CDC Ebola Response Oral History Project

The Reminiscences of

Ibrahim I. Bangura

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Ibrahim I. Bangura

Interviewed by Samuel Robson
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Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson. I am here, pleasantly, with Mr. Ibrahim Bangura in the Radisson Blu Mammy Yoko Hotel, Freetown, Sierra Leone, on March 26th, 2017. I'm interviewing Mr. Bangura as part of our CDC [United States Centers for Disease Control and Prevention] Ebola Response Oral History Project. Thank you so much, Mr. Bangura.

Bangura: You're welcome.

Q: Would you mind first just saying, "my name is," and then pronouncing your full name?

Bangura: My name is Ibrahim Issa Bangura.

Q: Thank you. What is your current occupation?

Bangura: I'm a final year medical student at the College of Medicine and Allied Health Sciences, University of Sierra Leone.

Q: If you were to describe to someone very briefly, maybe two to three sentences, what your role was during the Ebola response—

Bangura: My role was to support the activities carried out by the CDC Ebola response team in Sierra Leone in the IPC [infection prevention and control team]. There were [various teams], we had the epi [epidemiology], things like that. But I was with the IPC team full time.

Q: Can you tell me when and where you were born?

Bangura: I was born in Kamakwie Town in the northern part of Sierra Leone on the 10th of August, 1986.

Q: Did you grow up there?

Bangura: Yes, I did my primary school there before coming to the city to continue with my high school because of the rebel war during that time, so I had to leave the provinces to come to the city to continue my education.

Q: In the early days, when you were growing up in the provinces and the wars hadn't started yet, what was it like there?

Bangura: It was like a peaceful place where we can do whatever we want to do. It's friendly. I can't say much because I was a kid back then. Because the rebel war started in 1991.

Q: That brought you to Freetown?

Bangura: Yes, that brought me to Freetown to continue my high school.

Q: What do you think of Freetown in comparison?

Bangura: Freetown is good—if you want to get the best education in Sierra Leone, you have to be in the city because in the provinces there are so many challenges. Often there are so many challenges in pursuing education there. Almost everything is centralized in the city. That's why you have this internal migration of people to the city.

Q: What kinds of things were you interested in doing as a kid growing up in Freetown?

Bangura: As a kid growing up in Freetown, it was really tough. I was not doing things that I had wanted to do because I was staying with my elder sister, and things were difficult. I had to assist her in her petty trading, that's what she was doing, and I had to go to school. Sometimes, I played football, soccer. That's, I think, what I did during my childhood in Freetown.

Q: What area of Freetown did you live in?

Bangura: In the western area of Freetown, Upper Brook Street.

Q: I don't know Freetown very well, so what is that?

Bangura: Freetown, you have the western area and the eastern, the eastern part and the western part. The city is divided. It's like a linear city—it's divided into two, you have the eastern part and the western part.[1] I was living in the western part of the city.

Q: What's the western part like?

Bangura: The western part is the place where the influential people live. The eastern part is where the less privileged people live.

Q: As you were going through school, did the war continue to interrupt your education?

Bangura: Since I left the provinces, I came to Freetown, the war didn't interrupt my education again.

Q: When you were going to school, what kind of subjects did you—

[1] Note from I. Bangura, August 2018: This is a different division than Western Area Urban vs. Western Area Rural, which are considered to be two of the fourteen districts of Sierra Leone. Freetown City itself is divided into Eastern, Central and Western zones.

Bangura: Mathematics, mathematics is my favorite. [laughter]

Q: Why?

Bangura: I was just good at it, so I liked it, and most of my teachers were very good at it. I happened to like it, and up to now I like it. I even have kids that I teach up to now. As a medical student, I teach mathematics.

Q: At the point where you were to graduate from secondary school, did you have any idea what you wanted to do as a career?

Bangura: Yes. Since secondary school, I was aiming to become a medical doctor. Upon graduation from high school, I wanted to go to medical school, but because of my poor background, I was out of school for two years. I [went] through my high school exams, I got my requirements, but because of the fee—my uncle that was paying for me had wanted me to do engineering. Once I said I wanted to do medicine, he said, you can fight it out for yourself. During these two years, I had to set up a syndicate. I had to make up—it sounds interesting, I made a painting company, painting businesses because during December in Sierra Leone, most people paint their houses. I had to gather some of my colleagues, and we made that company. I find the place, I go house to house asking if you are interested for painting, so once I get that information, we arrange and we meet at a particular amount. Then I come to my colleagues and say we have got a place we are to paint. Then we can go there and make some money. I had to also run a business called

Osusu, wherein the people, the traders, after selling throughout the day, some of them don't go to the bank to deposit their money. I have to collect this money, I collect it, and at the end of the month, I give them the money. But if you are giving—if every day you give ten thousand leones, at the end of the month, that is thirty days, I'll have to give you the money for twenty-nine days. I will have just one day from it. So that is ten thousand leones. That's some of the ways that I survived during that two years out of high school.

