

CDC Ebola Response Oral History Project

The Reminiscences of

Helena K. McCarthy

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Helena K. McCarthy

Interviewed by Samuel Robson

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Kenema, Sierra Leone

Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson. It is March 24th, 2017, and I have the privilege of sitting here with Ms. Helena McCarthy in a restaurant in Kenema, Sierra Leone. This is part of our CDC Ebola Response Oral History Project that is put together by the David J. Sencer CDC Museum. Ms. McCarthy, thank you so much for meeting me here. Can I ask, would you mind first just saying “my name is” and then stating your full name?

McCarthy: My name is Helena K. McCarthy, working at the Kenema Government Hospital, training as a nurse.

Q: Your job title is nurse?

McCarthy: As a nurse, yes. As a CHN [community health nurse]. State and local community health nurse.

Q: Thank you. If you were to tell someone very briefly, in just maybe two sentences or so, what your role was in stopping Ebola in Sierra Leone, what would you say?

McCarthy: I would tell people that my role was to take care of the patients, give medication prescribed by doctors, and other patient care. Necessary care. Like doing their baths, cleaning of patients, changing them, and also administering medication prescribed by doctors.

Q: Perfect, thank you so much. Now, can I back up and ask you when and where you were born?

McCarthy: Yes. Yes, yes, yes. I was born in Monrovia in Liberia. I was born there, but I did all my schooling in Sierra Leone, almost all my schooling in Sierra Leone.

Q: Did you grow up in Liberia?

McCarthy: Yes, but I was very small when my father brought me here for my education.

Q: Do you remember about how old you were?

McCarthy: I think I was about six or seven years, I think. Very small because even my primary school, I did it here, up to secondary school.

Q: Do you still have memories of Monrovia or no?

McCarthy: Why not, because I do go there once in a while. [laughs]

Q: When you moved to Sierra Leone with your father, did you move here to Kenema?

McCarthy: When I moved to Sierra Leone, we were in a boarding room at one village called Bumpe. There, I attended my primary school—UBC, United Brothers in Christ—in Bumpe from class one to class seven. Later, I came to Bo, UCC [St. Andrew's Secondary School], where I did my secondary school. St. Andrew's Secondary School.

Q: What did your father do for a living?

McCarthy: My father does work. He works. He's a corporate man. He also does business.

Q: Was your mother also in the house?

McCarthy: Well, my mother and my father have separated since I was a child.

Q: I understand. When you were going through secondary school at St. Andrew's, were there certain subjects that you particularly liked?

McCarthy: Oh, yes. I used to like the science subjects, science studies.

Q: What happened after secondary school?

McCarthy: After secondary school, I still continued. I went ahead and did—after one or two years, I went ahead and did my course as a nurse.

Q: Where was that that you went?

McCarthy: That was in Segbwema, [Nixon Memorial] Hospital. That is where I did my training.

Q: Do you remember about what years that was, that you were doing your training?

McCarthy: Pardon?

Q: Do you remember when, like, when in time? Was it—

McCarthy: It was in 2001 to 2005.

Q: Why did you want to go to school for nursing?

McCarthy: Why?

Q: Yeah.

McCarthy: Because since I was a child, it was a calling. I always told my father that I wanted to become—in fact, I never said I want to become a nurse; I said I want to become a medical doctor. That is what always I told my father. And you know what, the interesting part? He used to provoke me. In Liberia we have a sauce that they call palm butter. So he gave me the name—because when they asked me to cook, that was my favorite sauce that I always cook, palm butter. So he used to call me Dr. Palm Butter. [laughter] He used to call me Dr. Palm Butter. Yeah. So I appreciate the Almighty God because at least my dreams came true, although not as a doctor but as a nurse. At least I'm in the medical field.

Q: What did you think of medical—of nursing school?

McCarthy: Fine. Although during that period it was tedious, but at least fine.

Q: What was tedious about it?

McCarthy: You know, you have to support yourself. You have to pay your fees. You have to take care of yourself and other things, other constraints come out, and by then I had had my two children.

Q: So what happened? Where did you go after nursing school?

