CDC Ebola Response Oral History Project

The Reminiscences of

Sorie I. B. Kamara

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Sorie I. B. Kamara

Interviewed by Samuel Robson
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Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson. It is March 20th, 2017, and I am pleasantly joined today by Sorie I. B. Kamara. We're meeting in the Wusum Hotel in Makeni, Sierra Leone, Bombali District. I'm talking to Sorie today about his part in the Ebola response for our CDC [United States Centers for Disease Control and Prevention] Ebola Response Oral History Project. Sorie, thank you so much for being here with me.

Kamara: You're welcome.

Q: Can I ask you first, would you mind saying "my name is," and then saying your name?

Kamara: My name is Sorie Ibrahim Beareh Kamara.

Q: Can you tell me what your current job is?

Kamara: Well, for now I'm presently volunteering at the DHMT in Bombali, the district health management team in Bombali.

Q: I think over dinner you said that you also volunteer to lecture?

Kamara: Yes. I'm also volunteering and lecturing on maternal and child health [nursing] at the DHMT there.

Q: If you were to give someone a very short description, maybe two to three sentences, of what you did during the Ebola response, what would you say?

Kamara: I'm a surveillance officer, surveillance team lead. A contact tracer, I'm a social mobilizer.

Q: This backs us up quite a bit here, but can you tell me when and where you were born?

Kamara: I was born in this district, Bombali District, Makeni. I was born on 22 January, 1989.

Q: And you grew up in this community?

Kamara: I grew up, I attended in this community, then I proceeded to the South at Bo where I pursued my BS [bachelor of science] with honors in public health.

Q: What was it like growing up here in Makeni?

Kamara: As somebody that is born in this district and grew up, I think you can grow up in an environment that can make things look so good, you learn a lot and you become wiser [facing] challenges and seeing how you can overcome them. I think that is the good thing of Bombali District. Anybody who grew up in Bombali District has the urge of facing challenges and seeing how that person can overcome those challenges.

Q: What kind of challenges are we talking about?

Kamara: You're looking at challenges of cost of living, family issues, poverty, other environmental or any other thing that you are expecting as a human, [here in Africa].

Q: Who did you grow up with?

Kamara: I grew up with my mom and my dad. I grew up with my parents.

Q: What did they do?

Kamara: They are working at the Ministry of Agriculture, [Forestry, and Food Security]. Both of them are working at the Ministry of Agriculture.

Q: As you were going through high school, what kinds of things started to interest you, what kind of subjects?

Kamara: I'm interested in helping people because my mom, she is somebody that is used to [those habits or] culture. [She usually told] us to help others, and we have seen examples. I grew up with character. That is my main interest, in helping people.

Q: At what age did you go to Bo?

Kamara: Pardon?

Q: At what age did you go to Bo?

Kamara: I went there when I was age twenty-three to twenty-four years.

Q: And I'm sorry, what did you say you studied?

Kamara: I went there to pursue a BS with honors in public health.

Q: Can you tell me about those years? What were those years like?

Kamara: For you to leave your community to pursue another education in another district—and I am a Limba but I speak Temne. Where I went to pursue my education, they are Mendes. Before now, we had the culture of these tribal difference. Before I went to pursue my education, I had a series of stories, a series of all things about that area, about going to the South where the Mendes are. But when I went there with the kind of

character and features my parents had given to me, I think I was able to cope with them. As I'm talking to you, I don't think I have anything to say about they are bad people. All things they told me, they are all not true. It depends on the individual.

Q: What kinds of things would they tell you, and what kinds of people did you meet?

Kamara: They told me that when you go to Bo, these are very wicked people, they are tribalistic, they could not share. All those sort of [things]—you need to be very careful, especially the type of friend—don't have friends who are Mendes, or girlfriends. It is interesting. They even informed you that when you are going there, make sure that you do not fall in love with a lady who is a Mende. All these sort of things. But when I went there, what I saw was quite different.

Q: Did you develop a specialty while you were studying public health, or one particular interest?

Kamara: Yes. I developed a specialty in that. Because my interest was for me to do medicine, and I still have that vision. I just developed an interest that you can go anywhere and help people. It depends on your character. It depends on your behavior that will make people accept you and accommodate you. I think my interest is how I will go in different places and see how I can help.

Q: Was there one particular person who you can look back and think, getting to know this person let me know that the stereotype of them was inaccurate?

Kamara: Well, I [just] want to know if—when I was at Bo, or people that I have worked with—I don't know if [you are asking about people who are] part of CDC, or where I grew up. I don't know what kind of people you are talking about.

