

CDC Ebola Response Oral History Project

The Reminiscences of

Jimmy C. Barrosa

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Jimmy C. Barrosa

Interviewed by Samuel Robson

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Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson, here today with Mr. Jimmy Barrosa. Today is March 9th, 2017, and I'm here in the Peace Corps office in Monrovia, Liberia. I'm talking with Jimmy today as part of our CDC [United States Centers for Disease Control and Prevention] Ebola Response Oral History Project. Jimmy, thank you so much for joining me today to talk about your experiences.

Barrosa: It's a pleasure.

Q: Thank you. Would you mind saying "My name is" and then pronouncing your full name?

Barrosa: Okay. My name is Jimmy Cooper Barrosa.

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

Barrosa: I am currently the information technology specialist for Peace Corps Liberia.

Q: Great. If you were to give someone a short description of your work on Ebola—just a couple of sentences—what would you tell them?

Barrosa: As I just said, information technology specialist. You think, what does that have to do with Ebola? But I worked with CDC as a driver and as someone who helped CDC to enter the community, and also on translations and helping them with technical issues like on your computers and getting internet access where we went.

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

Barrosa: I was born in Liberia—Monrovia, to be specific, Bushrod Island.

Q: When?

Barrosa: That was 1984. March 25th.

Q: Thank you. Happy birthday, almost.

Barrosa: Thank you.

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

Barrosa: My days growing up, we had—I had a terrible experience because that was during the war. Most of my childhood days was war in Liberia. It was difficult. Although

we traveled outside Liberia during times during the war, but it was difficult as a child to grow up where you had civil unrest.

Q: Yes, I understand that. Who was in your household growing up?

Barrosa: My parents, my siblings. I don't have a really huge family. I have a brother and a sister and my parents. I think that was about it. My other extended relatives, mainly from my dad's side, they were not around. But from my mother's side, they were around, but not like staying in our house. During that time it was just my parents and my siblings.

Q: Right. I know as you said it was a very difficult time. Were there things that you still found to do that you liked?

Barrosa: Yeah, actually, what I'm doing right now. It was several—like back in high school that I formed the passion in computers. It was late around 2000, and at that time, computers were still a new thing in Liberia because of the war, and immediately when I first handled a computer that was introduced to me in high school, my whole world changed. My dad wanted me to follow in his footsteps because he was an electromechanical engineer and he wanted me to be an engineer. It was kind of like all my primary elementary and high school, that was what I thought I was going to do. But then, when computers got introduced in Liberia, everything just changed and it was kind of difficult to tell him that I formed a passion in something that I never expected.

Q: How did he react?

Barrosa: He was like, if that's what you want, son, go for it, I can't tell you what to do. That's something that you're going to do great in. So he supported me all through.

Q: So how did you follow that passion?

Barrosa: At that time, it was still difficult because it was new here. There was no school here that could offer you that education, so I had to travel outside. Because of financial issues, I had to wait several years for him to get prepared to send me abroad. I studied in the Philippines, and that is where my dad is from. He's a Filipino and I'm partly Filipino, so it was something that I was like yeah, I should go there. Let me see where you came from, and that's also a part of my heritage, so I should go there and study there. Let me learn the culture of the Philippines. It was great. I was supported by him and my mom.

Q: Do you remember what year it was that you went to the Philippines?

Barrosa: That was 2006.

Q: And how long were you there?

Barrosa: Four years. I came back in 2010.

Q: What did you think of the Philippines?

Barrosa: It was great. It was really great. There were things I didn't imagine I was going to see. There were things I saw. It was an eye opener. I mean, these things do exist in other parts of the world. Like, you have poverty. I thought it was only in Africa, but it's all around. But generally, the people are so friendly and generous and it was good because they did speak English. So me getting there—there wasn't a time that people were like, you're a different guy. They were like, you look Filipino, why you can't speak the local language? Why do you speak like this? These were things that I found interesting in answering and it was like oh, yeah, we have a friend—we have someone that's different. We're happy to share our culture with him. Let him to know his culture since his dad's a Filipino. I found that experience very, very, very interesting. I miss the Philippines. Usually I go for vacation and I'm planning another one soon.

