**CDC Ebola Response Oral History Project**

The Reminiscences of

Charles Keimbe

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

2017

Charles Keimbe

Interviewed by Samuel Robson
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Freetown, Sierra Leone
Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson. It is March 19th, 2017, and I'm at the EOC [emergency operations center] here in Freetown, Sierra Leone, and I have the privilege of speaking with Mr. Charles Keimbe here as part of our CDC [United States Centers for Disease Control and Prevention] Ebola Oral History Project. I'm looking forward to talking with Mr. Keimbe about his experiences, his life, his passion for health. Thank you for joining me for the interview, Mr. Keimbe.

Keimbe: You're welcome.

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

Keimbe: My name is Charles Keimbe.

Q: Thank you. If you were to tell someone in just a couple sentences, very briefly, what your role was in the Ebola response, what would you say?

Keimbe: I was the surveillance pillar lead for the entire Western Area, both Urban and Rural.

Q: Perfect, thank you very much. Can you tell me when and where you were born?

Keimbe: I was born way back in 1967 in Kono, Yengema. You know, Kono? Kono District is the—

Q: In the East.

Keimbe: Yeah, in the East. It's where they took the 706-carat. Yes, I was born in 1976 in Kono.

Q: Did you grow up in Kono?

Keimbe: I spent ten years in Kono and then came to Bo. I grew up in Bo. I attended school in Bo, my primary and secondary education, and then I went to the paramedical school in Bo.

Q: Can you tell me a bit about the people who raised you?

Keimbe: Yes. When I was born, I was brought up by my parents. My daddy retired on the 28th of December 1976, and we came over to Bo. Unfortunately, he died two months after

that. It was the 20th of February 1977, a little over forty years now. I was brought up by my mother singlehandedly. That's why I'm more like a woman than a man. [laughter] Not interested in football, I'm interested in the kitchen. I grew up liking and wanting to help people because I saw my mom and the way she was going about ensuring that we have what we wanted. That was very normal.

Q: How did she make ends meet?

Keimbe: She was working. She started work at the National Trading Company as a cashier, and that was how she was raising money for us.

Q: You said you went to paramedical school in Bo?

Keimbe: Yes.

Q: How did you decide to do that?

Keimbe: In fact, when I was growing up, my passion was to become a medical practitioner. We were ten, ten of the same mother. Our daddy died very early, and the responsibility for one woman was very great. I had a passion for the medical field and I wanted to be a doctor. When I was completing my secondary education, I came to learn about the paramedical school. At that time, there was no medical school in Sierra Leone in 1985, 1986, there was no medical school. So I decided to enroll at the paramedical

school. I was like the youngest there. I was seventeen years old when I entered the school.

Q: How did you find the school? What was it like?

Keimbe: It was great. People were saying, ah, you are a small boy, you are not supposed to be here. [laughter] If I want to involve in composition, they would say, no, you are a small boy. Because they started off by recruiting the dispensers, those that are already working. They were the first set. When we came in, I was very young. I was like the age of their children, so they would see me like their child. There was a lot of opposition within the group, not from the school. But I had to make it. I never had irreverence, I was doing very well, and I graduated.

Q: What year did you graduate?

Keimbe: What year? 1988.

Q: What did you do then?

Keimbe: Well, I was posted as community health officer in charge. I worked in several PHUs [peripheral health units] as community health officer in charge. I started off in Moyamba [District] and then during the war we were displaced. I came to Freetown and I worked in several places in Freetown. There was this SHARP project [Sierra Leone

HIV/AIDS Response Project] with the National AIDS Response Program. I became coordinator for that project in Kroo Bay, one of the slums.

Q: Can you tell me about that project?

Keimbe: An advertisement was made for slum communities and interested communities to apply for HIV [human immunodeficiency virus] sensitization. There was a loan or grant for that. So together with my group, I wrote the project and it was the first that was selected among the group. Our project was taken as a pilot project for the country. So it was like sensitizing people of HIV and AIDS [acquired immune deficiency syndrome], seeing what their problems are and seeing how we can remove them from that problem through life skills training and the like. So we had skills training for single parents, especially the mothers, and we had to train them on gara tie dying, hair dressing, tailoring. The number was not too big, but it was good because it was like fifty of them and they also graduated and it was fine.