Q: I'm sorry. I meant in Bo. Like someone you met there who you were supposed to dislike, who you actually found out is a person of strong character.

Kamara: Yes. When I went there, the most fortunate thing for me is I have somebody in Bo. His name is Dr. Usu Sannoh. He is my best friend. When I went there, the difficulties they told me. We met together, we discussed as equals. He is almost [like] my father, but we discussed as equals. The moment you say, "I'm from Bombali," either you are not a politician, they will categorize you, you are APC. The moment, when you are also at Bo or the South or the East, the moment you come from there, they will categorize you as SLPP. So when we are together with Dr. Usu Sannoh, he usually discussed things with me. I learned a lot from him. I admire him so much because he is up there and he has a big title. When people heard about his name, people were so worried about—we are too close. We discuss issues. We can sit till eleven, twelve at night discussing issues. I learned a lot from him because we stayed very close. Usually, he came to my house and visited me. We discussed issues. He taught me a series of things about governance, even the [International Federation of] Red Cross [and Red Crescent Societies]. He is the one

that made me to develop interest in the Red Cross activities. That is the person I admire so much when I was at Bo.

Q: Did you say at twenty-four, you graduated?

Kamara: I graduated at the age of twenty-seven. I should have graduated at twenty-six, but Ebola struck. I rolled over to twenty-seven years. Initially, my educational career was disturbed by the war. I stood up for about three years without attending. That is in 1997, 1998, and 1999, when there was war. I [was] not fortunate [enough] to attend because of the war. So I stood out for three years without going to school. Now the Ebola also made me to go almost a year without going to school.

Q: Can you tell me about learning about Ebola in the region and learning about it when it first came to Sierra Leone?

Kamara: As somebody pursuing or trying to specialize in public health at that time, when we heard about Ebola. I started to read about Ebola when I was taught in outbreak investigation, this is a subtopic in epidemiology. I learned something about Ebola. But at that time, I was not seeing it [as important], I just read and forgot about it. It wasn't too important. My only concentration when doing health was more of cholera. I was not too interested in Ebola.

When Ebola struck out, I was at Bo. I was in third year when Ebola struck out. They were urging the university to close. The university tried to manage the issue, and they took some precautions, we enrolled the third years, we promoted to the final year. Just after that, we could not reopen because of Ebola. When we closed the third year, after we had sat our second semester exams—Ebola at that time was just at Kailahun [District]. Kailahun in the east to Bo is very close. After we sat our exam, we said we need to quit for us to come and see our parents. We usually have the thing that if Ebola comes, let it meet us where we came from. Most of us that came from Bombali, we decided to come. But before we could come, just about one week for us to travel, we heard about Ebola in Bombali District. Initially, when we were at the university, those who came from Bombali District, we had a group that we called Njala University Public Health Students. We formed the group, I think six of us. We decided to come to support our district. So we came as a team. We met the DMO [district medical officer]. We had read a series of things about Ebola, we had read about Ebola, we had made our own work plan, what our own support was, we had done all those kinds of things. We came, we met the DMO, tried to explain things to DMO, but initially we were not accepted. Yeah, we were not accepted. But we persevered. We decided to stay around the DHMT as a team. Later, we were incorporated in August. August, when Ebola was at that time very clouded, started showing some kind of tension. At that time, there were doctors. We [Bombali] initiated the idea of ICC during the three-day lockdown. Then at that time, we initiated the idea of ICC. That is incident command center.

Q: I want to put a pin in that and come right back to it. But I do want to ask, when you came with those five other students—was it five others?

Kamara: Yes, five others. I, Sheku Marrah, Denis Roy Macauley, Salieu Sesay, Bill Sesay, and Amadu. We came as a team to see how we could [help].

Q: And you said, you guys, among yourselves, developed an action plan.

Kamara: Yes. Before we left Bo, initially we developed a proposal with the help of our head of the department, who is Mr. Karbou, for us to come as a team to see how we can sensitize our communities in relation to Ebola. Because by that time, we had gathered enough information, we went in search of stuff for us to know more about Ebola. So we developed a proposal, we sent it to different organizations, we even sent it to the state house, to the president, because the president is from this district. But we could not have any response.

Q: What was in the proposal?

Kamara: The proposal was for us to—we solicited funds so that we could give strategies that we would use for us to educate people about Ebola, especially the way of preventing Ebola. We gathered this information looking at how we can manage also the project. We even involved the musicians in this town in the project, so that we could develop more

messages, because we had already developed the messages; just for us to involve those that we think they will fit into the project so that we can educate people on that.

Q: You explained how when you got to Bombali, immediately, you were not accepted.