Q: What areas of information technology, of computer science really interested you as you were studying?

Barrosa: That was another thing to choose, because I always planned to come back to Liberia to work, so I had to decide and know exactly what's the demand in Liberia. I had interest in being a software developer, but then I said if I come to Liberia, how many organizations or institutions will need someone to develop custom software for them to use? You won't be in demand because that will be maybe in twenty years from now. So then I said, okay, what's there is like, network administration—security. So that's where I

chose my concentration, was in network administration. That is where you find mainly the work I'm doing here. That's what you find in most organizations here.

Q: You said that you knew you wanted to come back to work in Liberia. Why? Why did you want to come back?

Barrosa: I grew up here. There is nowhere like home. While I was there, although I consider the Philippines as my home, but I think my primary home is Liberia being I grew up here. I think I could contribute to this society to help make Liberia a better place. My family is here. The families I have over there are people that I don't know very well. In making a decision, those things play a major role. It's not only about getting the life you think you'll get somewhere. I could make more money in the Philippines, but it's like, what can you do while you're alive? What can you do for your country? How can you contribute to helping others?

Q: So you come back in 2010. What did you do then?

Barrosa: Immediately when I came back, I got a job. I got a job with Diamond Communication. It was an IT [information technology] company that concentrated on installing VSATs. I don't know if you know what VSAT is, but it's a very small aperture terminal. At that time, internet—we never had these companies that you could get internet on your phone or through broadband. To get internet, you needed to install a little kind of satellite that will link up to space, and then you get internet. Only those

companies that could afford had that privilege to get internet. So internet was something that was very expensive. That company was going around Liberia installing those VSATs and providing internet services to NGOs [nongovernmental organizations], hospitals, other companies that wanted internet and could afford it.

Q: How long did you do that?

Barrosa: I worked there approximately a year and a half. When I joined, I joined as a member of the team—the technical team for installations. Then after seven months, I was promoted to a supervisor for the technical team. But then I left after that time because I got an offer from the World Health Organization, WHO, and I worked with WHO for three years—almost three years as the IT manager. Then, before I joined the amazing Peace Corps.

Q: What kinds of work were you doing for WHO?

Barrosa: Also IT, so almost the same responsibility I have here to manage, maintain, and install IT infrastructures, communication infrastructures.

Q: Why did you come to the Peace Corps then?

Barrosa: IT is something, like an ever-changing thing. Today you're doing this and tomorrow there's going to be a newer technology that you're watching—and watching

you, so for me when you work with an organization as an IT probably three to five years, you should go out and learn new things. Learn new technology. With WHO, when I joined them, I worked there for three years and it's not like the Peace Corps. That technology is there and maybe they will change that technology after ten years and it's something that you just don't feel the challenge because it's like, you built it. You know everything—they can wake you up from your sleep and you're like oh, I know what the problem is. There wasn't really any kind of challenge for me. When I decided to join the Peace Corps, I asked more about how the program was, mainly about the technology, and they told me every four years we change our infrastructure to the most recent one, and then they promoted external learning. I was like oh, yeah, this is somewhere I could grow in my career and broaden my knowledge in information technology, so that could be a good choice. It wasn't merely because of the money, because I got a counteroffer from WHO that said hey, you stay with us. Whatever the Peace Corps is offering, we're going to pay you the same. I just wanted a new challenge to work with volunteers.

Q: What month and year was it that you came here?

Barrosa: That was September 2013. I joined the Peace Corps the end of September 2013. I think September 23rd, 2013, or September 29th.

Q: How did you find it here?

