

CDC Ebola Response Oral History Project

The Reminiscences of

Armah Kiawu

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Armah Kiawu

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 14th, 2017, and I am here at Redemption Hospital as part of our CDC Ebola [Response] Oral History Project interviewing Mr. Armah Kiawu, who is part of the Men's Health Screening Program here in Liberia. I'm very happy to have you here, Mr. Kiawu, thank you. Could we start out, would you mind saying, "my name is," and then pronouncing your full name?

Kiawu: My name is Armah Kiawu.

Q: Thank you. What is your current position here?

Kiawu: Currently I'm the mobile team supervisor and also the logistics officer and the semen tech [technician] for the Men's Health Screening Program on the mobile team.

Q: Thank you very much. Can you tell me when and where you were born?

Kiawu: I was born in Grand Cape Mount County, Varguaye town, in Liberia. That's where I was born. Grand Cape Mount is located on the west side of Liberia, close to Sierra Leone.

Q: Did you grow up in Grand Cape Mount?

Kiawu: Yeah, grew up in Grand Cape Mount, to the age of fifteen, before coming to Monrovia, or Montserrado County.

Q: Who raised you?

Kiawu: I was raised by my father until my stepmother took me. But basically, I spent five years with my stepmother and ten years with my father.

Q: What did your father do for a living?

Kiawu: My father is a PA—he's a physician assistant. He used to work at the Mano River Union at—Mano River is almost close to Guinea and Sierra Leone. There used to be a mining company there at the time. He used to work there. Currently, he runs his own business, a pharmacy. Currently, he has his own pharmacy and manages it.

Q: How about your stepmother?

Kiawu: My stepmother is a farmer—just carrying—at the time, my mother was not around. My mother died during the war, and at the time I was smaller, so my father and my aunt managed. At that time, he didn't have a wife because his two wives passed

before the war, so at the time it was only my mother. When the war began, my mother left. I was little, three or four years. My stepmother took me for some time. When I got older, I came back to my father. Right after the war I came back.

Q: Why at age fifteen did you come to Monrovia?

Kiawu: Actually, at the time, because when [the last war that resulted in Charles Taylor leaving Liberia] started—this gone, recent war between Charles Taylor, the one that the rebels came in—we left from Liberia to Sierra Leone. Life was not too good because—my father is from that side. His grandfather is a Sierra Leonean. So he had a place there, but the living condition was not good and there was no good learning process. We were forced to return, to come back. When I came back to Liberia, there were no good facilities there, no good schooling, so my father requested my other sister to help so I can come in town and go to school. Luckily, I switched from Cape Mount to Montserrado, so I can start going to a better school.

Q: What school did you go to once you came to—

Kiawu: Actually, when I came, there was a plan of going to school, but I found it very challenging when I came. I found it very challenging because there was no way, because I came—that year I didn't go to school. The following year, I had to go. So I had to get engaged into a business before going to school. So I used to go sell in the night. I sell like for two years, I saved money, [the year that makes it three], I started going to school. I

started going to a school called Mark [J.] Richards Memorial High School. But I was forced to go in the night because my sister also was in school, and she had children. I had to stay home and take care of the children during the day. She come in, in the evening, and I would go in the night. So I was forced to do that until—for five years. I had to switch again to another position so I can really focus on school, because it would be difficult learning in the night at a youthful age. You would not get all the materials for learning, and you find it very challenging focusing also.

Q: You said you were doing some business.

Kiawu: Yes. The business was a kerosene business because after the war, there was not much current. In fact, there was no current at all. More people were focusing on lanterns, which means the kerosene, you pour it in there and light it up. With the wheel. Basically, more people were using it. I got involved in that business like about one gallon today-today, I sell it finished, it will be something like four fifty profit or five hundred profit, I go another two days. Which means I can sell in a month's time, if I can sell ten gallons, I'll be able to get [or raise] up to fifteen or sixteen thousand dollars. I'm able to save to go to school. So basically, I was doing a kerosene business for two years.

Q: What were you studying?

Kiawu: At the time, I was doing general courses because we didn't have a specific course to do, so you had to take all, which means taking thirteen courses: taking math, taking

English, chemistry, biology. But at that time I was not taking biology because I was still at junior high, so I was taking like ten.

Q: Were there some courses that you liked better than others?

Kiawu: I really liked social studies and science.

Q: What happened after school?

Kiawu: Up to currently, school is something challenging, but you have to be focused and you have to be determined on what you want. Other than that, you don't see—especially when you don't have somebody to say, yes, let me provide the financing. It's something that is very challenging. You will try to provide the financing, but you will not be too focused because you're focusing on what, to get money? You're focusing on school. Somehow the mind will be occupied, but you try your best.

So I kept pushing until I graduated. Recently, I just—I graduated 2016, and got into a computer something which I started doing. Database management. This year, I'm intending to do biology and chemistry at the state-run university [University of Liberia]. From now I can say I have resources for that, maybe if I'm working, I can only raise money for that. So I intend in June to do [study] biology and chemistry because I intend to do public health.

