scientific studies happening on the survivors and what was different about them.

Q: Did you go back in between that time to Sierra Leone and the time when I met you over there?

Bampoe: No. When you met me, that was my first time back after leaving in August of 2015.

Q: August 2015 and then to March of 2017.

Bampoe: March of 2017, yeah. A whole year and change. But it was incredible. I met people who remembered me, it was nice. And then with our stakeholder meetings, it definitely helped when I was like oh, I was here, the first time I was here was during Ebola. Oh, you were here for Ebola? Wow, okay so you really understand the challenges we face, okay great. That helped a lot with stakeholders, especially the Ministry stakeholders and Sierra Leonean partners.

Q: Can you describe a little bit of the project that you're working on now?

Bampoe: Yes. Our division, which is the Division of Foodborne, Waterborne and Environmental Diseases under NCEZID, has a Global Health Security Agenda funding and we're trying to build a global, we're calling it a Global Enterics Disease Outbreak

Response Toolkit. It's a capacity building toolkit we're trying to build. We're targeting workforce. Workforce development and technical assistance are the two components of this toolkit. We're training people on how to respond to waterborne and foodborne and environmental outbreaks, Ebola, cholera. Well, Ebola is not one of our target areas, but cholera, typhoid, dysentery, those are all things that happen religiously, every year in Sierra Leone come rainy season. We went there to meet with stakeholders to pitch the project and say hey, we know that you have a lot of trainings on the ground now, especially post Ebola, a lot of partners have come to do trainings, but ours is different. We're trying to build capacity, not coming up with just an intervention to fix it now, but the capacity to do it and sustain it and here are the tools we have to offer. We don't have funding to improve infrastructure, but we're thinking if we pass on the knowledge to people, they can make small changes wherever they can to prevent more importantly, but also to detect when something is happening, waterborne or foodborne illness-wise, and how to respond appropriately to it. We met with Ministry of Health and Sanitation partners, we met with Ministry of Water Resources, we met with NGOs, we met with some CDC partners in-country, and everybody is onboard. It's very important to us to not duplicate efforts on the ground already, so we're trying to find out how to integrate what we have into existing programs, partly for sustainability and also because we don't have funding, never-ending funding. I mean, it ends in 2019, so we have to figure out how to get this on the ground soon so that it can have a chance to gain traction and we can provide the technical assistance we need and build that capacity before the funding goes away.

I'm on the waterborne side, I'm developing epi training modules on outbreak response and capacity building. But a lot that is being done by the Field Epidemiology Training Program, which is now in Sierra Leone, FETP is there. Tushar [Singh], who was my mentor when I was in Sierra Leone, funny that I haven't mentioned him until now, but he was my epi team lead counterpart in Kambia when I was in Western Area. He ended up going to Kambia and I stayed in Western Area, and he provided a lot of mentorship to me, and he's the one leading the FETP program there, resident advisor. It helps that we have that working relationship already, trying to find out how to integrate our materials into his stuff.

Q: Can you describe that mentorship and what that involved?

Bampoe: Yes. Remember when I said that I felt like I didn't have a lot of epi skills or enough to be a team lead—

Q: Yeah, you said, "I'm not exactly a seasoned epidemiologist."

Bampoe: Yes, exactly. I'm not a seasoned epidemiologist, and I was okay doing the day-to-day work, collecting data, talking to people, getting all of that done. But when it comes to statistics and the data analysis and the calculations and all that stuff, I had to go back to him like hey, am I doing this right? There was a time when we were there that people were saying that, I think the infectivity period, the twenty-one days, was too long and it had to be shortened. They had evidence saying it was actually shorter than that, so John

Redd sent a request out to all his epi team leads saying, “I need you to calculate based on the clusters you have what the actual ranges are, and send me the median,” or some request he sent. I was like wait, what? Where do I start from? After I Googled what I was supposed to do [laughs] and calculated all of it, Brigette [L.] Gleason, who’s actually also working in Sierra Leone at the moment, was my counterpart in Port Loko, she sent in her numbers and her numbers were way off from my numbers. I was like wait, she’s an EIS officer. Both of them, Tushar and Brigette are EIS officers, their numbers might be more accurate than mine, but my number was very different from Brigette’s numbers. So I thought okay, I’m not going to send this in, and she was the first one to send hers, so that threw me off completely. I’m not going to send my stuff out now, let me wait and talk to Tushar in the morning and see what his numbers are and see if I did this the right way. I sent mine and then Tushar sent his, but not before I had spoken to him. I was like, “Tushar, I don’t understand why my numbers are different from Brigette’s, but they are way off. They are confirming the twenty-one days like we are doing now, but hers are off and I don’t know if I did something wrong.” Then Tushar, if you’ve met him, is very much the person who’s not going to tell you, he’s going to walk you through the process. What I mean by that is, he said, “Okay, tell me how you calculated it. Tell me how you get this number. Did you do this?” “Yes I did.” “Did you go down to—” I can’t specifically say what exactly we talked about, but he just walked me through it and said, “If you did it this way, then why do you think your numbers are wrong?” And I said, “Because I think Brigette’s numbers are way off, so now I’m questioning the numbers that we have.” He was like “No, my numbers were similar to your numbers and you used the same process and Brigette used the same process, but you are right, send your