Q: It sounds like you were providing a service to people with the money.

Bangura: Yes, yes, because at the end of the month they will have a substantial amount they would take to the bank to deposit and do something better.

Q: What did you do then?

Bangura: After that two years, some of my relatives put some amount of money together and I paid for my college that first year. The following year, I had to apply for government grants, and I was lucky—I say "lucky" because the competition is keen, so I was lucky I got the scholarship. That took me up to this level because without that scholarship, I couldn't make it up to this level.

Q: What was the application process like for that?

Bangura: The application process is they announced—they put the notice at the Ministry of Education, Science and Technology. We go there and pick up an application form. We come, we fill the application form and send it there. After that, they shortlist us. We go for an interview, and after the interview, the people that are awarded are published.

Q: So what happens next?

Bangura: After I get my scholarship, then I continue medical school. It was really, really tedious, [laughs] because the college—the main campus is at Kossoh Town, where you have the Pre-Med [pre-medical studies] 1, Pre-Med 2, first year and second year is in Kossoh Town. When you come to third year, fourth year, now you are doing it in town. Those four years at Kossoh Town, it was really, really tough. Moving away from your relatives, initial constraints—it was really, really tough out there.

Q: Then what happened?

Bangura: After completing the four years at Kossoh Town, I came back to town to do my third, fourth, fifth, and now I'm in my sixth year. During my fifth year—because according to the curriculum, after the fifth year, you have to do a four to six-week elective wherein you go to another health system to understand how another health system is operated. Since I had—I worked with the CDC people here, and one of them now is working at UCSF [University of California, San Francisco]. When this project came, the electives, we had to contact her and say, "This is the time for our electives, we

want to go for electives here." She said, "Okay, I can assist if you want to." So she assisted us, we got through the process. She talked with the other professors there, and so we happened to go for the electives back in November-December of 2016. It was really fun, and it was really interesting, seeing—coming from let me say, the least health system to one of the best health systems. [laughs]

Q: What are some of those differences that you noted?

Bangura: The differences I noted was—manpower is one. Also, teamwork, because in our health system here, most doctors or healthcare workers, they work independently. But when I went to UCSF, I saw how teamwork is best. You have professors, doctors coming together to work on a particular patient, on a particular condition. And also, money counts because definitely some of these machines that they are using there, [laughs] it would take years for us to have those kind of things in Sierra Leone, here.

Q: How long did you say you had been in medical school when Ebola came to Sierra Leone?

Bangura: I had just completed my third year, because here, from high school, the curriculum is from high school. If you have your requirements, you go to Pre-Med 1. You do Pre-Med 1, Pre-Med 2. These are two years that you do to prepare well for the course. Then, we start first year. I went through Pre-Med 1, Pre-Med 2, first year, second year,

third year. After my third year exam, then Ebola came. To start our fourth-year classes, we could not start them because of Ebola.

We came in contact with a lady by the name of Jonetta Johnson [Mpofu]. She was gathering data on pregnant women that were infected with Ebola at the Princess Christian Maternity Hospital here in Freetown. She was collecting data. From there, we said, okay, we can assist you collect the data. From there, she trained us how to collect the data. About two weeks later, she left for the US. Another CDC person came, so she shared our contact information with her. As soon as she came—that is Fatma Soud, she contacted us and we started talking. From there, when she left again—because that's one problem that we are encountering with working with the CDC people, wherein they come for a certain period, short time, and they go. Before they understand the ground, they have to leave. When she left, another person came by the name of Sarah [D.] Bennett. Luckily for her, she was here for quite a long time, and I enjoyed working with her.

Q: Let's back up for just a second, if we can. In the early days, when you were just hearing about Ebola—as I suppose, starting in the East—what were your thoughts?