Q: What happened with you when Ebola came to Liberia?

Kiawu: When Ebola came to Liberia—before Ebola came, I was working at the supermarket. I had some misunderstanding with the management because working [without documents] is something difficult, so I had to leave the job. When I left the job, I started my own business. I started to do wearing, which means I started selling sneakers, shoes, slippers. After some time, I was really intent on improving, but at the time I started it's like two months in the Ebola time. Where I was living, I had one of my neighbors, and actually he was not my close friend but he was my neighbor, which means I shared an apartment with him. He started to get ill, and his relatives really didn't want to get involved, so I recommended to them that they should take him to the ETU [Ebola treatment unit] to get him tested. If he is negative, if they don't want to take care of him, I will take care of him. They took him to MSF [Médecins Sans Frontières]. But the information they brought back to me was contrary. That they tested him and the doctor said he's suffering from typhoid. Since he's suffering from typhoid, they gave them a first aid bucket. When they brought the first aid bucket, he said, I think I can come in, because since it is like this, he had some protective gear, I can start using it. So I started to care for him and his girlfriend and his brother. But his brother usually started first, but he got afraid because of the rumors we were having [unclear]. So I and his girlfriend started to take care of him.

We took care of him, home, we find a PA that needs to come and give him medication.

But after three weeks, he passed away. When he passed away, really I suspect myself that

I'm in direct contact of getting sick of Ebola. Because he showed four or five symptoms of Ebola, which means throwing up and toileting, fever, headache, red eye. Everything came up. Immediately when he passed away, I concluded definitely that if I get sick, I'll go into the ETU because there's no way I can hide from that. So I got involved with Ebola when my neighbor got sick and I took care of him and he passed away. I started to get sick. Right after one week when he was buried, I started getting sick.

I got sick. I decided that I've got to go to a hospital. Before going to a hospital, I decided to go to a clinic to do a checkup. The clinic said, yes, we can do a checkup, but for now the procedure in the country, we will not be able to do the checkup, so we will refer you to go to a bigger hospital, I think you will be preferable for it. So I decided to come to Redemption here. But at the time here, it was a ghost town because no one working. No health workers. In fact, when you reach at the gate, they will tell you, "If you know what I know, go home. Because if you enter, you will not get care because no health workers are there." Because at the time, three health workers already died here, so everybody is afraid. Even if you go to the transit center here—because Redemption has a transit center. Even the people that were there, they will not care for you. The only thing they will do, maybe they will come and put the food down. If you have strength, you can eat. If you don't have strength, then that's it. So I came by Redemption two different times, but the atmosphere I saw and the information I received, I just decided I have to go home and keep managing until I can get a space at any other, bigger ETU. Because at the time, MSF was full, no space; here, there be no space, JFK [John F. Kennedy Medical Center], no way. I decided—what I did, immediately when I started to experience a fever, I called

my fiancé's mother. I said, "I'm not really feeling well." So just she can know. The following day, I started to get worse. I called her back, I said, "Just to remind you what I told you, I'm not still feeling well, so you can know." The third day, I called my sister, I said, "I'm not feeling well." No, I didn't call my sister, I called my fiancé's mother again. The fourth day, there's something there, the fever is not coming down. Take any other medicine, it's not working. So I start throwing up, start throwing up, start throwing up. The fever is getting worse. My fiancé's mother called me, she said, "Okay, you know what? I would like you to go—I know someone at JFK, and JFK has an ETU, so I will send you there so you may go there. They will admit you and they will give you a bed. If you're tested that you have Ebola, they will take you to the ETU." So I said, "Okay." I went there on a Saturday. So, Saturday in the evening, she called me, she said, "I'm receiving information that the Island Clinic will be opening, which means a new ETU will be opening. So stay on point [wait for confirmation]. If the information is confirmed, I would prefer you go there." So I said, "Okay." So Sunday, Monday, she called me, she said, "Yes, they're sure that a new ETU will be opening, Island Clinic, so I would prefer you go there today." On that Sunday, I said, now, I'm going in. I only told the people that were near me that I'm going to the hospital, I'm coming back. Because people around my neighborhood, I told them that I was sick, which means they were aware. Immediately they were aware, they know, they said, "Man, you have to go to the hospital." I said, "Yes, I'm going." Because in that particular house—in my neighborhood we had like three persons who passed away. Three, three persons. And in my community, they had more than fifty persons that passed away in our community. More than fifty in that particular community. But in the yard [compound] that I was in, three of my neighbors

passed. My friend, [a pregnant woman], the owner of the area. So I went to the ETU and fortunately, luckily, I was one of those people that survived.

Q: Was there anyone in the neighborhood who wanted you to leave immediately who was not—

Kiawu: No. Actually, the people that were close to me really helped me. There were five persons that really knew that I was sick, five. These five people really encouraged me. They didn't really drive me, say go away, because they say you have Ebola, and you have to go. The only thing, they encouraged me. We will give you food. If you need help, we will help you, but you need to go to the hospital before it gets worse. You need to go to the hospital before it gets worse because if you don't go, you may die. At that time, I already witnessed, they took two people from that yard [compound]—not just two, an entire family. The man and wife passed away, and two of their children survived. Really, I was afraid, but I had to take the decision to go. For me, I think the sooner, the better for me. So really, the few that were around me, they really encouraged me to go to the ETU.