Q: What year was that, when you were doing that?

Keimbe: That was in 2003.

Q: Two thousand three, sorry I interrupted. What happened after 2003?

Keimbe: In 2003, I went to the UK [United Kingdom] on holiday and came back.

Q: Had you been outside the country before?

Keimbe: Several times. [laughs] The only continent I've not been is Asia. Oh—Australia. I have been in Asia. After that, I resumed my normal duties again as a community health officer in charge, and I went to pursue the DTM&H, that's a diploma in tropical [medicine and hygiene]. I was working now with the District Health Management Team as the disease surveillance officer 1 for Western Area. That was in—I started off in 2011 January, and then in 2012, we had this big cholera outbreak. It was detected by myself. I went to one of the facilities. I had a notification from one of the in-charge at Mabella. So I went with my test kit, I did the RDT [rapid diagnostic test], it was positive for cholera. I took the samples and sent it and it was confirmed. And wow, we started the cholera outbreak and the response. That was another massive one. That was where I had to learn more about responses.

Q: Can you describe a particular moment when you learned something about responses from working on this cholera outbreak?

Keimbe: Yes. One, it has to be timely because if you don't respond timely, the number of cases will increase and the number of mortalities will also increase.

Q: Can you tell me about a moment back then that stands out to you when you look back in your memory?

Keimbe: Regarding cholera?

Q: Yeah, yeah. Like a particular conversation you had or an event or something you were able to achieve that when you look back, it's very prominent in your memory.

Keimbe: For that particular incident?

Q: For cholera.

Keimbe: [pauses] That one, I do not want it to be on record. [laughter] I really don't want it to be on record. It will implicate people.

Q: Sure, sure. Okay, that's very fair and I appreciate that lesson of you have to act very quickly. So at what time was it that that epidemic ceased?

Keimbe: Twenty twelve.

Q: In 2012?

Keimbe: Yes. It started off in 2012, I think it was in June, July, and then it ended in August [2012]. I was in Freetown in 2012.

Q: I should have asked this earlier. What does it mean to be a community health officer in charge?

Keimbe: Community health officer, it's like a middle-man healthcare provider that has been trained both in clinical and public health practices. I can be a clinician and I can be a public health practitioner at the same time, at a middle-man level. At the facilities, what we normally do is see and treat patients. We have the community aspect of it and we have the clinical aspect of it, and we have staff working under our supervision.

Q: What did you think of Freetown when you first came here?

Keimbe: Well, I never wanted to come to Freetown in the first place. When I was in the provinces working, when I would come to visit my brothers, they would say, why can't you come to work in Freetown? I kept telling them there's nothing in Freetown that I admire. I admire working with the locals and I enjoy it most. I was forced to come to Freetown by the war. So I had to stay.

Q: Let's go ahead and jump into Ebola. If it's okay, maybe we can start at the beginning and just move forward from there. Do you remember learning about Ebola starting in the region and then spreading to Sierra Leone?

Keimbe: Yes. When it was in Guinea, we had a meeting at our agency. First, it was like an unknown disease, and later, we came to realize that it was Ebola. We were following

the news on the spread—it went to Liberia, came to Sierra Leone. So we got involved in it.

Q: How? How did you get involved in it?

Keimbe: Well, by virtue of my position in the district, that was the disease surveillance officer 1. Under my job, that was basically my job, to investigate and report cases. We were following up with cases. Now, when it came to Sierra Leone, we were following the case definition. Any case meeting case definition, we would obtain samples. But at that time, it was really, really, really, very tough. It was really tough because to start with, there were no resources; very, very little resources. I remember Western Area we were just four surveillance officers. I was heading the team, and three others. We had Joseph Charles, Michael Kposowa and Francis Lavalie. That was all. We were having two ambulances for the field care, and they were only supposed to take pregnant women emergencies. Antenatal or obstetrics emergencies. When we started off, we had six beds in the holding facility in Connaught [Hospital]. Six. Only six. And we had this group from PHE, Public Health England, they were assisting with care there. We would bring suspect cases in the unit. We would dress in the PPE [personal protective equipment], we'd go in, fill out the case investigation. At that time, we had no formal training on putting on PPE or the procedures for use of PPE. We'd go in there, fill out case investigation forms, and then the laboratorian would come and obtain the samples. After obtaining the samples, we would have to—it was our responsibility to ensure that the samples reached the laboratory, and the only means we had was by public transport. So

we would hide the samples, [laughs] or else we would get lynched. We would hide the samples in the cooler, the cool box, and then conceal it, and then take it to Kenema, and then we'd come back. If the case turned out positive, we would have to take this case to Kenema, which is like 250 kilometers from here. If you got there late, they would tell you, the place is full, go to Kailahun [District]. And the roads were so terrible. It was tough at that time.