Bangura: During third year, we did microbiology, and the microbiology we did, we were taught about Ebola. But it was in the past, wherein there was little to show available about Ebola back then. We know that the survivor rate of Ebola is less than ten percent. So as soon as I heard about Ebola, I said oh, we are finished. [laughs] Because a disease

that doesn't have a cure, and the virulence is great, and with our poor healthcare system, then I say oh, we are finished.

Q: Can you tell me about finding out that your school was delayed? That you could not continue to fourth year?

Bangura: I found it disturbing, but at the same time I was happy because fourth year, there we start our clinicals. We have to go out to the clinic, do ward rounds in the morning, and in the afternoon take lectures. So when they say college is going to close down, I was a bit happy because that will save me. Because by then we were having some terrible stories about healthcare workers that were dying in the eastern part of the country. So when college was closed down, I was a bit okay with that decision. It was disturbing because I know my course, the lengthy course, about eight years it is coming to ideally, so I was disturbed by then, but I was happy, as for that. Our lives come first.

Q: Can you describe to me, a little more in depth, how you got in contact with this Ms. or Dr. Johnson, who is collecting this data?

Bangura: A friend of mine called Chernor Jalloh, he was there frequently at the hospital. He was staying close to the hospital, so he was there frequently. Then, he came in contact with Johnson. So when I went there, he said, "Let's meet this lady—maybe we can learn more about the work." Then the lady said, "You can come at any time and see what we

can do." So we went there, and she said, "I can train you on collecting data, this is the data I collect on pregnant women that were infected with Ebola."

Q: What kind of a data is this?

Bangura: The data was asking questions about how [the pregnant women] become infected, where they were, the things that they observed earlier. That was the information, more of demographics, you know.

Q: It sounds like this is a period where you could have decided not to do anything. [laughter]

Bangura: Yeah, I was idle by then.

Q: So why do something?

Bangura: Because we are out of school for like two months, so my thoughts started changing. I say, well, I'm becoming a medical doctor, and the soldier doesn't run when there is war. So why should I run away from the illness? That makes me say okay, let me find a way of coming into the health [response]. Also, we had a campaign; the Sierra Leone Medical Students' Association had a campaign for Ebola sensitization where we went to slum areas around Freetown here. We went to parks, lorry parks, went down the street, sensitizing people about Ebola. We were organizing some programs, symposiums,

within ourselves, trying to educate us more about the illness. I think that all gave me the calling that yes, we can do something.

Q: These kind of sensitizing campaigns in the slums, this was before you were working to collect the pregnancy data?

Bangura: Yes.

Q: Can you tell me a bit more about—I liked how you described how early on, Ebola comes and you think, we're finished, this is such a deadly virus, there's no cure, and it's terrifying. Can you tell me about your own process then of learning about it through this group?

Bangura: In this group, we had senior medical students who find literature wherever it is available come, and we organize a symposium. Our local school was closed by then, but they organized a symposium telling people. The executive of the organization, of the association, decided to mount up this campaign. We call it the Kick Ebola campaign.

Q: What kinds of things did you learn about Ebola that you did not know before?

Bangura: It's more of the preventive measures, because back then, we were not familiar with IPC. But during the symposium that we organized, we learned more about IPC, about how to prevent the transmission.

Q: Did some of that come as a relief to you?

Bangura: It came as a relief, as well as it came as a way of motivating me to say I know what to do, so I can go in and do whatever I want to do because I know how to protect myself.

Q: So you were actually going into communities and talking with community members?

Bangura: Yes, we are going to communities like the parks, lorry parks, we went to the slum areas.

Q: Are there some of those memories that you have of doing that kind of work—can you share some of that with me? Maybe a particular time when you went to a community?

Bangura: I remember going down to Kroo Bay, and we happened to talk to the chief there, and he said, "Okay, you can talk to the community." There were so many people at his house, so we started by saying, "Even the way that you gather here is not okay for the infection because you have high risk. If you have any one person that is infected here, they have a high risk of transmitting it. So in the first place, we discourage you from having a large gathering like this." From there, we talked to them about how to prevent the infection. Also, we talked to them about the early signs and symptoms because by then, Ebola, what we read in our literature, [the signs and symptoms] were not physically

present because we are talking about bleeding from the nose, mouth, ears. But with our own Ebola here, things were not actually like that. It was few, very few cases that were coming in with that. It's more diarrhea and vomiting, just like cholera, that has been here for quite a long time. We talked to them that this one is not cholera, this is Ebola, it's different. They were asking so many questions, and we tried to answer the questions that we knew.

