

CDC Ebola Response Oral History Project

The Reminiscences of

Rachel S. Jarteh

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Rachel S. Jarteh

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. This is March 9th, 2017, and I'm here with Ms. Rachel Jarteh at the Peace Corp office in Monrovia, Liberia. I'm interviewing Ms. Jarteh today as part of our CDC [United States Centers for Disease Control and Prevention] Ebola Response Oral History Project, and thank you so much for being here with me today and talking about it. If I can ask you to first just say, "my name is," and then just pronounce your full name.

Jarteh: Alright. My name is Rachel Sayounoh Jarteh.

Q: Thank you. What is your current position with Peace Corps?

Jarteh: I worked with the Peace Corps as a medical assistant.

Q: If you were to tell someone in two to three sentences, just very briefly, what your role was in responding to Ebola, what would you say?

Jarteh: It was more of a supportive role to the CDC and health education for the community. [pause] I'll say that again, it was more supporting the CDC and supporting

the local Liberians on information about Ebola and how to protect themselves, because that's what most people wanted.

Q: Sorry, I'm kind of silent a lot of the time. [laughs] Can you tell me when and where you were born?

Jarteh: I was born in Gbarnga, Bong County, that's in the central region in Liberia. There's a hospital there called Phebe Hospital where I was born in 1980, according to my parents, of course. He and his wife were there because he was in, how do you call it, he was training to be a priest. So they had like a college for people that want to be a priest, and he was there. That's when they had me. Two years after, they moved back to their original county, which is Maryland County. So I was born there but I didn't actually grow up there.

Q: You grew up in Maryland then?

Jarteh: I grew up in Maryland, yes.

Q: What's it like in Maryland?

Jarteh: Right now, it isn't that beautiful, but before then and before the war, if you went there and saw the current structures, it's a really beautiful city, very beautiful county. There are beaches. You see the beaches as you drive along the road. They have palm

trees along the beaches and you can tell from the streets in terms of how the city is laid out, they had an airport, they had a seaport, so it was really good before the war came in and made it to be laying in ruins as it is right now.

Q: What did your parents do?

Jarteh: My dad is a priest and my mom was a teacher.

Q: What kinds of things were you interested in while you were growing up?

Jarteh: I don't know. That's a bit tricky. I'm saying it's tricky because I think I was only probably five or six years when the war broke out. I was just about—not five, I take that back, probably eight years when the war broke out. I was like in the third grade. I was actually just enjoying primary school and loving penmanship and coloring and the war broke out, so we had to leave. The rest of that time was migrating from place to place and trying to stay in school and work at the same time to support my parents.

Q: Work doing what?

Jarteh: Farm work. Because we fled from the city and we went to the rural areas. So in order to survive, my parents had to do farming like the locals because there were no stores to buy food. At the same time, they were trying to keep our heads above water and trying to keep us in school. Half the time was work and half the time was trying to go to

school. I didn't have much time for sports or other things like music or going to get ice cream or that kind of thing. It wasn't there back then. So I wouldn't say "interests" much, it was just work and trying to be in school because my parents were very strict about that because they believed that eventually we would get out of what we were in back then. It was later that I started—

[interruption]

Q: I'm back with Ms. Rachel Jarteh. We were talking about trying to maintain an education, get an education in the midst of war. Were there certain subjects that you were attracted to?

Jarteh: Reading, for one. Through it all, I kept that interest in reading. I used to love reading a lot of novels, probably because my early childhood days, which were like grade one, grade two, grade three, we had reading groups and they would put us in groups based on color. If you're in the red group, it's like you're doing exceptionally well; if you're in the green groups—it's like that. I was in the red group. That was where my interest in reading took off from. All my years during high school I used to like John Grisham, Jackie Collins novels. I was reading the entire time, even during the war. That was one thing that kept me going in terms of interests, plus everything else.

Q: When the war finally ended, what did you do?

Jarteh: When the war ended, which was I think officially in 2003, I was probably a junior student in nursing college.

Q: Oh, okay! Can you tell me about entering nursing college, and why did you decide to do that?