As we started collecting samples, we started having cases escaping from Kenema because at that time, I think there was a problem with security. The whole structure was not too—so you had patients escaping from the treatment, coming to Freetown. [laughs] We had to be informed. There was a time when one of them was on television, so I had to go and locate the house, take him back to Kenema. At that time, in fact, there was BBC [British Broadcasting Corporation] coverage there. I took him back. I said, "I brought your guy." So they took him.

Then finally, we had our own case in Freetown. It was from Kissy Road. The guy was from Kenema, came, and was hidden in one of the clinics. They tried to deny, but we probed and we got him and took him to the holding center. At the holding center, there was also a problem in accepting [him] because they were running out of space. They said, "If we say we are going to accept everybody you bring here, it's going to be a problem." We said, "Please, this guy, let him be." So he was placed in holding, a sample was collected, tested, and it turned out positive. That was the first case for the Western Area, and then, the problems started. We started having complaints, cases, and everything. At

that time I was responding to the call center. I was not sleeping at night. I would have my ledger, rule, and my pen, right in the bed like that. As my phone rings, I will open it. "Yes?" "Mr. Keimbe, we have one case, so-so-so-so-so," I will take down their place and everything. First thing in the morning, we have to respond, and we are just four. So it came to a time we were not investigating all the cases. Several times, we were being summoned by authorities. They asked, why are we not investigating the cases? We told them, well, the number is small. There was one of the officials working with WHO [World Health Organization]. He said, "I think we should increase the number [of staff]." I think after that, our number was increased to twenty, and I had to recruit guys. At that time, Ebola was right in Freetown and everybody was very scared. I had to train nurses to be taking the cases to the treatment center, because at that time, there was still no treatment center in the whole of Freetown. We had to take the cases to Kenema or Kailahun.

One thing that keeps playing in my mind is the fact that one of the nurses, he was my friend, he was my close friend, he was a nurse. I went up to him and said, "Look man, this is our business. It is not just surveillance business, it is ours, all of us. If we don't stand up now until the government—until we get support, everything is going to go out of hand, and all of us are going to die. So let's do something, please." And he said, "What do you want me to do?" I said, "We are going to train you on the use of PPE, and then you'll be taking patients from here to either Kenema or Kailahun, whilst we'll be in Freetown seeing the rest of the cases." Because at that time, contact tracing was our responsibility, distributing food was our responsibility, and they were not supplying dry

rations at that time. They were supplying cooked food. From Connaught Hospital, we would collect the breakfast, take it to the quarantined homes, and then at lunchtime, we took the lunch. If it was something like soup and it got spilled on the way, we would be lambasted by the quarantined—by the victims, and all stuff like that. So I told him, he agreed, we trained him. He went once, came back, second—he was here until he got infected anyway and died. Then because of that, a lot of other staff left the job, so we had to start again over and over and over. It was gradual.

It was really hitting because we had an explosion of cases in some clinics, like we had the monkey bush, we had the one at Rokel at the Western Rural [District]. Those areas were hotspots, serious hotspots at those times. During our reviews, we would have something like sixty to eighty cases in the community, suspected cases in the community, no holding facility, until gradually, things started taking shape. People started coming into the response, and then we were moved from the Cline Town DHMT [District Health Management Team]. We relocated to the British [consulate] in October 2014 so that we would have time to do our work. It was during that time now that they had this NERC [National Ebola Response Center], and the organization became settled. We had a lot of resources, and we started having holding centers, we started having treatment centers, and the turnaround time for investigating cases, moving them to the holding center and from holding centers to treatment centers, became improved. People's health education messages started going around, people started accepting—because the denial was another big factor, the denial by communities that this Ebola is not real. Then, health education teams started going out, sensitizing people, and people started to realize that this thing is

for real. They started following procedures. We had this lockdown for three days where everybody was asked to stay at home. We had teams going around, looking out for—active case search to see, looking out for cases, asking people if they have any sick persons in your house. If you are sick, irrespective of what is wrong with you minus chronic illnesses, we will take you to the hospital and be investigated. If it is not Ebola, they will treat you and then you go back home.