Q: Do you remember what kinds of questions they were asking?

Bangura: They were asking, how can this disease be prevented? We explained to them, body contact, avoid fluids. Also, they were asking that this disease is just like malaria where you have high temperature, and some people say, how can I differentiate this one from cholera if it is not just cholera? Some of them were having some myths that's this disease is like people trying to infect other people, and also healthcare workers trying to kill ordinary people. There, it was really tough to try to convince them. But since we are there as students, it was okay. Because if we are there as healthcare workers it would have been a different case.

Q: That's interesting. They did not necessarily have the same level of distrust of you—

Bangura: Yeah.

Q: —that they might have if you were actually an active healthcare worker.

Bangura: Healthcare worker, yes.

Q: So how did you counter some of that distrust? Do you remember how—explaining about, trying to—

Bangura: We said when you go to the hospital, at times they diagnose you with typhoid, sometimes they diagnose you with malaria, right? They say yes. Do you find any difference in the signs and symptoms of typhoid and malaria? They say no. I said well, that's how diseases work. Some diseases have similar signs and symptoms, but they are different from origin, from the causative agent. So if you are seeing Ebola presenting signs like malaria or like typhoid, it is not typhoid, it's not malaria, it is Ebola.

Q: Did people seem to understand that, to take that to heart?

Bangura: Yes, because we are talking to them in our local language. I think that they were really getting that, especially that synonym that we gave about the malaria and the typhoid.

Q: And how about countering some of those fears that maybe the healthcare workers themselves were causing Ebola?

Bangura: Well, the healthcare workers causing Ebola, we didn't go much into that because if you are dealing with a crowd and you try to defend yourself or defend others, you will appear as—we don't want to appear as the healthcare workers because there was so much strong misconception about the healthcare workers. We didn't want to enter into that because if we were to enter into that, then it should have been a different case. We, too, we are not sure about what's going on, because as I told you, the literature that we have read about Ebola, by then it was like the signs and symptoms, you have to bleed from different orifices. But with Ebola now, bleeding is not that common. So, we were trying not to defend the healthcare workers, but trying for them to accept that it is Ebola.

Q: When you look back, were there lessons about how to talk with communities and work with communities that you took away from that experience on the Kick Ebola campaign?

Bangura: Yes, there were so many experiences. One of the things is that you have to get the community leaders because they believe in them. Some of them, they even take them as God. Whatever they say is the gospel truth, nothing changes. So if you get the community leader who they trust so much, you are able to convince him, and he goes out there and talks to them, definitely you will have the results that you want. But a different person coming to talk to them is very tough for them to understand or to agree with you.

Q: Then tell me again, what happens after that, after your involvement in that campaign?

Bangura: After the involvement in that campaign, we were working out, Fatma Assad and Sarah Bennett came. From there, we came in as data entry clerks, where the different IPC focal people in the different districts, they collect information on healthcare workers that are infected with the Ebola. We have to sort that information out, those forms—we had to sort them out, enter them into the database.

Q: But that came a bit after the pregnancy data collection, is that—

Bangura: Yes, yes.

Q: Can you tell me just a bit more about Johnson and who this person was, what they were like?

Bangura: Actually, as I told you, I only came in contact with her during that—twice. The first time is for us to get the concept of coming and volunteering for training. And during the training, we only talked about the data, so I don't know her background so much.

Q: Gotcha. With that project, were you also going into communities and talking with pregnant women? Or—no.

Bangura: No. No, we were going only to the healthcare facilities. Only the healthcare facilities because as soon as they find a pregnant woman that has signs and symptoms of Ebola, they bring her to the healthcare facility. From there, you have to interview her.

Actually, it's the suspect, not the confirmed one because the confirmed one, they have to take her to a different location.

Q: But you did not do the interviews?

Bangura: No, I didn't do the interviews of those pregnant women.

Q: Sure, sure. Was that more like integrating the data then? Entering the data into databases?

Bangura: Yes, that was the earlier work, just to enter the data in the database.

Q: Had you done that kind of work before?

Bangura: No, that was my first time to do that kind of work.

Q: What did you think?

Bangura: It was interesting. I find the work, gathering the information now on healthcare workers that were infected with Ebola, I find it more interesting because the lady I was working with, Julie [R.] Harris, Dr. Julie Harris, she took me through—because those are different forms. The form that—the investigative tool that they used to investigate the

pregnant women is different from the one that they used to investigate the healthcare workers.