McCarthy: After nursing school, I started working. I came at the government hospital in Kenema. I was working there as a volunteer. One day, one of my colleagues called me that they are looking for a nurse. That was IMC, International Medical Corps. They were here also. She gave my name. Fortunately for me, that day the white lady that was on duty, she called me. But by then I was on night duty, and I told her that I was on duty in the hospital and I would be there at night. She said she would like to see me. So I said, “Okay, I will come there after I’m off duty.” But unfortunately, that morning she went to my working place to look for me here and she met me at my working place in the morning. She and I sat and talked. She invited me—she said when I’m going that she would take my documents at the office, and she asked me when I would be available to work. I said the next day I will come there with my documents when I’m off duty. So the next day when I was off duty, I went there with my documents. And you know, Nixon bought us hotcakes in the market. As she saw my certificate with the address Nixon Memorial Hospital, I didn’t go to any other interview. No more questions were asked. She told me, “I want you to start work. Are you ready?” I said, “Yes, but you have to give me a few days to prepare myself.” “Oh, no problem, I will give you a few days and start work [unclear].” Obviously, I started working. The only thing, it was—in fact, not IMC. First it was MSF [Médecins Sans Frontières], but I worked there for just—it was MSF, so I worked there for a few months and they closed down and handed over to IMC. So I continued with IMC. When IMC shut down, I went back in the government, which right now I’m still working.

Q: Do you remember when IMC shut down?

McCarthy: It was 2007, 2008, or '09.

Q: So you were with them for a few years.

McCarthy: Yeah, I worked with them one year and a few months, and they shut down.

For MSF, I just worked a few months.

Q: Just a few months.

McCarthy: Yes, and they shut down. I was working with MSF as a repatriation nurse. By then, we had these refugees that we had to go back, so we go and check them to see that they are okay to travel. When they left, we had switched over to IMC. I was still holding the same post, but as times go on, I was elevated as a medical store keeper. So I was with the store.

Q: How did your work change when you went to the government hospital?

McCarthy: For the IMC, we are working from eight to five, and at the government it's an alternate. We have three shifts. We have the morning shift from 8:00 am to 2:00 pm and the afternoon from two to eight and night shift from eight to 8:00 am.

Q: What kind of work were you doing once you went to the government hospital?

McCarthy: As I said, taking care of patients. Bedside nursing, giving medications prescribed by doctors.

Q: Over the years of your nursing training and the first few years of practice, were there certain people who influenced you or certain ideas that you found really attractive?

McCarthy: Influenced in what way?

Q: I don't know, maybe someone who acted as a teacher or taught how to interact with patients in a way that inspired you, that kind of thing.

McCarthy: As for me, I don't have problem—in fact, my patients, mostly the patients, they grew to love my business because of the way I approached them. I talk to them fine. I'm always by the bedside of my patients. I give them reassurance. I make them feel at home. Their relatives, most of the patients' relatives, they do like my—in fact, let me tell you one thing. One day, a patient was admitted when I was working at the surgical ward. They came from a village. When they came, I usually used to take care of the lady's child. She appreciated what I was doing and she wanted to compensate me for that. But I knew that she never had anything. So she took one thousand leones. She called me in the corner and gave it to me and I held it. I told her, I said, "Oh, mum, thank you very much." I said, "I appreciate it greatly, but you can have it. When the patient is okay and your people are discharged, then you can give it to me." You see? She said, "Very good." And

she told me thank you. She prays for me. And guess what? When they discharged, when they left, at times I would be here, she would send—she would make small rice, four cups of rice and send to me. Sometimes she sent chicken, whole chicken, and sent it for me. Just a sign of appreciation for what I did.

Q: That's adorable. [laughs] Thank you.

McCarthy: It's not easy but, you know, in Nixon, they taught us all that, how to take care of patients. You need to be closer to your patients. Some patients, it is not only the event that is affecting them. Some have some social problems that could be affecting them. Some home problems, maybe marital problems or family problems that are also affecting them. If you come closer to them, you will know about those problems and you will be reassuring them and that will make them at least feel at home. You see? Not only the medication.

Q: Do you remember a certain patient like that, that at first they were difficult, but you were able talk through those kinds of issues about what they were going through?

McCarthy: Yes, I have met so many, yes.

Q: Is there one in particular that comes to mind when you think about it?

McCarthy: Yes. I had one by the name of Sally. She was having problems with her husband. That was why came about the sickness. Just suddenly got a shock, according to the relatives when they came. They said that she was sitting and she just went off. But when they took her to the hospital, when she came to, I started interviewing, reacting with her until she finally came about and explained really how came about her problem.