Then we organized the Western Area Surge with support from CDC. We had tough guys, tougher guys at that time like Dr. Desmond [E.] Williams and a good number of them. They were all there, and they organized the surge, and it was a big success. We recruited more surveillance officers, to the tune of 138, and then we added to them community monitors. We had over 270 community monitors. The functions of the community monitors was, they were residents in their communities, and on a day-to-day basis they went around their community asking, investigating, looking out for cases and reporting. If we had issues in that community, it was the community monitor that we contacted first, and then he would lead us to—and surveillance officers were attached to every ward, and we started having our daily briefings again, giving updates, and things started working.

But, again, if I am to record some of my saddest moments, one of them was when another colleague, a CHO [community health officer] of ours who was also a surveillance officer, died. This happened way before we started getting this kind of support. Still, we were having very few, but we had the police, the PTS [Police Training School] treatment center. So, there was this small confusion between himself and one of the authorities. He

had to be remanded in custody on a Tuesday. On Wednesday, he was released, and all community health officers went to his place in solidarity, and I was there also. Other people were televising—viewing the event. On Thursday, the day after—we were there on a Wednesday—on Thursday, they told us our man is not well. "How long has he been sick?" "Even before he was taken to the police." Ah. So on Friday, he was taken to the holding center, tested positive, was brought to the treatment center on Saturday. He died on Sunday. After his death, I was really, really scared because taking into consideration the number of people that went to his place, and they were all health officers, just imagine. There were like over two hundred, and all of them health officers, CHOs, nurses, and the like, and they were all hugging, some of them were hugging and touching. I said, wow. The first thing that came to my mind was to think about one of them that was doing the video. So I thought of one of our colleagues, and I went to her and asked for the clip. She was so afraid to give me that clip. While I was in the office, I had to break protocols. I saw the tablet that she was using. I took it. I just put on my gloves and took the tablet. They said, "You're not supposed to do that, it's against the—" I said, "As long as we are in an emergency, I'm going to do what it takes to ensure that we save lives, including yours because you were there." So I went. We had to go through the video recording, and the first person that I saw that was in very close contact was the man next to me, the DSO-2 [disease surveillance officer 2]. So I called him and said, "Based on the evidence in front of me, you are going down for twenty-one days." He started crying. He asked me if he's going to die. I said, "I will not know, I will not know, it depends. But you've been doing a good job, so have faith." So he went. But the other interesting thing is, not one of them came down with the infection, with the disease. Even

the police were quarantined, the police that had him in custody were quarantined. None of them. That was very serious. There was something to learn about that, how did it happen, because when he was sick, his wife was a nurse and she was treating him at home. None of them. So that is also some kind of lesson or research to conduct on that, Ebola and its transmission.

The next one was the same DSO again, a very close friend of mine. He disappeared for two or three days. He came back to my office, he was sitting, and I said, “Hey! Guy, what’s happening?” He said he’s being overworked. I said, “By whom?” He said by the group I sent him to work with. I said, “Do you want me to withdraw you?” He said, “No, it’s okay, I’m coping. It’s just that I’m tired, so I took a day off for my own.” I said, “Okay, so go and rest.” So he left. At that time, we knew now that we were not supposed to touch, no shake hands, no anything. [laughs] That was what saved me. So he left that very day. In the evening, I was called to say he was admitted. In the morning, he was tested positive, and died in the evening.

It kept on like that, we were losing more colleagues, and one of our medical officers that died called me to ask where the CPHRL, the [Central Public Health] Reference Laboratory, is. I directed her, but it’s like she wanted to go and do a test on her own. After that, the result came and we got the news. She also did not survive.

Q: You had worked pretty closely with these people?

Keimbe: Very, very close. Very, very close. We'd been together—I've been in practice now for over twenty-six years, and these guys I'm telling you [about], we started together. We were like—we were more like brothers now because in fact, when he was wedding, I participated in his wedding. We were like, in war, people have to die, and then the most important thing is he died saving other people's lives. I'm very grateful to him. I hope he's in a very good place now.