Barrosa: Because I did research on the work of the Peace Corps, I already knew how the organization worked—the scope of their work. When I came, I had a very supportive supervisor, the director of management operations, and he was open to letting me—because it's kind of different here in Liberia, so there were things that we talked about, things I thought that needed improvement in the organization and he was like yeah, we can do it. I had the support, so it was good. Even up to now, working as an IT in an organization is kind of difficult because not everybody understands and not everybody is going to support you, especially when it comes to upgrading or changing things. Once it's working they feel ah, it's working, so we don't—but here, it's like you get listened to and you get supported and people are willing to embrace new technology.

Q: When was it that you became involved in Ebola activities?

Barrosa: I had heard about Ebola before. Ebola was something that I saw in a movie. I heard it happened in Zaire at that time, and I knew it was something deadly, but I didn't really know a lot about Ebola. When we heard the news I think in March of 2014, it was in I think Lofa that we heard it. But it never really bothered anyone. It was like one of those news that usually comes up and then it just dies and goes away, fades away and that's it. We heard it, and no one ever panicked. But then I think it was June. It was devastating. It was really bad because it just came into Monrovia. That's where it had a lot of attention. Whole hospitals were wiped out. Families were just dying and people had to say yeah, something is here, because we'd never experienced that. Malaria? Yeah, we have malaria, but not a whole family that was just wiped out, just dying one day after

another. The death was so much. Hospitals were closed. They were running away because they just couldn't say what was going on. There was a huge panic. For me, I was so afraid. I had my own theories. People had their own theories. There were rumors going around, and it was so scary.

Q: What were your theories?

Barrosa: I was like, why did this thing just come—why did it just come to Liberia? I mean, why? It was all the way in Zaire, which is [Democratic Republic of] Congo, and why all the way—why didn't it stop? I was like, I hope it [came here] naturally, but you know, anybody would think on that. I was like yeah, maybe there was something that brought it here. But I don't think it's from bats or it's from monkeys because if it's from those things, it should pass through other—but those were things that you know, when you're panicked, you think on. There were rumors also because people were saying oh, there was some facility in Sierra Leone probably because that's where it came from. Guinea, Sierra Leone before it came to Liberia. There was a facility in Sierra Leone that I read about that was doing this Lassa fever experiment, and when you check the symptoms of Lassa fever and Ebola, it's kind of almost the same. People are like oh, maybe something went wrong. There were things like oh, it's spread through air. That one was so crazy because I said I mean, if it's true, I think everybody's going to die.

So why I got interested in working with CDC was because I was really afraid. There was a time even I wanted to go up to at that time, to the country director and say, why are we

still coming to work when we don't know who is who? Based on how Ebola—at that time—we never had a clear understanding on how Ebola was spread. We knew just by touching you could get it, and then when they said oh, it's airborne, and then you could get it through someone talking and that spit of his, just maybe you don't know, it enters your mouth. I would say well, why are we coming to work? We should be home. We don't know who is who. People come from their houses, you don't know who they touch. They come in the office. Yeah, it was really scary. I even had—everyone had sanitizer, but then I didn't even trust the sanitizer I was using, so I had to add bleach, add [unclear] like antiseptics even in it and mix it up, made it so strong. For everything I'd walk into the office and touch, I was just going to squeeze it in my hand. Even to open the doorknobs, I was doing those things, and when I'd go in my office, I just didn't want to come out. That is how it was, even in my household at home because there was no school, so all the kids were home. I just told everyone in the house not to come out. I would be the only one leaving the house. Even when we would go to the supermarket, people didn't want to touch. You just wanted to stay so far from people. If someone would take a product and hold it and was going to put it back, I mean somebody would be like, you have to take it or you have to wipe it. You can't just put it back on the shelf. People just wanted to avoid you touching and I'm touching because it still wasn't clear. That's the fear I had. All along, I felt it was going to be some doomsday, so I had to stock my house up with food supplies and I said that will take me even three months if we had to stay inside. I should have food and water for three months if we just had to stay inside. So I made sure I did it. I mean I had the kitchen, I had the pantry all just full with foods that can't perish. Canned food, noodles, whatever I could have. A lot of water was there.