I worked with Julie Harris, and she took me through the database, how the database is formed, and gave me a background of field epidemiology. I entered the data that were the forms that were present that they are filled, I entered them into the database for one week, and the following week she took me to the field to see how the interviews were carried out. From there, I started going—when we heard about any healthcare workers that were infected, we tried to go there because since we don't go to the red zone, that is where the patients are, we have to talk with somebody that is close to them. Also, we have to talk with some healthcare workers that survived the disease, we interviewed them. But we never went to the patients [unclear]. We only interviewed them after, if they survived the disease. Or if they were dead, then we talked to their supervisors, like the head of the healthcare facility, we talked to them.

Q: Sorry, I get confused easily, as you can probably tell. [laughter] Dr. Julie Harris—and that work was on the healthcare workers, the work that came after the pregnancy, right?

Bangura: Yes.

Q: Did you get to know Fatma Abass a bit better than—

Bangura: Fatma Soud.

Q: Fatma Assad [note: Soud], excuse me. Did you get to know her a bit better than Johnson?

Bangura: Not really, because we were two in number here. My colleague was working now with Fatma Soud, and I was working with Julie Harris.

Q: With Julie Harris. And your colleague was Chernor?

Bangura: Chernor Jalloh, yeah.

Q: Gotcha. Tell me more about Dr. Harris.

Bangura: Dr. Harris is a parasitologist, I think, and she's an epidemiologist as well. She has a PhD, I think, in—she was really great, we worked together. She took me through the database, field epidemiology, collecting data on healthcare workers that had been infected. She also took me to some meetings.

Q: Do you have any particular memories of her when you look back?

Bangura: One particular memory I had is I was going to the field with one EIS [Epidemic Intelligence Service] officer by the name of Emily [G.] Pieracci. She asked to have a minute with us, tried to counsel us how to behave when we went to the field outside

there. [laughs] She threw at me some snacks, she gave us snacks on that day. The EIS officer, I said, "This lady, she's treating us like a younger brother or sister."

Q: How long were you able to work then with Dr. Julie Harris?

Bangura: A month.

Q: A month?

Bangura: Yeah.

Q: Sure. What were your initial impressions about—after being in medical school, focusing on the medical side of things, about the field of epidemiology and what that means?

Bangura: It means, presently, it means everything to me. I'm even thinking—that makes me to even think about, after completing medical school, of going into public health because as you might agree with me, the disease conditions here are more of infectious disease. It's not like in the advanced world where you have more chronic illnesses; here, we have more infectious diseases. Those infectious diseases can be prevented, and with a proper public health system in place, I think most of the problems could be solved.

Q: So as you're going out that first month working with Dr. Harris, what does the data tell you when you look at it?

Bangura: It tells me that the people don't know about IPC, that was what the data was telling me. Because most of the causes of how people become infected—because that's what we wanted to know, about how people become infected. Because from there, we organized treatment for them. From the field, we noticed that most of the healthcare workers don't put on their PPE, their personal protective equipment. They just neglect it, and it's something that's caused most of the infections among the healthcare workers. Before Ebola, the concept about IPC was zero in the country. So when Ebola came and we started doing this investigation, we knew some of the causes, and we trained them, we saw a drastic decrease in the number of healthcare workers that were infected with the disease. That was something that was really impressive.

Q: Were you also doing the trainings?

Bangura: Yes, I was involved in the trainings because from medical school, we learned the microbiology, and also when we were here with Julie Harris and Emily, they tried to explain the concept of IPC to me. And once we went into the field, we did on-the-spot trainings.

Q: That makes sense. So as you're collecting data, you're doing trainings?

Bangura: Well, we collected the data, I think for two weeks, and from there we started going out for trainings.

Q: This is in what month, do you remember?

Bangura: It was in January.

Q: Like January 2015?

Bangura: Twenty fifteen, yeah.

Q: How did people react to those trainings?

Bangura: They were happy about the trainings, actually. In all perspectives, they were happy about the trainings because we not only trained them to do this, do this, do this, but we also told them the importance and the consequences if you fail to do them. Like if you fail to put on your PPE and you come in contact with a patient. There was one slogan—there was one concept that we were sharing with them, that in an infectious zone, you regard everybody as infected except you. I think that concept went down well in their minds. They agreed in implementing the IPC protocols.