Q: Thank you for sharing their stories. I think that's important. If you don't mind, I had a few questions following up on some things you said.

Keimbe: No problem.

Q: Let me see what kind of order I want to go in here, sorry. In the very beginning, you were actually going into ETUs [Ebola treatment units].

Keimbe: Sure.

Q: Can you describe the first time you went into an ETU?

Keimbe: When we were called by the PHE—normally, when there is anything to be performed, I will be the first person to do that, just to build confidence in the other three. I told them, now, the situation has changed, and we've been asked by the PHE to be going into holding centers, not ETUs, holding centers to fill out the case investigation

forms. The first time when I went there—I never had formal training on PPE, but I knew how to. I went, I was shown the PPE, and I asked for the case investigation form. I was given one, and I went, and there was this case—in fact, the guy was seated. When I went in, the first thing he asked me was to help him sit up straight. So imagine if I was not fully dressed. He said he could talk, but please let me help him sit up straight. He was upset. So I had to do it. And then I filled out the form. That was my first experience in being too long in PPE. I was almost getting—the room was not air conditioned, not properly ventilated, and I was going through difficulties completing the form. Ideally, I completed the form and then came out, went to a clean section, and then changed, and I had to transfer the information onto a clean form and then take it to them. We left, and after that in succession, my colleagues were also going there to fill out the case investigation forms and coming out.

Q: Could you tell me a little bit about some of the colleagues here with whom you worked most closely? I know you've described some people who unfortunately passed away, but really anyone, maybe someone you had worked with for years who was a surveillance officer or had some other role?

Keimbe: All of these guys I worked with for years, to be very specific. We started off—[laughs] most of us, we were brought into Western Area by the war. I was having, like I said, Michael Kposowa, Joseph Charles, and Francis Lavalie. When we came up to the British [consulate], which we were using now as the response center, the EOC, we had to recruit medical students as the surveillance officers because the number was large and we

had so exhausted the number of community health officers we were supposed to use. It's like, all the community health officers have been my colleagues for long.

Q: Joseph and Frances and Michael, what were they like? Can you tell me a little bit about each of them?

Keimbe: Frances was not a community health officer, so he was not quite experienced like Joseph and Michael. Michael is the one I'm telling you that I had to quarantine for twenty-one days. After that, when we came to the consulate, I told him, "You are going to be in charge of quarantine." [laughter] And believe me, he was not joking with that. He saw how serious the situation was and that no joke, if you are to be quarantined, there is no negotiation, you have to go down. You have to go down serious, you have to go, and he does not joke. He handled it very, very effectively, anyway. Joseph was in charge of contact tracing, and so he was going out. James Bangura and I were producing—we were there [providing] leadership for the entire group because the group was large. It was like over a thousand contact tracers, over 130 DSOs and over 200 community monitors. We were providing day-to-day updates to them, and they were giving us day-to-day briefings on their activities. We had the burial teams, the CDC epis [epidemiologists], the WHO, MSF [Médecins Sans Frontières], and we had the EU [European Union]. They were all giving us support. In fact, the epis were assigned now to teams, and they were going with the teams. Every DSO would report issues to the epis, and the epis would bring that up at our briefing meetings. It became very, very structured, and we were able to relax now. We were able to relax because the incident that took place in Rokel in the rural, I was

living in Rokel actually, and every morning during the briefing in front of CDC and WHO I would ask, "How far are the cases from"—because they were calling me "Commander." [laughter] We took it as a war, and I was their commander. I said, "How far are cases from the commander's house?" And they would say, "Aah, one hundred yards." I said, "You have to pay more attention to that, or else Commander will stop work here, I have to go to the field to fight myself." One thing that was very, very serious, [laughs] when I asked he said, "It is just twenty yards from your house, Commander." I said, "Well, we don't have to hold any more meetings, I have to go to the battlefront myself." They said, "No, no, we will take care of it." Anyway, we started putting forms into it because we were much, much more relaxed now, we had support. Everything we were asking for we had available. We had ambulances, we had holding centers, we had treatment centers, we had PPE, we had in abundance everything. It was well organized, and even the risk allowance was available and was paid on time. That's how we managed to go through it.

Q: So—Rokell is the neighborhood?

Keimbe: Yes.