[interruption]

Q: I'm interested in what kind of resources the Kenema Government Hospital had in the years before Ebola, like basic supplies like gloves and basic medical equipment. What was it like?

McCarthy: Well, although it was there, it is during this Ebola now that we had a full supply, during Ebola. The supplies used to be there, but not much. But during this Ebola, we had a full supply of everything.

Q: I basically just want to hear about Ebola from the beginning and your experience. Do you remember first hearing about Ebola in the region?

McCarthy: Of course. Before Ebola came, I was attached at a maternity unit. We were there, we started hearing about this Ebola by the Kailahun District. By then, we had our deputy matron who was at the government hospital. She came about this. Actually, they went on a meeting, and they came and said they should recruit some nurses to go for

training and let them be standby, in case of any cases, to go at the Ebola unit. I was among those that were trained.

A few days after the training, we had a call. In fact, we had one patient that came from Kailahun. She was pregnant. She came from Kailahun with severe bleeding. She was admitted at the maternity unit. She was there for some days, shooting off fever and bleeding, so they decided to do the test. After they did the test, she became positive. It was the first patient positive, and that very day they transferred her because by then the Lassa Unit was used as the treatment center. The very day they transferred her there, they called us, a few of us that were trained. There were about ten of us, and I was among the ten again to go there. We started with the first patient working in the unit, until the unit—as the patients were coming more and more, the place was very small now. They had to make another extension.

Q: How did you get the tests?

McCarthy: The tests were—they were doing it here. We have some people that came with the tests because as they say, Ebola is around, so they came. They were doing it here. The lab was there.

Q: Was it an international organization or was it the government or—

McCarthy: I think it was international. I can't say much about that.

Q: Sure, sure.

McCarthy: But it was an international. I'm sure. With the government, but we are working hand-in-glove.

Q: So at first you were treating patients in the Lassa ward?

McCarthy: Yes, the Lassa ward was functioning. But by then, when the patient came in, the Lassa is not every day that we have cases. Yes, but there are no patients by then in that unit.

Q: Can you describe the Lassa ward a little bit? What is it like in there?

McCarthy: [laughs] [unclear] How would I describe it? It's a building, we have two doors, one the entry and we have the exit door. You never come out the way you came in. If you came in this way, you have another door to go out that way because it's a hemorrhagic—building. That is how the ward is, and they have some division routes in it.

Q: Had you worked with Lassa before?

McCarthy: Presently I'm working with them.

Q: Before Ebola, though?

McCarthy: No.

Q: No? It was your introduction to the hemorrhagic fevers. Gotcha. What memories do you have of treating patients in that Lassa ward?

McCarthy: Well, as I'm saying, when we started, it was not that tedious because the first patient and you get another patient from annex—two patients. Later, patients came to pour in, and so the ward became very tedious. It was very tedious because everywhere was full. You see some patients, they come with them. Before they enter with them, they are dead. You see? Some came with some vomiting and diarrhea and vomiting. They are in critical condition, so you will be taking care of this person and before you turn around you see this other person just has died. We have to jump over bodies to go and save other lives.

Q: Oh my God.

McCarthy: It was tedious. It was really tedious. And even within that, we lost most of our colleagues. You see, I appreciate God really because I was very lucky with God because one of my colleagues, both of us did nights together. During the night, she was complaining, fever, of having fever, fever. After the night, she came, did test, and she was positive. So see? When her result was [unclear] she's positive, I became nervous. I

was also worried because we worked together. I was really—[it took] two weeks to three weeks before I came to my senses. I said okay, I'm free. Most of my colleagues that work with—most of them were really close in contact with Ebola. Some of them died and some of them survived.

Q: Do you remember some early on who became infected who you could describe for me? Some colleagues of yours who got infected? Could you describe them? What they were like, that kind of thing.

McCarthy: Oh, like [unclear]. She was very hardworking, very active. Huge. She was a tall lady. She was very active. Fair in complexion. She was Ebola-positive and she didn't survive it. Yes.

Q: And you had worked pretty close with her?

McCarthy: And the other one was there. Nancy also. She too. Short, fat lady. Not that much. She, too, never survived. But we have some that survived.

Q: I can imagine there being fear for you.