Q: Once you're in the ETU, can you tell me about being in the ETU, about arriving, about what it's like in there, what it looks like?

Kiawu: Being in the ETU actually is something that was a unique experience and a difficult experience. I remember—I will never forget, no matter what happens I will never forget. Because at the time they opened the ETU, my friend that I was taking care

of, his own sisters came. They all [accompanied me to the ETU] because for them, they feel that you don't know us from nowhere. How will you come and help our brother and get sick? If anything happens to you now, our family will be in problems tomorrow. Maybe we will become an enemy to your family, that we used you to kill you for our own brother.

I entered the ETU, but at the time they opened the ETU, the workers were really supportive. The doctors were really hardworking because they work overtime. They really, really work overtime because when we enter they provide a place, they provide—everything for you is provided, food, words of encouragement, psychosocial teams were on time. If even you don't have help, they provide you—because some people don't wake up. If you require [unclear], they [unclear] you. If you require psychosocial, they provide psychosocial support. Medication, they provided. Even to the extent that they encourage you and say you can come, if you want to come and take air, which means they hold our hand and carry us out and walk you back. And some doctors that could really remember, ideally there are many, but I feel like I can remember Doctor—Masa? Doctor—Momolu, yes. Momolu [Massalay]. And the late ETU director at the time, the Ugandan lady that passed on—I'm forgetting her name—recently. Dr. [Anne Deborah Atai-Omoruto]. Dr. David [Kaggwa]. Dr. Richard. Dr. Siane [note: phonetic]. These are some of the people that were going around. The psychosocial team, one of my friends died right after the Ebola time. Really got close to him, Sedikie [Sannoh]. And Samuel Mantoe. Because these were the people that were really encouraging people coming in, talking to you. The

encouragement really helped. It really helped. When I get in the ETU, they encouraged me.

When I started to recover, I started helping other people with me. When I recovered, I joined the psychosocial team. I was still in the ETU, but I was working for people, which means if they are unconscious, you don't identify anything, I will go out and find your relative, which means some of your relatives, when they come, they're looking for you. But they don't know, you don't come out, so how would they know that they have family in there? You have to get, who is the person you're looking for? How they look, what their name is. Some of the people I helped, some of them survived. The only frustrating part about it is that somebody who I helped, some of them died, and it really breaks me down. Up to now, if even I see someone's relative, I don't have the face to really look at them because sometimes I just feel like—I think I should have done more than what I did. But on the other hand, I can't do more than what I did because I was not a health worker, it was just something that I thought I could do to help. And by the grace of God, I helped some people that survived. Other people came out with me, and today-today, some people say, "Oh, my son." I've even got a lady that she took me to be her son. Up to now, when you call her, you say [anything about Armah], she will come because she knows me well, she knows what I stand for. The Ebola experience, it was something tragedy for me, and it was something that I will never forget. Even up to now when I say it, I think about it, it's something that—[pause] it's no good.

It's one of the reasons I joined this program. Because right after that, I start thinking about in case Ebola continues two years, how will it be? How many more will die? How many more will suffer? So immediately when I came out, I intended to come back and work. Actually, when I think back, at the time, there was a lot of struggling to get through to work. Besides that, you would come, you would volunteer your service, it will not be bad. To volunteer your service is not bad, but at the time, the hospital authorities were not willing because there were some disagreement between the workers and the government on salary. When I came in, I went to the ETU head, told him that I want to come in. They said, "Yes. We encourage you to go and rest for some time, and after we settle everything, we can call you back." But right after, I went to work for some time, I got a call from my in-laws. So I had to go and get involved into a mining activity. I was called to be an engine on the field, so I went and lived there for three months. When I come back, the entire process was over, the ETU was closed. When I came back, I said I can still do something.

I started to get involved with the survivor activities, which means those that went to the ETU and got sick with signs and symptoms and survived, and those that their family were affected at home and their parents passed away. We started to identify, were they in the community? For instance, I start with this community. Which means this particular area, from the bridge—the Gabriel Tucker Bridge—coming all the way to St. Paul River, is Sector Two. I decided to get engaged with the survivor community. I started attending survivor meetings, I started to attend psychosocial workshops, I started to attend trauma counseling workshops, just so that I can get understanding about some challenges I will

face when I meet people that face the same situation that I face. I started to [meet survivors] because at the time we had three survivor groupings, the network—not three but four. The network, WAESAO [West Africa Ebola Survivors and Affected Organization], ESAL [Ebola Survivors Association of Liberia] and ICESAF. We from this side, we had another grouping. Then had a national grouping, which means the government is controlling it, which is the network. They had another grouping that is separate from the government called ESAL. So all these groups were different-different. So we start to engage all of them. Since we are a survivor group, what can we do to help the survivor community? What can we do to help other people that were affected? So we got involved. Luckily, when I was involved in the activities, having meetings, having workshops, at various areas [of meeting], talking that survivors should get trauma counseling, survivors should get medical referrals because of the complications that survivors are faced with. We start to engage the national leaders so that at least they can be able to help in this direction.