Kamara: Initially. We went there but they could not involve us.

Q: Why? What happened?

Kamara: Initially, maybe they were thinking because of finances, they had to pay us. Because initially, they paid some contact tracers, they were paying them. Those contact tracers were people that they just took from various communities. But we had some ideas in relation to this prevention of doing things, because we were pursuing public health. When we came, I think the main reason they did not accept us is just because of the financial issue. That was the main thing, I believed. But later, when the tension started to rise, they decided to incorporate us. We came in as incident command center [managers]. Those that received calls (alert management). We formed the alert management. We were the ones that received alerts. After receiving the alert, the next thing we would look at the alerts and see which one was viable. We probed into the informants, those who called. We tried to know how to screen those alerts so that the response team would go there and do it properly. So we were the one that fed the burial team and the surveillance officer. But before that time, one person who was the surveillance officer, he was the one responsible for the contact tracing, the surveillance officer; and psychosocial, nutrition,

quarantine, monitoring, follow-up. One person who did all these things. At that time there were people who were not medically inclined, who did not have medical or health background. They were all there. When guys came in, some expats [expatriates] came in, our discussion with them, we knew that these are people that knew what was going on. So later, when they formed this DERC [District Ebola Response Center] or NERC [National Ebola Response Center] is where we came in as surveillance officers.

Q: Sorry, I know I cut you off when you were talking about the ICC. Was that before or after the NERC?

Kamara: It was before the NERC. We [Bombali] initiated it. We called it Incident Command Center, ICC. We were there with the military, the police. It was in a partnership with the council and the DHMT and all other partners around. We initiated that ICC. Initially, I was posted as the Makeni city counselor. There, I was posted, the one responsible for receiving the calls, screening them, seeing how to pursue them, making sure that each alert is addressed.

Q: So the ICC was really a form of organizing.

Kamara: Yes, organized, was just about three days, because there was no fund to sustain it, so they just dissolved it. So we came back to the DHMT after the three-day lockdown. We were still around and saw how we could give our support where necessary, especially to those that were identified as surveillance officers.

Q: I think I missed something. What was the lockdown?

Kamara: The lockdown was—I think September, the first lockdown, when Ebola took its peak. A time everywhere there was reporting of Ebola cases. Because they started, got the idea that movement of people is one of the roots of spreading the Ebola. I think they initiated that idea—it came with the lockdown.

Q: What was your assessment of how well the lockdown worked?

Kamara: For my own belief as a public health somebody, if they should have maintained that ICC, even the lockdown—the lockdown that time was a brave decision. During the lockdown, we came out with a series of cases. Initially, the idea or information that they came with to the people about Ebola, it was very different, considering what existed at that time. They were talking of blood all over, blood will come out of your openings, you know. So the type of Ebola is just vomiting, fever, diarrhea, and maybe it was not at that stage by then, so people thought it was a game plan and the idea of poisoning these water wells came up, that there were people who put poison in these water wells. So the environment became so panicked, people became frustrated, and they would not abide to any of the principles. They thought it was a government plan or the health workers' plan for them to get more money.

Q: I do want to talk more about that. Had you gotten to the NERC? Is that where we had gotten?

Kamara: Yes, October to November, when they came with the NERC, the DERC—let me say that because the NERC is a national level, the DERC is the District Ebola Response Center. When they came with this DERC, because they did more surveillance officers because at that time, the number of cases was very high, the number was very high, and a series of cases kept on coming up. Also there were some response workers who got infected, surveillance officers, conveyance, ambulance drivers at that time started to become infected. The place was so disturbed, so frustrated, everybody became so confused. So at that time, they said they needed more surveillance officers. When we came in.

We came in as partners, six of us, to support the ones who were doing the response, initially the ones they selected. So we came in to work under them. But when experts came in, WHO [World Health Organization], CDC, especially Dr. John [T.] Redd and Brigette [Gleason], these were the ones that started to identify us. They identified us. These guys, they knew what they were doing. Because they are people, they usually interrogate you. They usually try to also learn from you. They are people that do not just take decisions, they discuss with you to see if you know what you are doing. But during our discussion, when we were going to the field, the way we did our investigation, they thought it that these guys need to take the lead. There was this very vibrant woman called Allison, Allison Connolly, who worked for WHO. She is also from the US. She is an

American citizen. She was very nice. Allison, Dr. John Redd, these guys took the Ebola fight as if they were fighting for their country, they encouraged us because at that time, we were working without being paid, without allowance. But they encouraged us. They always gave us the zeal in our job. Because of that, we also dedicated ourselves so that we could save our nation from Ebola.