McCarthy: Of course.

Q: Especially when you think, I've been around these women so much.

McCarthy: Of course.

Q: Why did you stay at work?

McCarthy: Pardon?

Q: Why did you stay?

McCarthy: Oh, because I love my work. It's an oath we have taken. I love my work. The nurses feel just like the soldiers feel. When there is war, you ask the soldier, will you retreat? You have to go and fight for your country, yeah? That's why. I love my work.

Q: Did some people around you—what did your family think?

McCarthy: Well, my family, some, they were not in favor of me. They really wanted me to stop the work. They advised me, especially my mother. Oh, she used to—she would pray and cry and cry and cry. Twenty-four hours she is praying. But I just have to work. Because I have my children to support, so I have to work. Even some of my friends, they avoid me. I have a lady that used to braid my hair. Because I was working at the unit, she never used to—in fact, she never used to talk to me again unless she braided my hair. Until after Ebola, then she started talking to me. Even some of our colleagues were

driven out of their residences where they were renting. Their landlords drove them off because they are working in the units.

Q: How long were patients in the Lassa ward? Was that a set period of time where you hosted people in the Lassa ward and then moved them, or was it throughout that people were—

McCarthy: Ebola?

Q: Yeah.

McCarthy: Yes, throughout. We are using it as an Ebola unit, yes.

Q: Oh, you used it throughout.

McCarthy: Yes. Throughout. Even when the other extensions were made, still we are using it until after the Ebola.

Q: Sure. Did you spend most of your time in those months working in—that was almost all in the Lassa ward?

McCarthy: Yes. Well, later I was transferred to the new unit because the Lassa ward now was called Ward A and Ward B. Later I was transferred to Ward B. I was working there. But it's the same treatment center.

Q: Why did they open a new ward?

McCarthy: Because of the overflow of patients. The ward was very small not to occupy all the cases that were coming, so we needed an extension. That's why.

Q: This is an obvious question, but how did it feel watching that flood of people? You described how some of them died before they could even get care.

McCarthy: Yes, because some of them, they came within almost now dead. You know, people used to deny it. People were denying Ebola. Some of them, when they were sick, they would go and hide in the bush. Before they are found. By then their condition has become very critical. Sometimes before you reach them they are dead.

Q: What was it like for you as a nurse watching that?

McCarthy: Very pitiful. It was very, very sympathetic. It was very sympathetic.

Q: When you look back, are there certain cases that stand out to you—certain people?

McCarthy: Pardon?

Q: When you look back, are there certain people who had Ebola who you remember especially?

McCarthy: That survived?

Q: Patients of yours?

Q: That survived?

Q: Either that survived or didn't.

McCarthy: Oh, yes, many. I do remember, yes. I do remember. There was a village beyond the road that they brought many cases from there. Even the chief had died when his wife—she was also infected. She came in contact with an Ebola patient and became infected.

Q: I appreciated how you described your work as a nurse in really empathizing with people. Getting to know them, talking to them like any other person. Were you able to continue that with Ebola?

McCarthy: Of course. Of course. Yes, I was. Patients, you would talk to them.

Reassurance is another medication. You need to reassure. It's another medication, reassurance. You need to reassure and talk to them, encourage them. Tell them, see your colleagues? You are not the only one. We have other people that came and they were even ill more than you, but they make it up. So just pray that you, too, you might make it up. You see? Encourage. Because some of them, they refused totally to eat. We had to encourage them, text them, talk to them, because you see, some of them became babies. So accept, you go closer to them, you talk to them, you encourage them, you force them. You even feed them. Because if you only give them, they won't eat. They will pretend that they will eat and as you turn, they will put the food down. So you have to feed them yourself and make sure that they eat something.

Q: When you think about that, does a particular patient come to mind who you encouraged?

McCarthy: Hmm?

Q: When you think about that, does a particular patient come to mind who you encouraged? Like an example of one of those times where you did that?

McCarthy: Yes. When I think of that in my quiet time, yes, I can recall some of the patients that I—a little girl was there who was also infected. By then she was about nine years old. She couldn't do anything. She survived anyway. We used to take care of her.