The director of management operations at that time in the country saw there was panic among staff, because they never had a clear picture of what Ebola really was. They invited a guy from CDC to come in and talk to us. That was a really good thing they did because then it answered a lot of questions. A lot of people had questions. I had a lot of questions. I had a lot of scenarios and had to chill out and be like hey, can you get it through this way? Suppose you're infected and I'm talking—your saliva would come out of your mouth, you know—and all those things were just things that we thought it could happen that way, but actually, it wasn't like that. He made us to understand how Ebola is spread. Actually, the person needs to be really sick. It's going to come out through body fluid and it's really active when you are really going to die. That's when the virus is all in your body, and that's when the virus is all in your blood, it's all in your sweat. Wherever. Those people are the risk areas that you don't touch that person at that time when they're sick because most probably that's how you're going to get Ebola. It's not just common for you to talk to someone who is not sick for you to get Ebola. The possibility of you getting it is like, that person is sick—he can't even stand. He can't even walk. How are you going to talk to that person? So those are the kind of people you should avoid. That reduced our fear, and when people were volunteering to—because news came to the office that since no volunteers are here, our operation, our work has gone down, we're going to support the CDC, so this is going to be a volunteering thing. If you want to go, fine. If you don't, then you shouldn't. I was like the first person when I read that email, I was like, I'm not going. Yeah, I was like, I'm not going. But then when that guy came and talked to people, there were people that were like oh, I think I can go, and then I was

like yeah, I think I should go. I should go and help. That's what I came here for. I should go and help save lives and put an end to this thing. That's when I made up my mind to go out and work with the CDC.

Q: How did it all start for you, starting to work for CDC—with CDC?

Barrosa: That morning when I had my trip, they sent the names of the two CDC teams that were to meet. It was I and another member, a colleague from the Peace Corps, George Ville. We went to pick them up and they were already outside [unclear], like they were ready for battle. They were already down, like, are you the Peace Corps guys? We said yeah, okay. So we're going to this place, and we drove through, we talked, and before we could get to where we were going, there were a lot of things we talked about, just to keep the conversation. Working with them, all of them—I worked with several of them. They were just amazing people, professional people. There was never a time that we heard some argument to say oh, no, you're supposed to do this, because they were always willing to ask if they wanted us to do specific things—are you comfortable in doing it? You don't have to do it. Do you want to do it? It was like, those things, and like telling us, if you ever have some questions you want to know—you feel like you're not okay, just let us know. We'll immediately find a solution to this. So it was just a smooth, cordial relation with the CDC guys. All the different teams I worked with, they were just amazing people. They were people who really came to help put an end to our nightmare.

Q: The first time when you pick up those CDC members and they look like ready for battle, I'm imaging them with like a lot of supplies on their backs or something—

Barrosa: Oh, yeah, they had their backpacks. I mean, those huge backpacks. Because I work with the Peace Corps, so I see a lot of Americans, how when they're going out in the field, how they dress. They had their khaki—I think Paul [note: actually Steven M. Grube] had his khaki pants, and I forgot her name [note: Shauna L Mettee Zarecki], but she was in her jeans and they were just short, and these big packs with a water supply and different things. Fighting a battle, but using pen, paper, and computers. [laughter]

Q: Where were you headed that day?

Barrosa: My first was in [Grand] Cape Mount [County]. We went to Cape Mount.¹

Q: Had you been in Cape Mount before?

Barrosa: I passed once, but it was a long time. I couldn't even remember that place, but it was working with CDC that I had the chance to visit a lot of counties in different areas in Liberia.

Q: What did you see when you got to Cape Mount? What was it like?

¹ Note from J. Barrosa, August 2018: This was actually near the border between Grand Cape Mount County and Bomi County.