Q: Tell me about how your activities changed once you were recognized.

Kamara: After they identified us as people who were proactive, they made me a team lead. I had about five other surveillance officers, and I was the team lead. I'm the one that covered Bombali Shebora rural. That is the rural part of Bombali, Shebora Chiefdom. I'm also the one that covered Paki Massabong Chiefdom, and part of Makari Gbanti. This was my catchment area. I was there as a lead with other surveillance officers, and what they usually did, when we came in in the morning, we had a surveillance meeting. The meeting was where they did some corrections. They gave you your alerts, or at night they would give you alerts with your team. So you went to the team and did the investigation, went to the field and did the investigation. Then you could make your response. If you needed a conveyance team, a burial team, these are the kind of—after you had done the investigation, if the case they called you for met case definition, because at that time we had our own guidelines, so if the issue that you went for met case definition, you will either—if it is a dead alert, you will call on the burial team if it met case definition. At that time, there was no—we did not have any law about total burial. We can assess the death of that individual, then we advised. Later, when it was announced that all dead

should be safe burial, the burial team should take up those activities. After we did the investigation, if it was a dead alert, we could call the burial team for them to go and [do the burial]—or at times, we would have the same alert at the same time. We went there at the same time, whilst we were doing the investigation, the burial team were also doing their own part of the response. At times, the burial team would first go there before we, before us. Later, we surveillance officers, we went there also and did our own responsibility. This is how we worked. At that time, with the help of Allison, Dr. James, who was the head of WHO, and Chief Masa Paki Orbolonbah. Before that he was Dr. John Redd. Brigette, because—Chief Namasa Orbolonbah was Allison. She was also compensated for her efforts for preventing Ebola in this district because she's the one that took the lead. If you cannot see John, you can see Allison. You cannot see John, you can see Allison. So these were the people that really gave themselves for us to overcome this Ebola. After that, the paramount chief thought to give them honorary chief. Allison was a chief, Chief Namasa Orbolonbah, because it was relating to health. "Orbolonbah" means a doctor, or somebody who can cure illness. Dr. John Redd was given PC Masa Paki Orbolonbah. These are people that we learned much from, especially Dr. John Redd. I owe him greatly because I learned a lot from him.

Q: Do you remember a moment where you learned something from him?

Kamara: Yes. I have a sad or a great moment that I respected him so much. We have colleagues that—I told you that six of us came from the university when we came to volunteer. We had a colleague, one of us got infected. At that time, we were not paid, we

were struggling. In the morning hours, you left your house for you to come and help. Later, one of us became infected definitely. Samuel, it was very frustrating. That's my frustrating moment, when I saw my colleague, they took my colleague. Because at that time we started together, we made food, we ate together. Initially, we did not know that they had collected his sample. When the results came out, they called him and said, "You are positive." Somebody you have done everything together, later his result became positive. We became frustrated. We stood around, we saw our colleague. The interest was very low. The interest was very low. Even this conveyance team, they conveyed him as if he is not human, he is not part of the response. They gave him some—we decided to collect some PPE [personal protective equipment], we gave him the PPE, he went to the ambulance. Even at the DHMT, everybody looked at us as very foreign. They did not even allow for us to go into the offices. They started closing their doors to us; not everybody allowed for us to go into their offices. We became frustrated at that time. But the kind of encouragement that was provided by John, that is why we respected him greatly, all of us. Dr. John Redd, and there was a lady who came for IPC [infection prevention and control] at that time. At that time, Brigette was not around. Dr. John Redd came out, he spoke to us, he encouraged us to have courage. He said, "Looking at the results, I think the level of the viral load is not that high." It gave us some courage. He analyzed the result for us, he encouraged for us to be patient. What he did, he followed him at the isolation center at the regional hospital. He advised, "Please, don't convey this man where there are infected people. Let's find a place for him so that we can collect his samples once more, and send the sample for us to know." And they conveyed him to an isolated room. We went there, some of us started crying. It was so pathetic. Our colleague

was just crying, becoming frustrated. All of us became regretful for us to serve our nation, looking at the humiliation—the frustrating moment they made to us. From that action, before 7:00 AM, Dr. John Redd was there with the lab [laboratory] guy. They collected two samples from him. They sent those samples, and the glorious thing was, the results came out to be all negative. The results were all negative.

We came together as a team, we decided that the environment was not conducive for us, we didn't see people appreciate our efforts. So we decided to quit, decided to leave the response. But because of the efforts of Dr. John Redd at that time, Allison, they stood by us, they encouraged us, they gave us words of encouragement that this is the time that you need to stand up firm for you to defeat this illness. So they encouraged us, they spoke to us, we developed zeal. I'm talking about before the DERC, before the DERC came in. So, that is my great situation.