I had to get involved in the Men's Health Screening Program. When the Men's Health Screening Program was about to start, the then-director at that time requested this particular center, because this center had more survivors, to send someone in to set up a workshop to do counseling. I really didn't know that I was coming for a job. I knew that I would come in for a while, a counseling process to go through it. Right after the counseling, I was informed that we're about to start a program. Then we started doing the counseling, so we want you to learn it on your test because you will meet with challenges, and you have to face it, and you have to solve some problems on your own. I

said, but then what is the program about? Say, it's to stop the recurrence of the Ebola virus. I said, but then A for that. I have long been wishing to be part of it, but since now I'm into it, I will work to see a mission that the goals of the program be achieved. I said since the day I wake, any capacity you want me to serve, I can serve. So I had to serve as a semen tech, and I went to the training. After some time, I want you to counsel also, which means I also started doing counseling and started doing semen collection. After some time, the entire office material, the guy that was doing it resigned. I had to take the responsibility, or they turned the responsibility over to me because they wanted to entrust me with the property and they wanted to see how really I can perform, if I received the material. Because keeping material that's worth more than ten thousand or five thousand. Even one thousand dollars, you have to be careful. Luckily, I'm into the program, we are moving [continuing], and I'm sure from the time we started there is no recurrence of Ebola through sex or sexual transmission, so I think we are keeping our goal and we are moving on.

Q: That was really a brilliant explanation of your Ebola roles. I want to go back to a few things if that's okay. When you were in the ETU and there were the psychosocial people there, what kinds of things did they say to encourage you?

Kiawu: Some of the encouragement was one, eat and drink enough water. That was the first one. The second one was take your medicine. And the third was everything that happened, you have to accept it and move on, no matter good or bad. It is good you live, but other people are dead and gone. As long as you are living, you have to live by the

challenges and be hopefully better. One of the major encouragements was eat, drink enough water, and take your medicine because that is the only way you survive. Because if you don't eat and take your medicine, the medicine will not work, and if you don't want to drink, you're losing fluids through toileting, so you have to eat and drink. Basically, that was one of the major—you should eat, you should drink enough water, you should take medicine. And if you said, yes, I'm eating but still I'm not recovering, you are better than the person that is dead and gone. So as long as you are living, thank God that you are alive, and as long as you are alive, the challenges that you are faced with now, you have to accept it and move on. As long as you're sick, the only thing that can save you, we don't have medicine now for Ebola but the signs and symptoms that you are faced with, we can provide some medication like if you are vomiting or you have a runny stomach, we have medicine for runny stomach, we have medicine that can reduce headaches, we have medicine that can reduce or stop body pain. We can give you this, but we can't give you the full assurance that we have Ebola medicine. We can tell you that if you take this medicine and you eat, you will recover. It was on these messages that we're really, some of us, we are moving on and we will recover.

[break]

Q: What I'd like to know is—and we'll go through your experience more broadly, but were there lessons in how your counselors related to you as a person, the kinds of things they told you to keep your spirits up, that you were able to use actually when you started

counseling for the Men's Health Screening Program? Making sure to eat and everything like that, that wouldn't apply, but the things about maintaining a positive attitude.

Kiawu: Yeah. Some of the things that I took from the Ebola time into the program is that every challenge you face, you have to accept it and move on, no matter if it's a bad one or good one. Every tragic situation, you have to accept it as it is because the living is better than the dead. And fortunately for me, I'm surviving. A lot of people didn't make it. A lot of people that were even stronger than me that I knew that I said, yes, this person, I want to be like this person. It's the person that went away. Died during the Ebola outbreak. Today you're very strong, tomorrow no. You can be strong. Some of the messages that I think I took from the Ebola time into the program were—one of the questions is a question that really most of our people ask, especially the survivor community. After Ebola, what next? At the time of the ETU, you think on surviving, and when you ask after surviving, what next? At the ETU before you come out, before you think on coming off the ETU or when they fully discharge you, they ask you—the hospital authority will tell you that first, you're going out, from your results, from the test, that we are wrong, you are negative. We encourage you to abstain or use a condom if you want to have sex. That was one of the messages. And when you come out, the other people that you meet out, you should be ambassador that the information that they're receiving that the ETU is a place that's giving people medicine to kill them or taking their blood out, is not so [not true]. You should be an ambassador to encourage other people that are sick at home to seek medication at the hospital instead of waiting at their house, people will take care of them there. Because if you went home, the challenges you will be

facing, one person understanding they are not able to serve them, but at the hospital, two or three ideas may help. Some of the messages—when you go to the ETU, they say you will die. They will give you medicine. Because at the time they will say, yellow tablet. When they give you a yellow tablet, you will die. When you go there, they will take your blood out, you die. So we were coming out, we were like ambassadors. Make people to understand that this ETU is not a society evil that will come to initiate you or to take your blood, also can kill you. You should be able to encourage other people out there that are sick with signs and symptoms of Ebola to come to the hospital or to go to ETU or to report themselves instead of going among people and sharing the virus. Some of the information I received from the ETU. Yes, these are some of the information that I received from the ETU.