Barrosa: Our first day when we went to Cape Mount, we went to a town and we had a sick family. There was still this little fear. I mean, you go in a town, you hear there are sick family members, and you're still scared. There was this mom and her two kids that were sick, so the guys—the CDC team collected information, and then they talked to them a little to tell them what they should do. At that time I didn't do anything because I was too afraid to go near, and we went to the county health team for that area—Cape Mount, and then that was the first time meeting the team from CDC. They talked, they debriefed, they shared information, and at evening, someone from the team called and said the lady had passed. It was like oh, man, we just saw her.

The next morning, we went back. At the hotel the next morning, we decided to pass by, and it was so bad. The two kids, they had passed already. Immediately, you could feel that, and the lady from CDC, she was already crying. Me too. I just had tears rolling down my eyes because we had just talked to them, thinking there was going to be hope for them to survive. I felt like oh, man, if—maybe if we had something earlier they could have been alive or if we had transferred them that morning to the ETU [Ebola treatment unit] probably they wouldn't have—you know.

From there, I felt I needed to do more. I said oh, maybe when Paul [note: Steve] and the other lady [note: Shauna] talked to them, probably they didn't hear what they said. That's when I said okay, whatever message they want to give, I'm going to give it because probably, they couldn't understand. That was one of the things I was doing. Just reinforcing whatever message when we'd go to these villages, just reinforcing the same

message. “Hey, you guys,” you know? In our quote-unquote “English.” Yeah, just force it so they can hear and just go over and say I hope you hearing it. If you have anything, just call. Please do it. That’s what they want you to do. If you see anybody that has fever and a sign of any of these things, just call. Just call and just—those were the things, just reinforce whatever message that they already had and try to make them feel secure that if you call someone, it’s not like that person is going to die. Because that was one of the things that caused a lot of people to die. They just felt when your family member goes into that ETU, he’s going to die. They were like, it’s better you die at home, die with honor where we’ll feed you, than to go in a place where they’re just going to throw you on the floor and you’re going to cry for help until you die. Those were things that we had to tell them that hey, this is not true. I mean, this is going to help you. You will have treatment, they will treat you, your symptoms. There’s a possibility that you will survive. Staying at home, you’re going to die, so coming to the ETU is going to help this person to survive. It was like, them embracing those things and then calling when they feel someone was sick.

But those were the things that we—the first guys that went from CDC—those were the things they had to—those were the challenges they had to overcome first. Making the communities know that Ebola is real. Ebola is not malaria. Ebola is deadly. You should call someone when your family member is sick. You shouldn’t touch them. It was those things first they had to tackle, making people to understand. Spreading the message. Then there were other challenges—cultural challenges. There were people at certain counties that were so tied to their local culture. Those were like when someone dies, they had to

perform a ritual, and that was like bathing the body, and that's where a lot of people got killed. And this community, a whole town in Lofa—that's where it was really bad because almost the whole town got wiped because they were still practicing those things. Later, it was those things, those challenges of telling people that hey, you have to put your local tradition aside because this time is not the time to practice it. There were people that were saying yeah, we won't, but then in the background they were still doing it. George Ville and I, we went to this town that when we were going in we saw Médecins Sans Frontières coming out, and those people were very stubborn. They were like, we won't listen to what these people are coming for. They want to tell us things that we know, and we won't believe whatever they were saying. Fortunately, for our team, George Ville had worked with them before when he worked with another organization before joining the Peace Corps, so he helped build a school in that town. They had a little trust with him, and then when he came in, immediately they started to call him, and he was like oh, I know these people. He requested for the town chief, and he came around and he talked to them. And when he talked to them, they actually made a confession that right now, we have somebody that is sick. Because everyone that went in that town, they said we don't have anybody that's sick. We don't wash our dead bodies. They made a confession and said, because we knew you before and what you did for our community, we will believe you, what you are saying. Right now, we have someone that is sick, but we didn't tell anyone. It's just because of you we're telling you. They told him and he had to tell them that he would have to get this person out immediately and they were also telling him a few people died here in the last week and we actually washed their bodies. So he was like then, some of you are going to experience this so when you experience