Just after that time, most of us became sick. I was also sick. Before my colleague became [sick and got] tested, I also became sick. I got diarrhea. So when they told me that my—when I saw the results come out that one of our colleagues was positive, that day I was—even I would not eat for two days because I was so worried, because I'm also sick at that time. All of us became sick. After the results came out to be negative, I started coping and seeing how we could improve ourselves.

Q: Thank you. Thank you for describing. Were there other developments or other challenges that when you look back, really stand out to you in your memory?

Kamara: The challenges were many, looking at it from the government. That is, from the national government, the local government, the DHMT. Even the community challenges were many. At all these levels of the response, there were challenges. We worked without being paid or without being given allowance. We worked without being recognized by authorities at that time. We did many things. So there were so many challenges. There were also challenges when you went there to investigate people. You could see somebody within the family members when he got sick. You went there, you did the investigation, you confirmed that it was a suspected case or maybe a probable case. You called the conveyance team, they removed one of the family members from the family. So pathetic, where the parents, everybody cried. It was a difficult moment, especially when we went to these communities to do the investigations. After you have done your investigations, for you to convey these people, for you to convince them. Separating families. Just assume, when you are with your father, mother, sisters, all the relatives, yes, now they are just saying that if somebody got sick, don't go close to that person, don't touch that person. You know how it feels. You know how it could feel. It was very difficult. People could not make it easy for them to abide by that. And the most frustrating thing, when you went there to investigate, you said, forget about this person, don't touch this person. Took that person to the ambulance, to another destination. Maybe at times, they will convey that person, they wouldn't see that person anymore. As I'm talking to you now, people do not see their relatives anymore. When the next day you go there after you have gotten the results, they tell you this person has passed off, that this person has died. You want to relay the message. It was also difficult. You can see maybe a family of twenty-

eight, thirty, thirty-something, maybe four people only left at the house. All the other people are either at the isolation center or treatment center. Or maybe at that number about ten, fifteen, twenty died. See how frustrating? So there were different challenges.

Q: That leads me, I think, back to when you were describing how some people in the community—there was a rumor that there were people poisoning the wells. That Ebola wasn't real, it was some sort of big conspiracy. Were you ever able to do anything to address those concerns? I don't know if that's really in the scope of your work.

Kamara: Yes. The response had a level of—initially, when we started, it was mixed up. Nobody knew the rules and responsibilities of this level. Everything was mixed up. But later, with the intervention of the DERC, things started to—went on well. So in relation to this well, initially, as I told you, no specific responsibility for a unit. Everything was just up and down, just mixed up. They had to educate people, but they could not even believe it. Trust me, in some communities, people could not sleep for them to guard their wells. They did that! They fenced their wells with lock and key. They could not sleep just for them to look after the well. All these things, they did. And also, people assumed that when they left the well open, they will come and poison the water they are drinking. So all these things were very challenging.

Initially, as I told you, the response, there had no involvement of communities. The response was not community-owned, it was not community-owned. It's just because people are interested in—they have their own interests. They thought involving more

people, there would be—it would provide more money. We started having some good response when the president became the front-runner for community sensitization mobilization, when he involved paramount chiefs in the implementation of these bylaws. They decided to adopt these community members as contact tracers, social mobilizers, even some chiefs became screeners. So when they involved them is the time we started having some changes involving the religious leaders. When you went to the mosque on Friday or you went to the church on Sunday, the pastor or the imam, after he has done his preaching, he'll pay more attention to informing people about Ebola. This is the time people started accepting the disease, people started accepting the disease. The involvement was very, very poor, initially. It was very, very poor. The time when they started involving the paramount chiefs, section chiefs, town heads, youth leaders, women leaders, when they started involving these structures, that was the time we started getting good results.

Q: How did it feel finally seeing some of those numbers come down?

Kamara: I think they felt good because at that time, the bylaws were so rigid. For you to pay five hundred thousand leones when you are suspected of—or when you become a defaulter to these laws, you pay five hundred thousand leones.

Q: Wait, when would you pay five hundred thousand leones?

Kamara: Because you are a defaulter.

Q: What's a defaulter? For a loan?

Kamara: For the laws. For example, you could not accept strangers in your house. When somebody got sick, you needed to report. When somebody died, you needed to report. All these things, when you become a defaulter in these bylaws, definitely you pay five hundred thousand. The paramount chiefs, the section chiefs became front-runners. For example, when we got to the communities, I faced with the section chief or the paramount chief. The section chief, paramount chief, they were the ones that took the lead. We did the investigation together. Most of these paramount chiefs, section chiefs, town heads, they were contact tracers, social mobilizers, and surveillance officers that were during the intervention of the DERC. We did all these kinds of things.