Q: Can I ask, when did Sarah Bennett arrive?

Bangura: She arrived in, I think, December. Yeah, I came in contact with her in January.

Q: How did that come about?

Bangura: Because I was not talking with her directly, she was the IPC team lead. I don't work with the IPC team lead directly.

Q: Did you still get to spend a little bit of time with her or gain impressions about her and her work?

Bangura: Once in a while, when she came to the Cave[2] here, she tried to ask what was going on with the database and we tried to brief her. We had our weekly meetings where the different people from different parts of the country came and gave their own reports, that was our own IPC team.

Q: So your day-to-day, you were working here at the Radisson in the Cave?

Bangura: Yeah, I was working at the Radisson here, and once a team member came that wanted to go to the provinces, I used to go with them. My role was both in the Cave here and outside.

Q: Where would you go in the provinces?

[2] "The Cave" was CDC's windowless headquarters in the Radisson Blu Mammy Yoko Hotel

Bangura: I went to Bo, I went to Kono, I went to Kenema, I went to Koinadugu [Districts].

Q: When you look back, are there moments during those trips that stand out to you in your memories?

Bangura: Yes, there's one in Koinadugu. I went with two EIS officers, Emily Pieracci and—I've forgotten the other lady because she was here just for a week, and I have forgotten her name. We had wanted to train the ambulance drivers and the people that work on the burial team—we had wanted to train them on IPC. But before the training, we had wanted to go to the field to see what they were doing that was not correct. When we went to one town that was close to the Guinea border, there was a paramount chief that died. He died by road traffic, it was a road traffic accident. When we went there, we followed the burial team, went there to see what they were doing. But the people in the village, they were not happy seeing the burial team coming to bury their chief. They said the chief didn't die of Ebola, and now the burial team is there to bury the chief. But that was the protocol, that anybody that died, he or she should be buried by the burial team. The people in the village were angry, so they started coming out with sticks. They ran after us, we had to leave the place. It was really terrible. It was really scary on that day. As for me, I was not that afraid, but I was thinking of the colleagues that I went with because as for me, I'm African—I can mingle with all of them. They cannot see me standing out. But with them now, it's something different, so it was really scary. But we came out of there safely, and we returned the following day. That was in Koinadugu.

Q: What were you doing when people started attacking?

Bangura: Well, when we go to assess the burial team, we stay like ten feet away, watching them, what they are doing. We are there watching them, they are trying to explain the process that we are here to bury the corpse. We have to take this body, wrap it—they were explaining the burial process to the people because that's how they go. They explained the burial process. After explaining the burial process, then they can go to the corpse now, prepare the corpse for burial. So they were in the process of explaining to the people when they started coming out with sticks. I just asked the CDC colleagues, I said, "Ladies, let's leave because this place is not safe." We came down the hill and we saw [laughs] a troop of youths coming with sticks—then we just had to drive off. Unfortunately, again, that district is the least developed. There was no network to call. Even, we had to go to—we had to go to the top of the hill to make a call, even the satellite phones that they were using, there was no network. So we drove off, five to ten miles, and there we had a network. They called the team here in Freetown, and they said okay, well, just drive off. We drove off to the headquarters town, that is Kabala. We slept there for that night, and then the following day we gave the reports to the DHMT [District Health Management Team] and the DERC [District Ebola Response Center] there, then we returned to Freetown. It was a trip that was for five days, but we only spent two days there.

Q: Were there any other incidents that happened like that for you?

Bangura: That's the only incident that happened that I witnessed.

Q: I'm thinking about that, and I'm also remembering the community outreach and sensitization that you started on the, I think, Kick Ebola campaign.

Bangura: Yeah, Kick Ebola campaign.

Q: When you look back at that, are there reflections that come to your mind on how that might have been avoided?

Bangura: Yes. It might be avoided, but the situation was—there were two reasons. One, it was a chief that died, and he died of road traffic. And the other situation was the place is in Sierra Leone, but it's close to the Guinea border, and the Guineans have crossed over to come and witness the burial. So it's that mixture of people that we are dealing with. It's not purely Sierra Leoneans.

Q: It's kind of a unique mix—

Bangura: Yes.

Q: —of a situation.

Bangura: Yeah.

Q: Interesting. Could you—sorry, I have a bunch more questions.

Bangura: Yeah, no problem. Carry on. [laughter]

Q: Could you tell me more about Emily and your work with Emily Pieracci?