We would clean her, dress her, change her clothes, force her to eat. Her father even gave up that she will not make it up. Then, they abandoned her, they abandoned her. So no one used to come around. So guess what? The day that we discharged her, no one was there, but one bike rider was out there that knew her parents. So we dressed her. The day we took her to her village, they were afraid. I say, “It is not a ghost.” We told them, “It is not a ghost. This is your child. She survived. She didn’t die.” Some people think that as they enter in there with their relatives, they will never come out, they will die. So they forget about them. And the child, she really took a long time there. Because she has, apart from the Ebola, she has some other medical conditions, so she took a long time.

Q: Do you still have any contact with her? I mean, does she live near?

McCarthy: Yes, yes. She do come. She and her father, they come and visit us once in a while.

Q: Oh, yeah?

McCarthy: Yes, she has gotten fat. Very fat and short. The only problem, she was having problems with her ears. She can’t hear fine. She is having problems with her ears.

Q: Can you tell me a bit about, did you receive special training to deal with Ebola?

McCarthy: Yes, but that was the first thing I told you. We went—yes.

Q: Okay. Sorry, I—

McCarthy: Yes, that was the first thing. We went for training.

Q: Can you tell me specifically about that training? Like what you learned specifically?

McCarthy: Well mostly, when we went for training, they taught us how to take care of— but first of all, the dressing. How to dress to enter in the unit. How to put on our PPE. That is donning and doffing. How to put on the PPE and how to take off the PPE. You see? Mostly putting on the PPE is difficult, but not as [much as] taking it off because when you are in there and you are exhausted, you are [unclear]. You just want to rush to take off your PPE, and it is during that time, if you are not careful, you will infect yourself. You have to be very careful in doffing, that is, taking care of your PPE.

[interruption]

Q: Did you find that training sufficient?

McCarthy: Yes, for the moment. Later, again, we did other training during the course of the Ebola. Other training we carried out. IRC [International Rescue Committee] came, they trained us, gave certificates. We are doing in training.

Q: Does that mean that sometimes your procedures changed after you received later training?

McCarthy: No, the procedures—it's the same procedures. Although at times, procedures changed in donning. But almost the same.

Q: Sure. Like what, for example?

McCarthy: It's just a refreshment training. It's not to go out of the way. It's a refreshment training.

Q: Do you remember what specifically might have changed about the donning?

McCarthy: The donning? Well, at first, like putting on the face shield. At first, the face shield before—after you put on your coverall, before you put up the head, the cover of the coverall, you have to use your face shield. But when you put it on that way, you put the face shield then you put on the coverall, the cap of the coverall. But when you enter, you won't take a long time and it will fog. The place becomes clouded and that [unclear]. So the next, other training, again, other guy said, you put on the coverall, everything, then you put on the face shield.

Q: Who were some of the doctors who you worked most closely with?

McCarthy: Well, the late Dr. [Sheik Humarr] Khan.

Q: Can you describe Dr. Khan?

McCarthy: Dr. Khan? He was a tall man. Not that fat, not that full, and clear in complexion. Very intelligent doctor and hardworking.

Q: Had you worked with him a long time before, as well?

McCarthy: Before Ebola, I didn't work directly with him, but the ward that I was working in when I was in annex, he used to come because he admits his cases there. So he comes for rounds and we do the rounds together. So I was used to him before the Ebola. He loved teaching. Doing rounds, he would make sure that he taught us. Rounds always took a long period of time because when you go to one patient, he would have to go in detail about that patient. He talks and asks questions.

Q: Who were some of the other doctors?

McCarthy: In the Ebola units?

Q: Yeah, who you worked with especially.

McCarthy: During Ebola?

Q: During Ebola.

McCarthy: He was the only doctor. We had some doctors that came from different countries to come and assist us. But he was [unclear] because he was the hemorrhagic fever doctor.

Q: Yeah, so he was at—

McCarthy: He worked directly, yes.

[interruption]

Q: Would you be able to tell me about Dr. Khan passing, his death?

McCarthy: About his death?

Q: Yeah, about how it affected you, about what you remember from that time.

McCarthy: It affected us in many ways because when he was here, he really used to make sure—in fact, he was the one advising us when we are entering that we should dress properly. Even the danger zone, he never used to allow—when he sees you go there, you are not properly dressed, he become angry with you. He was really caring. I can't say

really how he was infected. That I can't explain. It was only one day—in fact, I was at home and my colleague called me. He said, “Helena, Helena, guess what? Your Dr. Khan is positive.” It was a shock to all of us. They brought him at the holding center and later transferred him to Kailahun, where he passed off. Because later they opened another treatment center in Kailahun. But Kenema Government Hospital first had a treatment center. All the patients we have coming to us, later on, that other treatment center was open in Kailahun.