this, you should call immediately. We were always keeping track of that town—calling the town chief and asking, is anybody having fever—immediately, don't let it get worse. Once somebody is having fever, whether you think it's just ordinary fever, just call once the temperature is going, because you don't know who is who. They worked with that team and were able to save people because they were calling the ambulance—hey, someone is sick right now so can the ambulance go? That was one of the challenges also, getting the ambulances there because the ambulances were not so many but then they were picking up other people, and then you needed them to come and get these people. So transporting those sick people to the ETUs was another challenge with logistics.

Q: Do you remember the name of the town that the leader made the admission to you that—

Barrosa: I can't remember.

Q: Where in Liberia was it? Was it like east, west—

Barrosa: That was Cape Mount.

Q: Oh, it was in Cape Mount still.

Barrosa: Yeah, it was still Cape Mount.

Q: Got you. How much time did you spend in Cape Mount originally?

Barrosa: Two weeks. We spent two weeks. We were also rotating like the CDC guys. We spent two weeks, and then another person would come and take over, but they were usually I think spending one month. That was also another challenge. They'd get to know the community and then after one month, we're like—I mean, you can't leave right now because that person that is coming in is going to need you. You'll need reentry, you've got to turn over—although you guys will do a really good turnover, but I mean, you just started. They were like, it's not us. We actually want to stay, but there are also policies that we have to follow so we can't stay any longer than this. We have to go. That was also another challenge for us to make sure wherever that person left off we would make sure you get every information and update whatever information we think you should have. Like everything that you need so you'll be able to continue and do a good job from where that person left.

Q: Did you see some of the difficulties that happened when new people came in and just didn't really—and had to get reoriented?

Barrosa: Yeah, I mean, while that thing was going on, just a day where it's going to take you off your work, you could be out there and doing something. But you come in and you have to get to know the country health team, get to know the different locations, got to refer to your maps. I mean, you know, you could be doing something that was going to make a huge impact. Because at that time, one day—even an hour was like if you don't

work in that hour, you'll be like we need to move, we need to move. We can't sit. We can't delay. To even have lunch, sometimes you can't. You just eat snacks in the car and like come on, we can't afford to sit thirty minutes and have lunch. We need to get to this place.

Q: Did you start to be somebody who kind of helped orient new CDC people once they arrived? Like give them any tips for interacting with the community?

Barrosa: Oh, yeah, yeah. We'd tell them like in this community, those guys, they don't listen, so we have to go back and probably we need to visit them again—tell them—pass these messages, check on them because probably they might be lying—talk to some people. Like those people that were calling, probably it could be your relative that's sick and you don't want to say it, so we'll just go at random and just go in the community and say, you think we have sick people in here? Just talk to different people. And there were people who would be like yeah, there is a sick person in that place, but he doesn't want you to know. Don't tell them I told you, but there is a sick person there. So we just had to go there and just walk around and talk to different households if they had an idea of anybody that's sick.

Q: Going back to the first people you were with from CDC—it was Paul, is that right? Paul and there was a woman?

Barrosa: Yeah, there was a lady. [note: Shauna] I can't—probably if you say you'll send me something, I could go back to my email and I could send you—because when we're getting to know about our trip, they usually send the information to us like who you'll be meeting from the CDC, so I don't know what. You said you'll send me something?

Q: I'll send you the transcript and we'll put it in there and—

Barrosa: An email, right?

Q: Yeah, yeah.

Barrosa: Okay, I could share that information with you.

Q: Well, can you just kind of describe them and what they were like?

Barrosa: Um, they were amazing people. I've said it before.

Q: How were they amazing?