Q: Can I ask you, what did you think about the fine of five hundred thousand leones? Was that a good idea? Did it work?

Kamara: I think it was a good idea because I think the paramount chiefs initiated those ideas. Because at times initially, even though it was not—the fine was not the only solution. There were other—the fine was just a complement to other interventions. They had some negotiation skill. The amount of negotiation, education, you educated them. You negotiate with them. You involve the community, as I told you—we involved the community, as I told you. All these things blended together gave us success.

Q: Sorry, I have this question. Of course you want solutions that come from the community, you want to involve the community, but what—

Kamara: Now.

Q: Oh, no?

Kamara: No. Let me just give you some kinds of differences. As I told you, I was the team lead who overcame Ebola at Pate Bana Marank, the village that had the highest number of cases in Sierra Leone, I believe so. Pate Bana Marank. I was the surveillance officer team lead at that time. I was the surveillance officer at Rosanda. Pate Bana, they got their infection earlier, around August to November [2014]. When Ebola started, Rosanda, they got their infection in February/March 2015. When we thought Ebola was almost coming to an end, they got their own infection. At Pate Bana, the response was very poor, no involvement of stakeholders. As I told you, only surveillance officers who went there did the investigation. There was no total involvement of the community. For example, you came from the US. Is it not so? If you come to my house and I'm seeing you are so foreign, I don't have any confidence in you, I don't have any believing in you. So the moment you went there, you are a stranger, people ran into the bush, people died in the bush. At Pate Bana, we could collect ten, fifteen, sixteen infected cases and also deaths per day. Maybe you would investigate five, six, seven cases, you thought you are done investigating. Before you could reach the junction to record, another seven cases. I went to your house when we met six infected—initially, two infected individuals outside.

We did the investigation. Just after the investigation, we came to understand that there were other cases inside. When the conveyance team went there, definitely, oh my God, they removed over eight cases. People became so weak. Some people weren't even able to walk. You can see that life is nothing. We collected some cases at the PHU [peripheral health unit] by then. It's there, one of our conveyance team, they got infected. Because at that time, the number of cases we collected from that PHU definitely, it was very bad. That was one of my worst moments during the response. We discovered people who were sick, who had died in the bush, we collected them in the bush. Some people left the community, they went to other places.

As for Pate Bana, they got their infection from a lady who was pregnant. She went to assist her aunt at Magbenteh [Community] Hospital. She went there to see how she could help her aunt. Her aunt was sick. At the ward, they admitted her aunt. I think the same ward, they had admitted somebody that was infected with Ebola. At that time, the burial nursing was poor. The IPC. There was no awareness of IPC towards the health workers. That's why many health workers became infected at Magbenteh Hospital. He became infected at that hospital, and after her aunt died, she decided to return to her village, Pate Bana. That caused the infection. When she became infected, they initially associated it with witchcraft. This is the key thing that disturbed that community. They could not report any of these cases. They just considered that it was witchcraft, witchcraft in a sense, demons. They gave a series of stories. Even some of the health workers got infected and died from that community. And for Rosanda, Rosanda as I told you, when Ebola almost came to an end, it was time they got their own cluster or infection. The

index case was named [NAME WITHHELD]. He came from Freetown, Aberdeen, Tambakula. There, he became infected. From the investigation we made, and he became infected. He was almost in the quarantine home. There, the mother who stays at Rosanda, they informed her that her son was sick. So she decided to leave Rosanda for Freetown. She went there, she negotiated with one of the relatives who also came from Rosanda, but he was a driver. So they conveyed [NAME WITHHELD] from Freetown to Rosanda. But the main reason was complacence. Complacence by the government, by the response team. After the number of cases started going down, I think Bombali, we had gone over thirty days without cases. They became complacent. What they did, they removed the checkpoints. We only had checkpoints at Freetown. What they did was I think the driver has his own skills. When he reached the checkpoints, he played very loud music. He went to the police, he spoke with them, then they allowed him to leave. Also when they came to Rosanda, they came with loud music, playing loud music and convincing the people that everything was fine. But the Rosanda community, they were very proactive at the time when Ebola was at that peak, they never recorded any case. They were very proactive. But just because they saw this [NAME WITHHELD], he has passed this checkpoint without being handled by the security and some people that have traveled from Freetown to Makeni, they knew the amount of checkpoints that were along the way. So they thought that because he had crossed all those checkpoints, he was sick, and they considered it that they fired him with a witch gun. In our local language, we call it "fankay." They said they had fighting with the witch gun. So he came with them for them to pass some ceremony to see how they could cure him. That caused the transmission at Rosanda.