Bangura: My work with Emily Pieracci was like a student and a good teacher. I did most of my provincial trips with her, where we went to assess healthcare facilities. Some of our trips were not well defined when we left Freetown. We go—I've forgotten how they call it, "roving trip," something like that. When we go there, we try to find what to do. I think she was in the first or second year in the EIS program, so she was given the assignment to go there. When we go, we try to talk—we attend the DERC meeting, the District Ebola Response [Center] team. We attend the DERC meeting, and from the DERC meeting, there are issues that come up. Some of these issues that come up, we follow them. We try to look at which issues coming up are IPC-related, because since we are working on the IPC team, we look at the IPC-related issues. We did some trainings, like for the ambulance drivers. In Bo, in particular, we followed the burial team to bury one corpse. We followed the burial team, we saw how they performed the burial, we wrote some of the things that they didn't do well. The following day, we organized a training for them before we left. Also, we assessed healthcare facilities. We also investigated healthcare workers that were infected with Ebola. We came to the

government hospital in Kenema [note: Kenema Government Hospital, KGH] because there, we had the highest number of healthcare workers that were infected with Ebola, where Dr. [Sheik Humarr] Khan was working. We collected most of the data there and accommodated in Freetown.

Q: Was there a particular memory that you had of Emily on that trip?

Bangura: That one I said, when we went out to bury a child, I think a day-old child, on her [Emily Pieracci's] birthday, it was sad. I said, "You should have been in the US, enjoying being back with your family, and now we are driving in these rough, bumpy roads." She said okay, and she was so happy doing it. I really admired her.

Q: Can you describe her a little more?

Bangura: She was a fun person and she listened to people so much. She always wanted to know the actual facts. At times, even when I'm tired, she can do more work. I really admired her. Even with her, I say okay, maybe she got this training from the EIS program that she's been to. I grew interested in EIS through her.

Q: Did you just say that you got interested in EIS?

Bangura: Yeah. Because I worked with her, I worked with Kevin, Kevin [R.] Clarke, I worked with Dianna Ng, and I worked with a couple of other EIS officers, they were very good. They are very good at their work.

Q: Who did you work with most closely?

Bangura: The one I worked with most closely is Emily Pieracci.

Q: It was Emily.

Bangura: Yeah.

Q: Did you notice any differences in their working styles?

Bangura: I noticed the differences in the EIS officers and the non-EIS officers. The EIS officers, even within that one month that they are posted, they are deployed here, they can do so much compared to the non-EIS officers. It's like, I don't know the ranking, but I think they are the best.

Q: Can you tell me more about your experiences working with those local DHMTs and DERCs, some experiences working with them that stand out to you?

Bangura: Some of the experiences were like, we are all working towards the end mission of Ebola, and some of them, it's like they don't want—some people want to do the work while some don't want to do the work. Some were looking for the money, the money, the money, and some of them were trying to really see that Ebola ends. The challenging thing with some of them was getting them to meetings and getting their significant input. Their input sometimes is poor.

Q: Like they didn't have anything to say, or—

Bangura: Well, when you present the data to them—like, I remember going to a meeting because we are trying to implement this ring IPC. That was with Kevin, Kevin Clarke. We went to explain it to one of the stakeholders. He just said, "The program is good," and it's good, it's good, but we are really expecting him to say, "Anytime you want to go out to implement this program, my staff can go with you." When Ebola was about to come to an end, we wanted to see—wherever we had one infection, we tried to concentrate all resources there, towards the condition, or to protect the healthcare workers. In that case, we spent more time with the community and the health facility, and we could not do it—the CDC could not do that alone. We needed the assistance of the community, I mean of the DHMT and the other stakeholders. That was something that was—I don't think was good.

Q: I was really happy to get that example of the time, as awful as that is, of getting kicked out of the community. Do you also remember some positive receptions that you got from community members?

Bangura: Yeah, I remember going to—the community members with the CDC or with Kick Ebola?

Q: CDC.

Bangura: With the CDC, well, they were not working directly with the community. They were working with frontline responders, like the DHMT, the burial teams. Frontline responders, both healthcare workers and non-healthcare workers. So they were not working directly with the community per se, but they worked with the community through those people.

Q: Through those people, right?

Bangura: Yeah.

Q: So in that instance, some community members showed up and were angry, and it's not that you were working with the people who chased you out with sticks.

Bangura: Mm-hmm.