Q: I have a related follow-up question, but I think it will come in a little bit. When you first started your work with the Men's Health Screening Program here, you said you were initially working as a semen technician, is that correct?

Kiawu: Before the program? Before joining the program?

Q: No, when you started working for the program.

Kiawu: Yeah, I was a semen technician.

Q: What does that mean?

Kiawu: A semen tech means you are responsible to give the instructions to the participants about the various steps of collecting sperm, which means the specimen is a sperm specimen which means you give the step on how to collect the sperm; why you're collecting sperm, that's one of the reasons. And when you collect sperm, what you're going to do with it. And after you collect it, we will inform you about the results, and you will be informed about the results. How many times you collect sperm from them, they have to be aware of. That is just the first part. Then the collection part, they have to be aware of the procedure: what do we do to get the sperm? And if the sperm comes, where will they put it? Because you're not doing it for them. Where will they put it, the sperm specimen? That is another one. And if it is difficult for them doing it, what will you do to help them do it easier? All about providing them pornographic movies or magazines. You have to explain that to them. For instance, I'm going out today to meet a participant, I carry my materials. My tubes, my triple packs, my cooler with an ice pack, and the participant banner [file], the participant stickers, and material, paper towels, Clorox wipes. So all these things are materials that we use just for protective measures, and also gloves. I reach to you and give you the information, this is the material, we are coming to collect sperm. You're using a jar for masturbation, you do it until you discharge. Time for discharge, you put the sperm into the tube, and after you close it and you clean yourself, wash your hands. After that, you call me and I come and do the balance, the rest of it. When you're on the mobile team as a semen tech, you get the information out on the semen collection procedure, what they should do. After that, you label properly their ID [identification] number and the date for shipment to the lab so the lab can't find it

difficult to identify who is the proper owner of that specimen. And time for shipment.

You have to liaise with the data manager and the specimen tech at the clinic to make sure that the accurate information goes to the lab. Other than that, you put your different information in and the data is putting different information in. Then when they read at the lab, the lab will say we don't find information for the particular specimen. Then it becomes a problem, and it will not be good to be doing that, so we have to make sure it is done properly.

Q: What were some common questions that people would have for you about the collection process?

Kiawu: About the collection process? Some of the common questions are, how will I produce a sperm? That is one of the common questions they will ask. How will I produce it? Because even you meet with somebody during the counseling process, that will be the first question they will be curious to ask you, how we are producing sperm. Will there be a medicine that you give me to be able to produce sperm? [laughter] Yeah, they will want to know, how will I produce sperm. It's something that is challenging for certain people. They try but it's difficult. That is a common question for them.

Q: When you found someone for whom it was difficult, how did you solve that issue? Can you give me an example?

Kiawu: Yes. Okay. If it's difficult for you to produce it the first time, I will just say the first time we started, we were not doing pornographic movies. The pornographic movies were only at the clinic. But the mobile team, because of some IPC [infection prevention and control] procedures, we were still thinking on whether to use DVDs or iPads. But we were using the pornographic magazines. But it was not working because the participants say that particular magazine is of no use to them, they don't stimulate them. So we decided, we asked them, would it be good if we brought a movie? They said yes. So the movie helps some people. For people that a movie don't help, what we do, we ask them whether it's a medical complication or whether they have sex normally. If you have sex normally, then that is another issue, but if you don't have sex at all, if you try the first time, the second time, we will reach that particular case to our bosses. Then we do a referral to the medical center to do a medical examination. They provide any treatment that will be necessary from the doctor's side. After the medical checkup and the treatment, we go back again and try. For some people, it works. After that medical checkup, the treatment, they produce. For some people, after some time, they just say, "It's difficult for me, I don't think I can continue. I think I would like to withdraw." On that part. Some people say, "Really, I'm having sex, but I'm producing semen that is very little," so very little sperm can be sent for testing. Some of these people, they will not be able to continue because they're always producing a little, little sperm that will not be able to be tested in a lab.

Q: So some people would really just have to withdraw from the program?

Kiawu: Yeah, some people, just a few, they just say, “Because it’s difficult producing, I’ve tried two or three times, I just think I should withdraw.” Some people say, “I will keep trying. I know the next time I come I will produce.” But before you withdraw, we have to encourage you, tell you that you can make it at your time, you have to be focused on sex because sex is the mind. As long as your mind is on sex, you will have sex. But if your mind is not on sex, nothing. So we encourage them, send them for medical checkups. But some people after the medical checkup, they take some pills and they produce. More people, I think.

Q: But you started to take on more roles, right, than just the semen technician?

Kiawu: Yeah.