Q: So you actually took a moment and just went into the community yourself to do work?

Keimbe: I was always, in fact. When we had a cluster of cases, we set out, me and the epis or James Bangura and the epis. We will go look at the situation, see about disease, give advice, and talk to some of the community members, and then we come back.

Q: So you're not just sitting at a desk all day.

Keimbe: Oh! No, no, not at all. [laughs] That was not our job. Our job was to go out and fight. There was a team that came to do some recording, and we called ourselves Ebola fighters.

Q: Can you tell me a little bit about James Bangura?

Keimbe: He has been a colleague for quite a long time. He was also working with the disease surveillance unit at the Ministry of Health in the head office. While we were in the districts, he was working on the national team. He was assigned—the Tulane—to the Lassa fever unit in Kenema, and was working with Tulane University, and then Metabiota came in. In fact, they were the first people that started giving support in the Ebola management. Diagnostic and hospital management, and everything, because they are all viral hemorrhagic fevers. So they had a little bit of experience going through that work. He was working with them and then he was assigned by the chief medical officer to give support to districts that were having a lot of cases. I think we went to three of the districts and then came to—he was first in Kailahun, came to Kenema, and then he went to—I think he went to Bombali [District] and then came to Western Area. His assignment

actually was for a month. We had to convince him to stay. I told him, "Western Area is a unique district, it's unlike the other districts and if we don't stay and provide leadership, there might be problems." We enjoyed working together so much. When it was coming to an end, we never wanted to accept that we were going to split again. [laughter] Every morning, if he did not bring me an energy drink, I will bring him one. Just to tell him, "Hey, guy, you don't have to sleep today. You have to—" [laughter] It was—yeah.

Q: You talk about going from, what, four—

Keimbe: DSOs.

Q: —four DSOs, and this explosion in the number of people you have out in the community, of contact tracers, of surveillance—active case finders. And you say that actually, there was a point in the response where it became very organized, that you had the resources and you were doing it. To what do you attribute that? How did it become so organized?

Keimbe: The EOC started very small, and then more people started coming into the EOC. When it was declared as an emergency, and it was transformed to the NERC, National Ebola Response Center. They appointed a new CEO [chief executive officer], and they were having this structure, the organogram, we had the CEO, we had the coordinators, right [on] down. So everybody, we started having SOPs [standard operating procedures], we had pillar leads for each of the disciplines, like for surveillance. We had the pillar lead

of case management and communications and everything. It's like from that point, the structure—when you saw the structure, you knew this was very organized. Case management knew what to do, they had their SOPs, surveillance, communications, and all. That is how we—

Q: And how would you describe CDC's role? What was it like working with CDC?

Keimbe: Unmeasurable. It's like, when CDC started coming in, we had guys like I told you, Desmond. He's a Sierra Leonean to start with, so he was speaking our local dialect. He said, "Oh man, this is a big problem for we, and now we fight." It simply means, guys, this is a very big problem for our country and this is our fight, let's do all we can and let's ensure. So together we had to organize the surge, and CDC after, CDC, CDC—I could not even remember all of them. What I did at one point in time, I was having my tablet, anyone come, I will snap you. [laughter] And it got stolen.

Q: It got stolen?

Keimbe: It got stolen. [laughs] I felt that much. But CDC in the response, they played a very active role, even where we are seated now is by courtesy of CDC. Even this structure here. They were supporting a lot of activities, and they were ensuring—even the payment of risk allowance was taken up by CDC for the surveillance unit. So we were not having any delays and any problem with finance or materials or anything. They were hiring vehicles for the surveillance officers to go investigate cases.

Q: Was there anything when you look back that you think CDC could have done better or could learn from for the next—

Keimbe: I will not say CDC alone. It's like, you don't have to wait for an incident to occur before you start putting your house in order. That was what we lacked, and we could not blame any organization. Before this one, our response plan should have been well organized, and we should have had the human resources and the funds to—but everything was not available. So I will not say. But what CDC was supposed to do, they are already doing. Like, we are having this Field Epidemiology Training Program frontline, and they call their training the third quarter now, and in August they will be starting the intermediate. Then they will go to the advanced, and then we will have our own epidemiologists in-country. So I think they've done a lot, and they're still doing very, very much more.