numbers in." So then I did, and John Redd came back and was like, "Okay, great." No questions asked there. I was like okay. [laughter] I was really sitting on pins and needles like wait, please don't ask me any more questions, I can't think anymore today, no. But it worked out well and that was the nature of our relationship. If I felt like oh wait, I need to check this number with someone else, then I would call him. But it was mostly for just numbers, everything else was just writing the report and asking questions and prompting people in meetings. And yeah, compiling data.

Q: I just have some overall questions regarding Ebola. How do you think that the experience changed you, if at all?

Bampoe: I know now that I can do things that I don't think I can do. I may have known it before or thought it before, but now I know. And I know that public health is really where I want to be, and this is what I want to do. I want to build up some more epi skills because I enjoy that. I enjoy finding out who got sick, when, why, where, who is exposed, how can we keep them from getting sick, and then thinking about all these things. If I didn't know that this was what I was supposed to do, I got that confirmation when I was in Sierra Leone and in Ebola. I also got the confirmation that I don't want to only be based in Atlanta and be doing work here and not be on the ground. I want a balance of doing work here, but then getting to see that impact on the ground because that's what the local health department prepares you for. Local health departments are not well staffed because they are struggling with resources, especially public health. Yeah, resources. One person does a lot of things and you have to be confident in what you are

doing because you are it. When I was designing that program, I was expected to know what I was doing and do all the research and pull it out and bring the best options to my supervisor and have him pick whatever he preferred. Reinforcing that in the field, like you went in thinking you were going to be a field epi, you're epi team lead. You have the skills, you have to use the ones you know well and when you don't know, you know when to ask for help. And that's important too because no one person can know everything. Even when I felt like okay, maybe I'm inadequate, I don't know enough to do this, once I started doing it I realized that okay, I can do it, and I did it differently from my predecessor. She was more epi, her concentration was epi in school, so she was more in the data and trying to come up with things and exploring hypotheses that were not within my frame of mind or reference. I did it differently, and that was good as well, and so that was confirmation for me that maybe my skills are not exactly the same as somebody else's, but they are equally valuable.

How has it changed me? I am a little more confident in what I bring to the table. I know for a fact that this is what I want to do and I know that my work—or I feel more valued when I'm working in underserved populations. I know that my continent is where I would like to focus my energies on, so working anywhere in Africa would be a privilege for me. That's why when this opportunity came up I had to leave my policy job and say this is it, I can't pass it up, I need to work on this. In terms of private, personal life, it's confirmed, it kind of reassured my parents and my family members that yes, maybe I will expose myself to things time to time, but I will do my best to protect myself and it's not as dangerous as they—of course, I didn't tell them all the stories. [laughter] There was

one time I was actually sick and I thought I might have Ebola, and that was stressful. No one at home got to know that I was sick. I was fine. Every day I was fine, even when I was sick and in isolation, I was fine.

Q: You were in isolation?

Bampoe: Not isolation, the first step was you have to quarantine yourself in your room and wait for your symptoms to resolve. You check your temperature and you report to the safety officer twice a day, morning temperature readings, evening temperature readings, if your diarrhea has resolved and whatever other symptoms you're having have resolved. If not, then I think day three is when you get sent to a medical facility to see if there's something beyond traveler's diarrhea or stress. Thankfully, it was stress and foodborne, I think foodborne illness. Yeah, because a bunch of us went out to dinner that night and the next morning all of us, Kara, Jasmine, my support system, we were all sick. [laughs] That's when we knew it was the food and not something else. But the day before, we had been in a community trying to get someone who was sick out. He turned out to be negative anyway, but at that time when all of that was happening I was thinking shoot, could this be, could I be sick? I didn't have any contact with him, but his house was so—the space between his house and the wall and just squeezing yourself through there and you don't know when you touch someone, you really don't, things are so close. But yeah, thank God I was not sick.