Q: Can you tell me about that, about starting to take on additional—

Kiawu: I decided to take on additional role because at the time of training, for me, I was training as both counselor and semen tech, but I was only taking the responsibility of a semen tech because I had counselors to back up me all the time. But when we went further, we started to receive a huge amount of participants, so because of that, I had to come in as a counselor and also serve as a semen tech because you would not go in the field, you have to see like five or six persons. You see one person have to be—to see all those people, because we have to be back before sometimes five o’clock because the hospital, the clinic have to send their report. So if we stay out too late, they will not get a

report. We delay. So we have to come sooner, so I have to serve as a counselor. When I started serving as a counselor and my supervisor sees I was really improving as a counselor, he said yes, but it's better I will recommend that so our bosses can know that you are serving this role as a counselor. Before they know tomorrow that I say, oh, why him doing it? Just for them to know. When I came back after some time, they asked me some questions concerning the counseling, some challenging questions, and we solve it. Single-handedly, I went out, and there were no complaints from one participant that they hear any information from me that was unpleasant. So I started to take on the responsibility as a counselor.

Q: Are there some cases that you can point to that you worked on as a counselor that are very vivid when you look back in your memory? Like you remember them especially well?

Kiawu: One of the cases for counseling persons that I can remember very well is when I left from Monrovia to Gbarnga. We had a participant. I can remember well because the guy was someone very, very difficult to convince. In fact, when you tell him that there is a possibility that the Ebola virus remains sometime in your semen for a longer time, he tells you no. As far he is concerned, the authority says ninety days, or three months. I told him that they [the authority] don't lie. So as far he is concerned, there is no Ebola virus in his semen, and there is no possibility of getting the Ebola virus again in his semen. It was something that, what will I tell this man? Okay, so I brought this information out about the Ebola virus remains sometime in your brain and give him the reason why it happens.

Ebola virus remains sometimes in the eye, and why it will happen, and tell him why is it that they will not offer brain testing and they will not offer eye testing. Because no one will play with your brain. There is no possibility. I said, no one would be brave enough to come close to your brain, and even your eye tears. How would it be possible for Ebola in your eye, for me to get it? Something very difficult. But your sperm, this is an area of the white blood cells for the sperm area and the brain. These are areas that even you take medicine, it will take time. Even if you have a brain problem, it takes time. It's something that medicine will not solve, it can only control. So I made him understand that these places are places that are hard to reach areas for drugs at that time. But for the semen, your fiancé, your girlfriend or your wife can enter her brain, and if it is possible that there are pieces of Ebola virus in your semen, it becomes active, it becomes another outbreak and you will bring the case out, what happened, before we can start the program. I explained to him bit by bit and made him to understand that I'm also a survivor and wishing that the better can happen for survivors and there is no recurrence of Ebola virus because if he infects a sexual partner, number one, he will be stigmatized more. That is the first part. The second part, you will also be quarantined, your town will be quarantined. There will be no business activity, there will be no normal life in that area, which means you will be living in a prison because you're not moving because people are monitoring you, and besides that, your country at large will be mad that Ebola is back. People that are here helping us will flee away. Jobs that are here, people will lose jobs, and what will happen? All of your family will be affected. Even when you're sick, your own people will come, or your wife is sick or your girlfriend is sick, the whole family will come to not take care. Your family will carry it, and it will spread. And from you

alone you will become stigmatized, and you will not be able to live with it. You will not be able to live with regret that I'm responsible for this to happen. It will be something that you don't want to do, so I will encourage you to join. This is some of the information he received, he said yes. If he had caused somebody to get sick and die, it's something that any time I think about it, I will be sick of it. You don't want it to happen. I will not want my girlfriend to get sick. So I think what he's saying is true. I will later join, but it will not be today. If you can come back sometime, we will go through the process. So on that basis, I was able to give him the information, and he accepted it and he joined. We moved on.

Q: Did he eventually go through the whole program?

Kiawu: He went through the whole program, and he's graduated now from the program.

Q: Got his certificate and everything.

Kiawu: Yes.

Q: Got it, thank you for describing that. How do you think your own experience of being an Ebola survivor, having been there, impacted or changes how you can relate to people who are in the program? Like, is there more trust? Do you have more legitimacy? Those are the questions I have. How does being a survivor change your work?

Kiawu: Being a survivor changed my work because there is trust between survivor and survivor. Because there was a saying—especially for the survivor community, not for the working side, because the program is directly—when we started, it was only dealing with male Ebola survivors. When we started the program, there was trust between survivor and survivor because I was already working in the survivor community, which means I already had people I was working with who already knew me. They knew that I would not betray them or bring anything to them that would harm them. On that part there is more trust between them and me because they know what I stand for and they know how I worked with them before. So from the program side to the survivor, they trusted me because they know that I worked with them before and they know what I stand for. So when I started the program, the information that I gave to them, they really accepted it except for those who really don't know me, outside of Montserrado or Monrovia. These are some of the people that I was finding challenges with.

Q: Would you ever inform someone from those communities that you yourself are a survivor?