Q: When you lost him and his expertise, how did you cope with that?

McCarthy: It was not easy, really. It's just like we never had another option. It's just like we should continue the job to save the life of our people, but it was not easy. It was not easy when we lost him. We really felt it. We knew that if he was alive, we that worked during Ebola, something beneficial should have happened to us because he should have fought for us and make sure that they know about us worldwide.

Q: Had he lived, maybe you would be more recognized, is what you're saying?

McCarthy: Pardon?

Q: You're saying had he lived, that you might be more recognized now?

McCarthy: Of course.

Q: Yeah.

McCarthy: More recognized.

Q: I want to talk more about that maybe toward the end of the interview if that's okay. So he died, what other doctors came after that?

McCarthy: When he died, Dr. [Donald S.] Grant came, but—at the end, yes, Dr. Grant came.

Q: Dr. Grant?

McCarthy: Yes. And other international doctors were around.

Q: Right. Do you remember at all Dr. Ian [Crozier]?

McCarthy: Dr. Ian?

Q: Yes.

McCarthy: I remember, we worked together. We used to enter that treatment center with him until he, too, was infected. I was there. I was still in the treatment center working there when he was infected and taken, flown out.

Q: Can you tell me more about that?

McCarthy: I don't know really how he became infected. Maybe he himself would explain more about that. The only thing, it was one day we heard the news that he too was infected and that they are taking him home for treatment. He was hardworking, too. Very hardworking. He was very hardworking.

Q: As time passes, did you notice changes occurring in how you were able to treat Ebola? Let's see, Ward A. A new ward opened, so that's one change that happened. Were there others that developed that altered how you treated people?

McCarthy: Yes, because as time goes, this jelly water, coconut water—young coconut is what we call jelly—also came in that we are giving the patients to take in frequently. Those that were able to take in oral. And those that were not able to take in oral, we would give them IV [intravenous] fluids to wash the system. IV fluids. And ORS [oral rehydration solution] was also mixed in the water for the patient to be taking. But some patients don't tolerate ORS as you give it, so they vomit it out. But the jelly water was really best and it really helps. It helps a lot.

[break]

Q: And at some point, Kenema [Government] Hospital closed. Is that right?

McCarthy: Not entirely closed.

Q: Not totally closed?

McCarthy: No.

Q: But the Ebola part of it?

McCarthy: Yeah, because the citizens started misbehaving that the Ebola, it was a man-made sickness. It is not a sickness, that they are just lying. In fact, we nurses were also humiliated, you see? When they see us, they call us “Ebola nurses.” The other time they came at the hospital, started sending stones all around until the late Dr. Khan had to call the police intervention and they came in. You see? It was not really easy with us. It was not really easy.

Q: Oh my God. Do you—sorry, I interrupted.

McCarthy: No, it's okay.

Q: Okay. Do you remember working with any of the people from CDC?

McCarthy: Oh, yes. Yes, although some of them, I don't know them by name. [unclear]

Some of them were even working in the lab here, the CDC lab.

Q: Yeah. Do you remember Anne [E. Purfield]?

McCarthy: She's my friend.

Q: Yeah, she's your friend. Can you tell me a memory that you have of Anne?

McCarthy: Well, Anne is my friend. She was very active with us during her stay here.

She used to come over there, you see. Talks together. In fact, one time we had a baby.

We used to call the baby "Baby in the Box." We had a baby that came and later they said

the baby was negative, so we had the baby in there that we were taking care of. But later,

they came and checked the baby again. They said he was positive, and they took him in

the ward, and later he passed off. They had to form a system to be checking on us, that

we are working on the ward, to know how we are coming on, if we have fever. They told

us that if we have fever, we should inform them and anything of the above for some time

to make sure that none of us—that the baby didn't have any infection on anyone of us.

Anne, she's my best friend.

Q: Aw. [laughter] How did you become friends?