Q: Thank you. Sorry, I'm consulting my list here. Do you remember any big debates that happened during the course of the epidemic about how to handle a certain thing from a public health standpoint?

Keimbe: Yes, and it was with regards to the burials. When we started, it was like, if somebody dies, you have to do a swab, and if it turns out negative, they will give it to the burial teams to conduct the burial, in any cemetery of their choice. When things started getting out of control, there was this issue from the CO that we are conducting safe and

dignified burials now. Any death occurring must be handled by the burial team, because there was also this burial pillar now, and that was—you know, taking your loved one to an Ebola cemetery when you have a preferred cemetery was a very big challenge, and it was tough, really. It was tough getting through that one. But we had to establish a lot of family liaison officers, people that would be communicating with the family to tell them, oh, your—that was another problem that we were having. For instance, if you take somebody from their home to the holding center, and that person turns out positive, they're going to be taken to the treatment center. The relatives will not know. They will not know the whereabouts of their loved one, and we were having a lot of confrontations. So we had to establish this family liaison office, wherein the sooner your patient has been collected from the house, they will start communicating with you. On leaving the holding center, if they are transferring the case to the treatment center, they will communicate with you to say your patient has been tested positive for Ebola and has been transferred to this treatment center, so that you have access. So even if the case dies, we will call you to say, we are sorry to say we have lost [your loved one], the burial is going to be by— Although there were a few exceptions.

Q: Do you remember what positions you advocated in these debates about burial?

Keimbe: Well, that one has to—because it was tough, it had to go up to the national level. It was no longer an issue of the district. We had to have people from the top level making those decisions. Our role was to ensure that we go strictly by the policies that are given to us.

Q: Were there times though when you really had to take a position, a stand on something and make a decision about something, when you look back?

Keimbe: Yes. That was why we were seated there, because when there are difficult issues, we had to sit and make decisions. Like there was an instance when we had to—somewhere in the western part of Freetown, we were having cases, a cluster of cases from different points, and we had to take the decision to quarantine the entire area. Because people would say, we are not infected, we are not infected. But we said, we kept them that for their safety of others, whom I don't know, we had to quarantine the entire area for a period of twenty-one days. It was tough because you have people with influence. They will want to use their influence to go against—well, we stood our ground. Myself and James, we were like tough generals. As long as we sat together and said, this is the decision we are to take, we agree on it, and we see benefits. We didn't agree on decisions just because we wanted to make decisions. We saw the benefits and everything and then we took them.

Q: How did it go then, once the area was quarantined?

Keimbe: When the area was quarantined, we had the quarantine desk. There were also quarantine officers assigned to that desk and assigned to various sections in the Western Area. As soon as we declared this area quarantined, then we went in, took the names, age of everybody affected by the quarantine, and then they would work on the list, forward it

for the necessary supplies—food and all supplies. When we started, there was a problem in getting the list and getting the supplies. It was taking like three to four days. When we established the quarantine desk, we ensured that quarantine deliverables had been delivered within twenty-four hours.

Q: Some people, as I know you've heard and spoken with and probably yourself to some extent, talk about the effect that quarantine has on building trust with communities. Can you talk about the dynamics there during your part in the Ebola response?

Keimbe: In quarantine, building communities?

Q: Building trust with communities, whether the action of quarantine might in fact make some people less willing to come forward or make people run away, that kind of thing.

Keimbe: Our country is one of the poorest countries. When we started off, people did not realize the seriousness of quarantine, and some were running away. And we started having support. If you are being quarantined, you'll be provided with food and everything, even topped up to make calls. Interestingly, people started sneaking into quarantines to join the quarantine just to benefit from the supplies. There was an instance, I saw one woman when I was going around in the quarantine. Three or four blocks from there, after some time, there was another quarantine. I went there, she was there again. Three or four blocks again I went there, she was there again. I asked her, "Why are you always in quarantine?" She told me it's just bad luck. She would come to visit, and then

she would be quarantined. I said, "No, my friend, if you are doing this for food, please stop, please stop." The quarantine built trust between us and the community in several ways. In fact, in the first place, as I told you, the community monitors were their own people. They were recruited from the community, trained, and they could speak their language, they could—you know, they are open to them so they [the community] could tell them [the monitors] anything. Then we had the quarantine officers, again, of the same nature. It's like they were giving us support. And then we had a psychosocial team that would go in and talk to them. Gradually, quarantine became an issue of like—they accepted it.