Barrosa: Just for you coming to a country that you could die and leave your family—trying to volunteer to help. That's something that not everyone can do. There was a time when Paul shared some information. Probably it's personal, but I had tears coming down my eyes because he had his own problem at home and I was like man, if you can come

here to help us with your problem that you just shared—he even had his colleague—the lady from CDC, she wept. She didn't only cry. But I mean, those were—those are strong and tough people that came here to help the Liberian people. Only for that decision, I mean, you're just an extraordinary, amazing, and awesome person.

Q: Do you remember—do you have any specific memories of the lady from the CDC?

Barrosa: She was somebody that was so compassionate because every time we'd go to these places and she'd see these things, she always had tears coming down her eyes. To see an innocent kid just die—to go to the ETU and see those people that are really in need and just to die, that's something you can't forget.

Q: Yeah. Can you tell me a bit about George, too?

Barrosa: Oh, George? Yeah, George—we were so happy that George went with us to Cape Mount. He was like the king for Cape Mount because everybody knew George and I mean, we're like so—the guys from CDC, “George, it was so great that you came in” because he knew almost everyone. All the top people in Cape Mount. Those officials—I mean, so everything they wanted to get through, he was like yeah, I can make it happen. We can go there. Even that community I talked about, there were so many other communities that he had influence over because of his work that he did there before and I mean, he was able to pass that message through. Like help—he saved a lot of lives actually, because it was through him that they decided to practice those things that we

wanted them to do and stop those things that we didn't want them to do. George, he was very awesome in Cape Mount.

Q: Okay, so it's Cape Mount for two weeks. Is that right? And then—

Barrosa: Yeah, yeah, we went back. I went to Cape Mount several times. It was two weeks with George and I. We took a break. We went back, but at that time, he went with another person and when I came back, I made a recommendation to the DMO [director of management and operations] and said, "Hey, George should go back to Cape Mount. He shouldn't change." And he also said, "Yeah, I think I should go back to Cape Mount because our impact here is huge." So George was always going to Cape Mount because of the influence he had over in that county. Sometimes I'll come back and take a break. They will assign another person with George. There was a time that even the DMO said, "George, you need to take a break now. We understand, but you need to be"—because families were concerned. It was even a challenge for us to convince our family that we're going to go, it's going to be okay, we're going to come back alive. They never wanted us to go.

Q: I think you also mentioned you went to Lofa? Is that another place you went?

Barrosa: No, I was just giving examples. I went to Bomi [County] also.

Q: Oh, Bomi also. Just west of here, is that right?

Barrosa: Yeah. It's almost the same place as Cape Mount, going the same side, but you go farther in.

Q: Is it mostly those two, Bomi and Cape Mount?

Barrosa: Yeah, Bomi and Cape Mount. George knew a few people also in Bomi.

Q: When you look back, are there any interactions with community members that are especially vivid to you in your memory?

Barrosa: In my community?

Q: Not in your community, in your memory. Of any community. Any time you were talking to someone and a situation or a person really affected you.

Barrosa: Our first day, that memory is still where those two kids and their mom. I mean that's something I always tell people how it just changed my—you know, it was a point of change in my fight in helping fight Ebola. To just see those things, I mean especially very young children—it's something that you can't just easily get out of your head.

Those things are going to stay there. Once you think about Ebola, those memories will just flash back.

Q: Can you talk more about kind of the technical side of what you were able to help with, with the equipment and everything?

Barrosa: Yeah. So like internet access on the side because they had to do reports. In the rural part, internet wasn't so good, so doing research on what's going to work in the area that we're going and then making recommendations to them that if you're going on this side, we should get a modem—which provider is going to work best there. So like those things, getting them connected sometimes even with the health team and your offices they had some issues now with the CDC by the county health offices. They had issues with their computer and if you needed to print something and then just go and get it printed, so I was like hey, I can help you guys. And we need these reports. I mean, if you don't have IT, I'm not a doctor—that's my profession—I'm an IT guy so I can help you with these things. Helping sometimes, you don't expect it and they just go hey, can you help? We have these things and we want to share it. But mainly it was like taking them around, helping them with entering the community, helping them pass the message, trying to talk to and convince the communities that these things are what you should be doing, these are not what you should be doing.