Q: Okay, that makes sense. [laughs] So you said that over time, you did notice your work making an impact.

Bangura: Yes.

Q: Tell me more about that.

Bangura: When Julie Harris left, I was managing the database for the healthcare workers. At times, when I had a free period, I went over this data, trying to compare the months—this month before the IPC trainings, and the months during the IPC training, and the month after the IPC trainings. I tried to compare the results. Is there a decline? Is there an increase? And I saw a significant decline in the healthcare workers that were infected. That was something that I found very impressive.

Q: Was that easy to directly attribute to your work?

Bangura: Well, I think so. Yeah. It was easy. You look at the trend, there was no cure back then. Let us say, for instance, there's this EBOVAC [Ebola vaccine] back then, then you have this decline, then it would have been difficult for me to attribute it to the IPC. But there was nothing like that. So, having that decline, I think I can attribute it to the training.

Q: How did you feel when things started to decline?

Bangura: I felt good because I knew I was returning back to school and completing my courses and maybe becoming a healthcare worker that will help when a situation like this arises. Because situations like this will always arise, you just have to prepare for them.

Q: Can you tell me about your last couple of years? What it has been like since that spring of 2015 for you?

Bangura: It's like returning back to school, trying to complete my courses. It was kind of difficult because we lost some of our lecturers. It was sad. Most of the models that we were lecturing—we are finding them very difficult to find people that can come in and assist. There was a time now that even they have to—some people from King's College UK have to come in to assist with the lecturing of some of those models.

Q: But now you're in your final year.

Bangura: Yeah, now I'm in my final year.

Q: Less than a year I suppose, right?

Bangura: Pardon?

Q: When do you—

Bangura: Well, in October, I will write my final exam.

Q: I am so happy that I got this chance to speak with you, Mr.—soon to be Dr.—Bangura. When we look back over your Ebola response activities or generally your life and your career, are there any other thoughts that you'd like to share? Any other memories that we haven't talked about?

Bangura: I think I've talked about it all. Except that—I can say that Ebola is a necessary evil to the country as a whole because before Ebola, there were so many aspects in the health sector that were really, really poor. But with the event of Ebola, some of these structures are in place. It's not the best, and we are far from being the best health system, but it's better than before Ebola. Even having a different department within the Ministry of Health and Sanitation called the IPC [Unit], I think that's something that is great, and we can attribute that fully to Ebola.

Also, I think with CDC coming into Sierra Leone to assist, it was really great because when the Ebola outbreak started, of course, all the organizations were neglecting—from WHO down was kind of neglecting the issue. And we had this spread down to urban areas, the first time in history for Ebola to come to cities, big cities. Even with that, some of these organizations didn't know what to do. When the CDC came, they trained most of our colleagues. Most of our colleagues were in the contract tracing team, and that was

something that was, I think, ignited by the CDC that came earlier on. That was really, really helpful when we have those lockdowns and the infected people were taken out to treatment centers. Because the instance of that, one, is to give some treatment to the infected person, but the other important thing is to prevent him or her from infecting the other people of his family. I think that was really helpful.

Q: I also appreciated some of your reflections on things that CDC might be able to improve in the next edition. You said that the high turnover, people coming and going—

Bangura: Yes.

Q: —was difficult?

Bangura: Yes, that was difficult for so many of the staff and even for the smooth running of the project that they were carrying out. Because, of course, it's human—even the jet lag that you have when you travel counts on your work when you come to the field. So, spending—like if you come for a month, that's one week you are just trying to familiarize yourself. Some of the staff, they have never been to Africa, and not to Sierra Leone in particular. Coming for a month, you'll agree with me, if you go through the records, most of them were calling for extension, extension of their stay. Some of them extend by two weeks, some of them extend by three weeks, just to try to complete their mission they are sent for. I think that's something that they need to—at least three months' deployment for each staff, it would be good.

Q: Do you have other reflections that CDC might benefit from hearing?

Bangura: Well, I think maybe since presently they are one of the best health organizations in the world, with any outbreak, they shouldn't take it lightly. As soon as it's happened, they should go in there as early as possible. Because without their intervention back then, things could have been worse than this. With their intervention, coming to do effective contact tracing, I think that was very helpful. And that should have been earlier, it shouldn't have resulted in this. All said and done, the intervention was helpful.

Q: Thank you so much, Mr. Bangura, it's been great listening to your experiences.

Bangura: It's my pleasure.

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