Q: Were there police officers involved?

Keimbe: There are always police officers involved. We would have people sneaking into the quarantined home just to get food. So the role of the police officers was to prevent anybody from going in or out of the quarantine, and they were there always, 24/7 [twenty-four hours a day, seven days a week]. Some of them also got infected that were quarantined, but it's like that.

Q: Could you tell me a bit about when things—I appreciated you talking about when things started to turn around, get organized, get a lot of resources. Can you tell me about when you started to see the cases drop, and maybe the last few cases you were able to work on, or the last cluster?

Keimbe: The cases started to drop. We were having a few clusters, more especially in the slum areas. There was a time when we thought, this thing is under control, and then there was an explosion in one of the slums, Moa Wharf. We had to go in there again, and then the Magazine Wharf. The wharf areas were areas that were giving us problems because we were having cases from Port Loko [District] that would travel by sea and it was shorter by sea, by boat to the Western Area, Rural, and they would come to and settle. So in fact, until we had to—there was another Operation, Northern Push, Operation Northern Push, that was organized by the NERC with support from police and all. We had to go into the areas that were still having a high number of cases, Port Loko and Kambia [District]. We went to Kambia, and some of the team went to Port Loko, some other teams went to Kambia. And it was Northern Push where we left, when we completed Northern Push, there was a considerable drop in the cases along the slums. In [Western Area] Urban, we have about twenty-two slums, and then right through the country something like forty-nine slums around the riverine area. [unclear], and then we had to manage that.

Q: How did you work in those kinds of conditions?

Keimbe: As I said, when there is a confirmed case, like in the case of Moa Wharf, we had to go there full force. Physically, us, the CDCs, the MSFs, the WHOs, everybody—we diverted our attention there. That was how we were operating to see. It was like when we have a case, we all go there and try to meet it. So everybody was there. We had our community monitors, we had our contact tracers, and they would go around, and after a

case has been proven positive, anybody coming up with any signs would be tested, be taken to the holding [center] and get tested. There was a time when this boy was just complaining of joint pain. No fever, no anything. We took him, and he turned out to be positive. So you see? And also, to be very much specific, the signs and symptoms as we were telling people in our sensitization about Ebola was somehow not quite effective. Because first of all, when we started, we were talking about bleeding, and the majority of the cases were dying without even bleeding, so that's met with disapproval of the community. We had to be changing, just so that we adapt with what is going on, the actual situation on the ground, instead of just following the generic description of the condition itself.

Q: Can you tell me about what happens after you're able to eliminate Ebola here in Western [Area] districts and in the country? What do you do? What have you been up to the past couple of years?

Keimbe: In 2015, when it was almost going down, I went to Atlanta to attend an international conference on emerging infectious diseases. They have this nomination for leadership, so I was nominated as a leader, I was certified as a leader. Spent some time to know America a little, and then came back, just to refresh. When you have been working hard for a long time, you need a day off. That was a kind of day off. Went and came back. In fact, when I returned to my office, I received a letter that, guy, you are no longer in the district, you are now serving under the national. I got promoted to the national [level]. That's why I'm here now.

Q: And now you're the—I'm not sure I asked you this question. Your current position?

Keimbe: I'm the national surveillance officer in charge of Eastern Region. Eastern Region is Kenema, Kailahun and Kono [District]. The Eastern Region is where we have high cases of Lassa fever, although we can say now Lassa fever is not specified to one area in the country. We are having most cases from that area. So it's like I'm now also the focal person for Lassa fever in the national.

Q: Before we conclude the interview, is there anything else you'd like to share that we haven't gotten to yet?

Keimbe: I would want to say experience counts. When I came into the fight, I was the community health officer, no intensive—little knowledge on epidemiology and everything. But I had passion for the job, and I did what I had to do. I was leading the team even though I was not having that necessary background. I put my all into it to ensure that I gave my best. And that was just what I did, working with John [T.] Redd, working with all the rest of the CDC people. Some could not even believe that I'm not a medical officer.

Q: I just want to thank you so much for spending this time with me, Mr. Charles Keimbe. I very much appreciate it. Thank you.

Keimbe: Thank you very much and you are welcome at any time.

END