Q: Were people also looking for the witches who had done these things to them?

Kamara: You are talking about whom?

Q: Just in general, when people thought, when people attributed the Ebola symptoms to witchcraft, would anyone ever try and find out who it was that had cursed them?

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Kamara: Yes. When they suspected such signs, they had their traditional healers. They had their sorcerers. They went and checked to see what was wrong—and came out that they fired him with a witch gun. They have their own way of—they have their concoction. They have their way of—or maybe these traditional herbs, these leaves, for them to cure that individual. And you know what is involved. They have to wash them with these traditional herbs, so you can see. This led to a high number of cases in that community. This guy, [NAME WITHHELD], he was a nice guy initially before he became infected. At any time he came from Freetown, he would buy many things. He would buy many things for people in the village. So just because of that, the moment he became sick, everybody became interested. They went and visited him, and that caused—many of them became infected.

Q: Did he pass away?

Kamara: Yeah, he passed away.

Q: But you can try and heal someone who has been cursed, right, by a witch?

Kamara: Yes, that they said.

Q: Do you also try and find the witch?

Kamara: Well, at times in communities, if it was an agreement with the chiefs, they believe there are bad people in the community. I think they usually mobilize themselves to identify those people.

Q: And accuse someone?

Kamara: When they kill someone—

Q: I'm sorry, and accuse someone.

Kamara: If they accuse someone that did the act, they have the chiefs. The chiefs will investigate. They have their way of doing those things, arranging those things.

Q: Sure, gotcha. That was just a curiosity of mine. You mentioned earlier—I'm sorry, this is on a totally different track—that you had your own—you were supervising surveillance officers, right?

Kamara: Yeah.

Q: Can you tell me about that work? Maybe you could describe a couple of those officers?

Kamara: Let me also say it, I learned a lot from Allison, that is Chief Namasa Orbolonbah. I learned from Dr. John Redd, who is PC Masa Paki Orbolonbah, Brigette. These are the people I learned from greatly, especially Brigette and Chief Orbolonbah. We did the investigation with them at Pate Bana. During our time with the response—at that time, we did not have any NERC or DERC because Pate Bana got the infection when there was no DERC. At that time, we [Bombali] were the ones that discovered this unique ID [identification], that is those cases that became infected, we had an ID that we would give them in their arms. Dr. John Redd described such things to CDC. The CDC invented that one. What we can do is, for us to just give him an ID. For example, Bombali, BOM 01. For us to identify cases. I think this initiative was [implemented] all over the country. With also this team from Bombali when we were there. We also invented this tape that we use to quarantine people. We advised the DHMTs with the help of CDC that we need to have this tape. Because initially, when they quarantined a house, they only sent security for them to sit around, without signifying to the public that this

place is infected. At times, people left their own environment, they went into the quarantined homes and did all sort of [things]. The security maybe at times, they were busy doing other things. So we advised that we need to find a tape. We started using that tape. As I told you, we are also the first people that started this ICC command center that now became DERC or NERC. We initiated it in Bombali. And also, things that I think we initiated is initially, when they were doing the investigation, the first investigation officers, that idea was not down there. But all along through the—because we were working as a team, we shared ideas together with Dr. John Redd, Allison, with other people. In the morning, you collected your cases, you went to the field; in the evening, after you have done the investigation, we usually come to the DHMT or the command center, we report our cases, we explain our cases, the action we took.

We started identifying that within the family, there is also a level of exposure. We had one that identified it because initially, we are here together. There are other people in this hotel who are in other rooms, but maybe now we are doing things in common. Is it not so? But there are other people in this room that did not even know what we are doing. When somebody got infected, let me say one of us became infected. What they did was, they would collect every one of them in this hotel and put them in one community, one environment, quarantined them. So you can see the level, the exposure. So maybe two of us are here. Those other guys or those other people that are in those other rooms, they are not exposed that much. Now, when they put us together, I went there, I became sick, so what do you think will happen? It started circulating among these other people that they isolate us together. So you can see. We started identifying these gaps, we started

improving. Within the family, we can probe in and investigate to know who is at high risk. We differentiated them as primary contacts, secondary contacts, and tertiary contacts. So we are able to differentiate this level of contact. For example, for Rosanda. After we got an idea of how to—and that's why for me, the Rosanda response was the best of all the response I participated in. Because everything was available. The idea was there. If the response was not at that level, the type of infection that occurred at Rosanda definitely, they should have got more cases than Pate Bana. Because the index case exposed many people. We were able to invent all these things because these guys from CDC, and that is Chief Orbolonbah and Chief Namasa, we sat together, we discussed things together, we found solutions, and we saw what the challenges—we saw how we could work on those challenges. We had success stories. We took note of them. All these things.