McCarthy: Well, as I told you, as for me, I like making friends. As I saw her, she used to come around and I myself go to her, introduced myself to her. Each time I see her I ran, I go, I ran, we talk, crack jokes, and that's how we become friends. Even when she left, we used to communicate. But as I told you, I'm having problem with my phone, that's why I'm no communication. It has taken a long time, but when anyone is coming, if the person says "You've reached Kenema Government Hospital," she must say something.

Q: As I'm sure you know, you were one of the people she said, if you go to Kenema, you should talk to Helena.

McCarthy: I think it was last year, early last year or the ending of 2015, she also sent some people here to us and they also came. They interviewed us over there.

Q: So how did your work with Ebola end? How did it wrap up at Kenema Hospital?

McCarthy: How did it—

Q: Sure, sure. At what point did you stop caring for Ebola patients?

McCarthy: It was 2015 when they opened the treatment center here at [unclear] Junction.

So the patients were now sent there.

Q: Was this the Red Cross?

McCarthy: Yeah, Red Cross. When the Red Cross came and they opened another treatment center. Now, the patients we had to send over there. So only had the holding center when they come with the patients, they would be admitted here until they have done their tests. When it is positive, we take them at the treatment center there.

Q: Did you continue to treat patients there, or did you stay with the government hospital?

McCarthy: No, they wanted me, they wanted because the deputy matron by then told us that they needed some nurses to go and work there, but I didn't go anywhere. I preferred to stay. I didn't work over there.

Q: So how did your work change then? Were you just going back to the usual working with patients?

McCarthy: No, I was still working with—you know, we had the holding center in there, so I was still attached with the holding center. I was still attached to the holding center because I was the charge nurse there. I was doing the Ebola tests, so when they transfer, I was still the charge nurse. I was still working at the holding center and up to now, we had the holding center there. I'm still working at the Lassa unit, but I'm overseeing there.

Q: What was the mood of the people like in the holding center before they know whether they're positive or negative?

McCarthy: When the Ebola came, some of them they are—we told them to go to the holding center, they are sad. They are not happy. They are not happy at all. They are sad, worried about their outcome of their results, what the outcome of their results will be. But still we encouraged them, talked to them.

Q: Do you think that the system worked with the holding center and then referral to treatment?

McCarthy: Yeah, the system worked because you would not just take the thing because of the signs and symptoms. The signs and symptoms vary with other diseases and conditions. So you do not just take a person because of their signs and symptoms and put them at the treatment center, in case they become negative. That's why we keep them at the holding center until the result is out. If they are positive, then we send them to the treatment center.

Q: And you said that you were the charge nurse. So you were supervising others?

McCarthy: Yes.

Q: Can you just tell me about being a supervisor in that environment and what that meant?

McCarthy: As a supervisor I was working from eight to six, from 8:00 am to 6:00 pm. So when I come, I make sure I am responsible for the duty roster to make duties for the various nurses. Their shifts that they are to run. Then I make sure that what they need for the day is out, like the PPEs and other things. I make sure that the duties are worked the correct way.

Q: Are there certain nurses who you oversaw their work who when you look back stand out especially in your memory? Anyone you can describe?

McCarthy: The nurses?

Q: Yeah, just maybe one individual and your interaction with them?

McCarthy: Well, there are many, but I had one. She's slim and bright, although now she has become a little bit fatter. Slim, bright—she's taller than me. We were working together.

Q: But beyond the physical, like what kind of person was she?

McCarthy: She was active at work.

Q: Active?

McCarthy: She was active at work.

Q: Do you remember any specific interaction that the two of you had together?

McCarthy: [laughs] Except advising each other on duty. This day, it's you also, [unclear] take time off. If I take time, how will I do this work? Because you see, we're comforting the sick, then they die somehow. We take time off. [unclear] take time. [unclear] the system. I will take time off.

Q: That's really interesting. Can you tell me more about—I've heard that sometimes there were people who did strikes during Ebola who refused to work. And in part because they were not getting paid. These kinds of things.

McCarthy: Yes.

Q: Did that affect you?

McCarthy: Every one of us. Every one of us were affected. Yeah, it affected every one of us. Because when we started they were giving us—because at first when we started to leave, to leave out, and they were giving us our transports. Because I wouldn't even call

this incentive, transport. Seventy thousand or seventy-five thousand leones is not even up to how many dollars, ten dollars.

Q: Right.