Q: Can you talk a bit about being a person of faith and how that impacted—

Bampoe: Oh gosh, yeah. That was deep. That was an anchor I had to rely on because I just couldn't understand why this was happening to people and it was a lot, keeping your distance from people except for when you're in tight hallways and you brush against them. It was really difficult not being able to touch people and hug them, even my friends who were not sick. Imagining how someone would be caring for a sick person and not even allowed to care for them, not allowed to perform the burial rights that they're used to, not being allowed to hug your child when they are sick, all of those things. Trying to figure out where God was in all of this was tough. But I guess the West African mentality that I was mocking earlier is still a part of me, like everything happens for a reason and you are there for a reason and you are there to make things better for people. If you have the privilege of not being sick and you're there to help, do the best you can to help. But it was the prayers that kept me going at night and to give me the strength to go on because twelve-to-sixteen-hour days, I mean, we are not encouraged to work beyond sixteen hours, but in my hotel room—you would go back at 7:00 pm, we would have a hotwash, everybody would talk about their day, what went right, what didn't go right, what we need to follow-up on the next day. Back in your hotel room about 8:00 pm, take a shower, come back, eat or do something, and then write a report that goes out to everybody. The report has to go out before 10:00 pm. My days were long and hard, and I was just tired, and I needed faith to carry it on. I would just be like, "Lord, give me strength today to get through what I need to get through and to be there for someone and give me the wisdom to know how to handle situations." That was my prayer every day, give me the wisdom. And even in the field, in the field praying on the go, like, "Give me

the strength to handle this, give me the wisdom to say the right things" so you don't set someone off. We went to a remote area one time trying to find out where someone was buried and why they were buried without letting us take a swab and who was at the funeral, all of this stuff. Walking to people who are mourning and trying to ask them questions about what they did without implying that they did something wrong to cause them to shut down was tough. People wailing around you and you're sticking to your form. There were some tough, tough days. Very tough days and prayer, prayer got me through.

Q: Yeah.

Bampoe: Yeah. I don't know how my colleagues who don't have anything to cling to handled it, I really don't, but I don't think I could have done it without faith.

Q: Thank you.

Bampoe: You're welcome.

Q: Are there any other memories that you'd like to share or reflections that you'd like to share before we conclude the interview?

Bampoe: I think I've covered it all. The relationships I formed with the people of Sierra Leone and the people I worked with is an experience I will cherish forever. My last day at the DERC, we totally broke the rules. [laughs]

Q: What do you mean?

Bampoe: I should not be saying this on record, but we totally broke the rules and hugged each other. The people I'd been working with, for, I'm not going to implicate them in this by mentioning their names. One of the people I had been working closely with for WHO hugged me and was like, "It was so nice working with you." You know when you're working with nice people, it makes it a lot easier, and it was true. I felt the same way about her because she had made my life easier. We just hugged. And then there was this woman who had been very difficult to work with for most people, a force to be reckoned with, Mrs. Cooper. Not difficult to work with in that she was difficult, but she said it as-is and she got things done. She had no tolerance for inefficiencies or complacency or laziness or anything. Everything had to be done the right way. She actually gave me a compliment by saying, "Why are you going? Every time we get good people they take them away. CDC sends us good people"—that was great to hear—"and then they take them away." And we should stay longer. "You should stay, you should come back to Sierra Leone, I consider you a daughter of Sierra Leone now." I was like ahhhh, Mrs. Cooper! [laughs] I couldn't believe this. We posed for pictures and everything. I was like wow, I need to document this because throughout my stay, we had had conversations but not—she sent me to get her tea one time and it was like okay, I'm going to go get your

tea. But not conversations where I thought oh, she sees me and she recognizes what I am doing. So for me to leave and she's like, "I don't like the fact that you're going, this is not okay, CDC, I need to call Sara Hersey and talk to her about this." Every time someone was leaving she would say that, but then she said, "We consider you a daughter of Sierra Leone." I was like, wow, this is good. Relationships.

Q: I just want to thank you so much Valerie for being here and sharing your experiences. As you said, as you know, this is going to go down as a really historic event and these records will live and I'm just so happy that your voice is going to be part of it.

Bampoe: Oh, thank you. Thank you Sam for inviting me and allowing me to ramble on and on—

Q: No! [laughter]

Bampoe: —about experiences. I'm sure I'll think about a lot more that I could have said later on today, but thank you for giving me this opportunity.

Q: Of course, and if there is something that you'd like to add, this room is always open to you.

Bampoe: Thank you.

END