Q: Yeah. I know that the rotations made it really difficult with CDC. The new people always coming in and the people who now had the experience leaving. Did you ever have actually any interactions with CDC staff that were not overly positive that you look back and you think, maybe the organization could work on this?

Barrosa: That was one of the things first when we went with them and we saw the impact and they said oh, we gotta leave. That was something we talked to them, how can we—we even sent emails to our supervisors to see if there could be a way that they could extend their time. But they told us it wasn't something that we could decide. This was something that had to be decided from a very high level. Yeah, [unclear] we knew because we work with a US agency, we know how these things work. If it was going to happen, it was not going to happen, just like that. We knew it was going to take time. But we found a way that I think since you guys can't stay for a proper handover, we were filling up information that the other person should know and helping them to get up to speed so they can start working immediately, will help. It wasn't a problem now when they were leaving and having the other guys come in. So it was just like where we left off, this is where you should start. Talk to the Peace Corps guys. They will fill you up with more information that you need to know. They will fill you up with communities. It was a good transition and I didn't think the other team missed a lot or missed important things that they should have known.

Q: How did things wrap up? How did things wrap up with your part in the Ebola response?

Barrosa: When we saw that there were counties now that were declared not a hot spot, there were no cases, and then we saw it go around, we said, yeah, things will get better. Initially, we knew things were going to get better, but then we're like, oh, we're winning the war. I mean, these places were the hot spots—now you have zero cases. Some places

you have only one case. And I feel that when we continue this, we're going to have zero cases in these areas. Cape Mount was the area that they were like, we're going to—Bomi actually was the area that they wanted to quarantine the whole county because it was the last county that still had cases and it was because of the culture. Most of the people there, they were tied to their culture, local traditions, and in Bomi, that was the challenge. In Bomi, while everybody was going down, they were still high, the cases were still increasing because of that tradition where when someone is sick, they had to perform that ritual of bathing the body. That was something that we had to go in and like spy and talk to other people—hey, you know these guys are bathing the bodies. There were people who never wanted them to do that but they didn't want to get identified. So they're like, I can tell you, but I don't want people to know I said this. So it was like going there and saying hey, you guys should stop this thing. If you don't stop this thing, we're going to lock you down. We're going to block you out. You're not going to leave from here. And Bomi was that county that they almost quarantined the entire Bomi County.

Q: Wow. Are there any other memories or reflections that you'd like to give before we conclude the interview?

Barrosa: Yeah, there are so many things. When we say Ebola, I still imagine CDC guys ready to go out, see people in the ETU. Those sick people just lying in the ETU. It's really not a very good memory. You know, the good ones never really get stuck in your head. It's just those things that are not so good ones to talk about. They are the ones that just flash back every time you hear Ebola. Like when they say oh, Ebola, like I mean, a

few months ago when they said they had a case and you just imagine those things—ambulances running around—people crying because their loved ones are gone. There's nothing so really positive that can come. There are things like we were able to tackle it, we were able to get it away, [unclear] Ebola, but it's going to pop up again. The good thing is we learned from our experience that we weren't so equipped; our health sector wasn't ready, we never had an infrastructure. It exposed a lot of things, that we lacked qualified doctors, nurses. The numbers wasn't even that number because we had limited doctors. So we exposed those things. People were handling patients. Like nurses were handling patients and not following procedures. It exposed those things and I think people are now following the procedures. If it pops up again, I don't think it's going to be as devastating as before. We have things in place. People are aware of it. We wouldn't want it to come back, but I'm just saying if it does, it's not going to be as before.

Q: Thank you so much, Mr. Jimmy Barrosa. I very much appreciate your time. Thanks for talking with me.

Barrosa: Thanks, Sam. It's a pleasure doing this.

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