McCarthy: Five dollars. So later, they raised it up to two-fifty, and later the government came in, so they started to give five hundred thousand. They do it I think one month and they stopped. One, two months, and they stopped. So that came about the strike.

Q: So that was seventy-five thousand per month? Or—

McCarthy: No, two weeks.

Q: For two weeks. Okay, I understand. Still—wow. Did you participate in the strike?

McCarthy: No. For the nurses, we advised the support staff to do the strike. For the nurses, we talked to our colleagues that it is not good for us to take part in such things.

Yes. For the nurses, no. The support staff did the strike.

Q: So you stayed and you worked?

McCarthy: Of course.

Q: Of course?

McCarthy: Yes, we have to.

Q: Can you tell me how things wrapped up? Like the end of the Ebola epidemic for you and what happened then?

McCarthy: At the end?

Q: Yeah.

McCarthy: Well, at the end of the Ebola we are expecting a package. We that work. But nothing like that. Up to now as I'm speaking, nothing like that. Then the most unfortunate and sympathetic parties that the nurses—because we have some nurses that were working together that are not on payroll. The government promised them that if you work after Ebola, they will put them on payroll. But after Ebola, they didn't. And what they did, in fact, they told them to stop work. All nurses that are not on payroll we should stop work. And presently they are not working. Not working, no payroll.

Q: Can you tell me more about that lack of recognition that you have today?

McCarthy: Of course. We are not recognized. I don't think we are recognized, really.

Only the survivors for now. The survivors for now are recognized. We don't know.

Maybe they will [recognize us], but we don't know our fate for now.

Q: How are the survivors recognized?

McCarthy: How are they what?

Q: How are the survivors recognized?

McCarthy: Well, for the survivors, they are recognized. They call them on meetings, and at times they even give them some tokens. Sometimes they supply them with foodstuffs and other things.

Q: So like a real material benefit for them?

McCarthy: Yeah. And we appreciate it. We appreciate it greatly, what they are doing for them. It's nice because it's only to encourage them.

Q: Do you still face any kind of stigma from the community with their attitudes?

McCarthy: Well, for now, no. For now, no. But those days—during the days of Ebola.

Q: Yeah. Can I also ask, were there incidents especially of people's attitudes towards you? I know you said people actually came to the hospital and protested.

McCarthy: Mm-hmm. They were even against the nurses that were working there. Yes. They are even against the nurses that are working there.

Q: Even in your own neighborhood?

McCarthy: It came to the time that even where when we are coming on duty, we don't wear our uniform because if they see you in uniform, they will embarrass you. So we are wearing empty clothes, and when we enter, we change and wear our scrub suits.

Q: What would they say to embarrass you? What would they do?

McCarthy: They call you "Ebola nurses." Sometimes use some abusive language against you. Some of them even take stones and start sending stones on you.

Q: Is this something that even happened in your own neighborhood?

McCarthy: During Ebola, I'm telling you.

Q: Yeah?

McCarthy: Mm-hmm.

Q: Like close to where you live? Yeah. Okay. And what did you tell your children about Ebola?

McCarthy: Well, during Ebola—in fact, after I'm off duty, my children, my little child, because she's fun as I'm off duty. I reach at home, she would come and embrace me. I cut off all that. Except I have a certain area where I would change, see about myself before ever going closer to them. As the work became tedious, I separated room with my husband. We are not staying in the same room.

Q: So you drastically limited contact with your family.

McCarthy: Mm-hmm. All contact with my family are cut off. Cut off. We are not sharing things in common. I was in my own separate space just to safeguard my family in case.

Q: It's like you can't touch your family and you can't touch your coworkers.

McCarthy: Of course. Don't touch was the slogan. Don't touch.

Q: It's like you're by yourself in a way.

McCarthy: By yourself. Don't touch. The slogan—even that if I have taken this pen, you won't take it from me again to use it. Of course. If you do, you have to go and wash it because by then we are using chlorine. Yes, although as time goes on, the use of chlorine also was discouraged to soap and water.

Q: Right. Is there anything that I have not asked you about, an aspect of your time during Ebola or a memory that you have that you'd like to talk about?

McCarthy: I think you have asked everything. We have touched every area.

Q: Okay. Well, I have to tell you I very much appreciate talking with you, Ms. McCarthy. This is great and thank you.

McCarthy: Thank you too.

END