Kiawu: Yes. Because if you don't make somebody comfortable or if you don't make anyone relax, to really give the information is difficult. Somebody has to be open to you before they give you information. Other than that, everything you ask them, they will beat around the bush, they don't want to answer it or to give you the right answer. Until you can make them open up to you and trust you, they will not answer, you will not get the information that you want from them. When I get in the field, the first thing I start

daily, for instance, when I started going out of Monrovia, going to Margibi [County]. I met some people that I never knew before, or they never knew me before, but the only thing they knew that a program was going there to them to ask them some questions. The only way I could make them feel very fine in talking to me is that they have to know that I'm a survivor. Because if they don't know—because there is a saying in the survivor community, “he who feels it, knows it.” He who feels the Ebola pains know how it feels. From this saying, they trust. As long as you disclose your identity, you explain your story, you tell them your challenges, they will put it in their shoes and accept that reality and move on. These were some of the ways I was able to really relate with them, give them my story, explain to them, tell them how I'm working and how we are making sure that things happen in the interest of every one of us. And they bring the information to us.

Q: Who are some of the other team members on the Men's Health Screening Program who you worked with most closely?

Kiawu: Most closely—actually, to be honest, when we started the mobile team, we had the best team. Even the clinic used to admire the team because number one, there is no confusion. There is no argument, there is no time for errors, and we were always together, always. If we bring the information out, we will make sure we follow it to the fullest. We started with four on the team, and our four team, up to now, when you bring our memories back, they will say, yes, we will always be together because we started, we made sure everything—in fact, the record system that the mobile team put into place is a record system that even the clinic, did not have. It made the mobile team participant

record very strict. I would be to my house, you would be saying, [GRPA this]. I can stand there and tell you say, [I can account for what you are asking me about], his return date is this, he came in on so-and-so date [meaning the date he joined and so on], he came in for a second reason, he came in for dues, he faces so-and-so challenges. I will tell you everything. It was something that was very easy. Any time you can get information about a participant, as long as you are in the program. If you need the information for work use, we can provide it. The team, at the time we started, were really good. Later, they subtracted one member from us to come back to the clinic, but we still move on. The team members I really work with and really enjoy working with. I think the best was Charlesetta. But now she travels, she's gone to the US.

Q: What was her name?

Kiawu: Charlesetta S. Young. Charlesetta S. Young is the best thing, or the best supervisor at the time for me because she made it easy. Even though she is not a dictator. "Do you think this is possible? Do you think we can do this? How do you think we can do this? Bring me your own ideas. I wrote this thing, what do you think we can add? Do you think the thing should be there, or we should move it? How are you seeing our trip? Do you enjoy going on trips? Do you think we should bring somebody else in?" She always suggesting instead of demanding what you should do. I really enjoyed working with her at the time she was around.

Q: Have you worked closely at all with any of the CDC staff?

Kiawu: Yeah, almost all the CDC staff. All the CDC staff I worked with because every day, we had to relay to the CDC staff because you have to update them in the morning meeting. You have to update them because you have challenges or some of the clients are lost to follow-up. You have to tell them what are you doing to get these people. What efforts you apply. What are the challenges you're faced with. And ask them one thing, the thing they can bring in to help. Every one of them, you have to update them, and you have to ask them. If you're having challenges, you go to them. I'm here. Testing is something difficult, how do you think I can do it? Or what do you think is the best way? I have challenges giving information out, or this information out. What do you think would be the best way I should place the information so it can't sound bad? They were always around to provide those information. Even if it's something you don't understand, they will paraphrase it the best way so you can understand, so it can't sound bad. Because if you give information to anyone that sounds bad, you have a problem. You have a serious problem with that person.

Q: Do you have an example of a time when a particular CDC person did that?¹

Kiawu: Yes. At the time—I think I forgot. Let me see.

Q: There's Mary [J. Choi]. There's Beth [Elizabeth Ervin].

¹ Note from S. Robson, June 2018: It is unclear in the transcript, but I was asking for a time when a CDC staff member came up with a disarming way to say something. Upon reviewing the transcript, Mr. Kiawu wanted me to make this clear.

Kiawu: There a long time. She came I think eight months now, eight months ago.

Q: Okay, I had a list. Not Beth?

Kiawu: No.

Q: Not Mary?

Kiawu: Not Mary.

Q: It's okay. We'll put it in the transcript.

Kiawu: At the time, we had to go to Needowein. Our first time to go to Margibi. Man, we said, this is our first time going outside of Monrovia. I went to her. I said—we're going out—and, "What do you think can be some of the information, or some of the things that we should do so that when we reach there, things will be very smooth?" She said, "What you can do is that you have to get a focus person there, be in touch with the focus person. That is one. They should update you on the amount of participants you are to see, and you should be able to tell them how many people you will be able to see a day. That is one. Secondly, you should leave with the participant engagement coordinator to find a suitable area where you will be able to meet to do all the procedures in one area. And

thirdly, you have to make sure you carry the appropriate materials so it can't be short. If you forget anything behind, it will hamper [disturb/delay] your work if you reach there."