Q: That gives me a really good idea of how you all worked together. Can you tell me about the end of the epidemic?

Kamara: Well, the end of the epidemic—

Q: And the end of your response work.

Kamara: I think my last investigation was at Rosanda. I'm the one that investigated the cluster at Bomba, the cluster at Pate Bana, the cluster at Rosanda, the cluster at Masati, the cluster at Makump Doron, the cluster at Robuya. These are some of the communities

that I and my team addressed. At the end of Ebola, and later, may her soul rest in perfect peace, we had also an expert called Dr. Martin. She worked for WHO. She was also from the US. They joined us later with Dr. Spencer when Ebola came to an end. Dr. Spencer from CDC. Dr. Spencer, he was somebody who was very active, and he was also intelligent. We used to—we are now at Wusum Hotel. We used to call at night, "Sorie, where are you? Come and meet me at Wusum Hotel." Even that time, we would sit far from you because we could not sit like us now, now we are sitting like this. We sat together at a distance. We discussed issues at night, trying to know these chains, the transmission chain to see how we can break the transmission. At times, I could spend about three, four, five hours with him, yeah, just trying to see, these are all people that showed so many commitments towards the achievement of overcoming Ebola.

Q: I'm confused. Why did he sit at a distance?

Kamara: At that time, Ebola, the bylaws cannot even permit us to sit very close.

Q: Oh, I understand.

Kamara: [You know, at that time during Ebola, the bylaws could not permit us to sit very close.] In the field. Also in the field. In IPC, my safety first, your neighbor's safety or your colleague, and the environment. So usually—even for example, before, when we wanted to start this interview, I made use of your pen. But in those days of Ebola, trust me. You ask me for my pen, I won't give you my pen. If I asked you for your pen, you

won't do it because you don't trust me, I don't trust you. This is the kind of work we [were doing]. We worked as enemies. We worked as enemies. So these are the kind of things that existed during that time.

Q: I know now you're volunteering in a couple different ways. What have you done since the response? What have your last couple years been like?

Kamara: As I told you initially, after we have promoted finally, we came to support the fight for Ebola. At around April/May, we decided to exit the response, for us to continue our education. So we left the response. We went to pursue our education for us to complete.

Q: How long ago did you complete the education?

Kamara: It was 2015.

Q: Did you immediately move back here to Makeni?

Kamara: Yes. Just after I sat through my final exams and submitted my dissertation or thesis, I left Bo to Makeni.

Q: What do you see for your future?

Kamara: For now, my future, I still have the urge of helping people. I've learned from these experts and Chief Masa Paki Orbolonbah, Namasa who is called Allison, Brigette, these other things, these other experts from other African countries, Uganda. I saw the kind of dedication they made to save our country. At times, initially when we did the response, we were not paid. We were looking at the situation, what people were undergoing. Definitely, we just decided to ignore this payment pursuit. As I'm talking to you, we ended the response, some could not—even our allowance, they could not give us our allowance. But for now, I feel satisfied. I have that respect. Even among my people. The Ebola fight was just like during the war. Everyone is just about protecting his own territory. Because we were not paid, what I did, I decided I'm going to work where I came from because the system was not so good initially when it started. For now, I feel satisfied. I have that respect, I'm proud to say that I was part of the response, I have saved lives, so I'm very happy.

Q: Is there anything else you'd like to share before we end the interview?

Kamara: What I want to share is, there are people who have got vast experience in this response. Some of us, we have learned many things. We have worked with different nations, different expertise. We have got our first degree. Now we just want to see how the government will incorporate us into the system, and also for these international organizations or other organizations, for them to see how they will capacitate us and see how we can help our country and the world as a whole, because I think other experts have done it. I'm happy to say that I'm also willing to help any other nation if they have such a

situation. I pray that this situation we had in Sierra Leone, no country in the world can experience this bitter experience. But definitely, we are really asking the government and other people so that this experience we have got, let it don't go down the drain. We have got a series of experiences, especially in handling epidemics or pandemics. So this is just what I want to share.

Q: Thank you so much, Mr. Sorie I. B. Kamara. That's all I can say. I very much appreciate you. Thank you.

Kamara: Thank you too, you're welcome. I'm very glad.

END