On their advice, we came, I said, okay. I'll list it out. I packed all the materials, I liaise with the participant engagement coordinator, how many persons we're going to meet, I prepared all the files. Do we have a place? Yes. How many place? Do we have semen? Because my main interests were the counseling room and the semen collection area. How many counseling rooms we have? How many semen collection areas? Will we have bathroom? Will we have a place to wash our hands? Will we have a place that we can all clean properly when we finish? Everything was in place so we will be prepared to go. So I went back to her, I said, "Thank you for the information you gave, everything is on course." She said "Okay." But then, I will be with you on the trip when I leave. So we all went that morning, we went through, they inspected the area, everything was okay. And after everything, we came back. When we came back, I said, "Thank you, everything you said is in place, and we went and everything is okay." We really went to see more people, and we came back very soon because everything was well organized from the instructions she gave. Everything was okay. We expected to come back very late and we came back soon. I thought we would spend the whole day. We were there for two or three hours and we came back. [It was well arranged.] I told her thank you and everything went well. The thing is I can't really remember her name but—

Q: We'll put it in the transcript. It'll be good. Thank you for that. Thank you for that example.

Kiawu: I really wanted to mention her name, but I just can't remember her name.

Q: We'll put it in.

Kiawu: The CDC person that is really good at all times—there is no bad day—is Mary. No bad day. She is always—you see? If you have people that always want to encourage you to do better, you have to be willing. Because she brought a lot of changes to this program and she brought a lot of important things that [I may not name all of them]. Even for now, she provided a free tutorial class for us. A class that you would go to and pay money for. For instance, some people don't know basic computer knowledge. She said, okay, I will provide you with the training, I will provide you a presentation, I will provide you slides [from a presentation]. If you want to know about the basis of public health, I will provide you a tutorial. I can do that. I can even provide a booklet and you can read and study and come back asking questions. If you don't know, you go back and study, you come back and ask questions. If you don't know about it, she will make sure you know bit by bit, step by step, just so you can understand. Because everything she's doing, she wants you to do better. She wants you to do your job properly. She don't want you to do errors. If we do errors, she says come, this is an error, this is not supposed to be so. This is what you're supposed to do so this doesn't repeat. And when she finishes, she follows up. She measures, this thing, we talk about. How is it going? Come back. I want you to really tell me, how is it going? This was the error, so please repeat, tell me exactly how it's supposed to be. Explain all, step by step. I don't want you to say,

[I don't know]. From this, what you should do, why you should do. For instance, you go in the field, you did package the specimens, you didn't label it properly. What you should do? This time around, this mistake should not happen. You have to explain. And when she is satisfied, she said yes, go ahead. And when you come back, she will do a follow-up. She said, the specimen that you brought, how is it packaged? What was the information you gave? How is it labeled? Who coordinated the process when you brought it back? Just so that a mistake doesn't happen, just so that you get work done properly. She's one of the staff that's really helping us, and also Lawrence [J. Purpura], and I appreciate it a lot. All of them, Rodel [Desamu-Thorpe], and they're doing extremely well. They're doing extremely well. Especially by giving you knowledge, something that you're paying them money for, something that people don't waste their time to do. They come and do their job and go. If you don't have the ability to do it, all they know you should do your job. But she educates you and she makes sure you do the right thing and I applaud her for that.

Q: Mr. Armah Kiawu, is there anything else that you would like to share? Another memory or a reflection before we conclude the interview?

Kiawu: Yes. One other thing. I thank God that I'm part of this program because my main thing is to work in the interest of the program and survivor community, and one of my goals from now is the goal of the program which means there should be no recurrence of Ebola virus through sex, so we should make sure we give exact and appropriate messages to our participants. I'm very glad that the program [unclear] from survivors to those who

have survived at home or after the ETU, and I think we are making progress on that. One of the neat things also, I think, that the mobile team is doing is doing follow-up on cleanly lost-to-follow-up participants. Because somehow people don't have a telephone or they have a telephone but the number is off, so the mobile team has to get the list and go out in the community from place to place to make sure we track these people. I think that is one of the unique things about the mobile team. I think there is one thing that really gets a mobile team going, especially the [case study] that is going on, doing follow-up on the participants with our participant engagement coordinator, doing follow-up with the imam community to make sure that those that are survivors outside the ETU should join the program. They should know the importance of the program and why we're doing it. I think it's also unique. And thanks to all my coworkers that we are working together, they are really supportive of this team. I think the team is good. I would be happy to work with anyone or to meet anyone or to serve in any capacity, just so that Ebola don't come back because we know what Ebola can do. If people that really experience Ebola, they will tell you that [should Ebola come back], they will tell you, say, let me just be dead, because you can't be alive and say you want Ebola to come back. Because there is no ensuring, what about your family, your relatives, your children if you have? So thank God for the CDC Museum for taking its time to come out and listen to people like me, Armah Kiawu, for instance. These are my experiences in the Ebola time and in the Men's Health Screening Program. I would say thank you. If you have anything, I can—does that sound right?

Q: Yeah, it sounds perfect. I have to say thank you, Mr. Kiawu. A big thank you for sharing your experiences.

END