Jarteh: Yes. It's a funny story, actually. I finished high school in Maryland, but Maryland didn't have a college back then, so that's in '01. My dad had to send me off to Monrovia in Montserrado County. The country is divided into fifteen regions. That region didn't have a university, I had to come to Monrovia where there was a university. And in Gbarnga in Bong County, there was a nursing school. I was good at math when I was in high school, math and reading. I originally came to university to be an accountant—that was the plan. But when I came, half the time there wasn't an accountant teacher and I felt like I didn't have the good—how do you call it—stepping stone into choosing my profession, my accounting profession. There was more support, there was more guidance in the nursing college than any other college I saw. My best friend back then, she was like, why are you wasting your time, you better come join me. We had one year to decide. After that, I felt like I wasn't getting that much guidance. I said to myself, okay, I'm not going to go into this thing blindly. I thought someone was going to guide me. So I chose the nursing profession, but eventually I found out I liked it. [laughter]

Q: How did you find out you liked it?

Jarteh: Because right now, I feel like there is so much need, and people appreciate you more than I see the bankers now in the banks. When I graduated from nursing college, my first real job was working as a registered nurse officer in charge at this health unit that sees, on average, seventy-five to a hundred patients, all the way up in the rural areas. There was all this patient load and everybody wanting to see you. Women coming and giving birth to babies, people coming at night, you have to be there. And they remember you. It's like you're the one doing all the work and you think, oh, I've treated you, go. But the next week or two months or three months down, someone sees you in the market like, "Miss Rachel," I'm like, "What, do I know you from somewhere?" "You don't remember me from that?" All along, since that time to now, some people give their babies—they name them after me. Eventually, I found out that people don't easily forget you. [unclear], I say, oh, I know that lady from this time. So yeah, I didn't choose wrong after all. [laughter]

Q: Were you going to these areas while in school or after?

Jarteh: Which areas?

Q: You said you were going to rural areas? Or were you saying people were coming from rural areas.

Jarteh: Yeah, yeah. If you work in the rural areas, the clinic or the health center where you work at is in a major capital, but they have—they call them "catchment villages"

where people come from all over, and they come to that one place to get care because that's the closest place, they can't really find other places there. And there are times I had to go to outreach. We do vaccination campaigns, and if you go out in the village, people see you, like oh, that's that nurse from the health center. So [unclear] most people saw me too. And even after I left that job, I came, and some people still remember to call.

Q: What year was it you graduated from nursing school?

Jarteh: 2005, July.

Q: Can you just tell me a few of the jobs that you had after that?

Jarteh: After nursing school, my first job was with the Ministry of Health [and Social Welfare], the Liberian Ministry of Health, and in conjunction with—by then we were working with lots of NGO [nongovernmental organization] partners because the country was just recovering, so they had lots of NGOs trying to support the Ministry to bring back up the healthcare. There was this agency called Medical Emergency Relief International. They, along with the Ministry of Health, had me placed at a health facility. That was the first job, I did that for three years. Then there was another agency called Right to Play, I think it's a Canadian agency, who are philanthropists who had this idea that children coming back from war, they needed sports and play to kind of educate. Get a group together, do sports, and play at the end of the game, and then you educate them about diseases like HIV [human immunodeficiency virus] or that kind of thing. I worked

with that agency for also two years, and then I earned a scholarship with USAID via the Ministry of Health to go and study public health. The course was in Amsterdam, I went to Amsterdam for like a year. After that program, one year, I got my degree and then I joined MSF [Médecins Sans Frontières] Holland and went on a few missions to northern Uganda. I did that for a year, and I came back to Liberia after that, and then I joined the same Medical Emergency again for a year once more. I was working on a refugee project in a refugee camp. There were refugees that were fleeing from their own war and crossed over to Liberia. They had a very big refugee camp, and we had a health project. I was running that project for a while, and then after a year I left. Then they opened a university in my county, the university that wasn't there from which I came here to go to school. They opened one there under Madame [Ellen Johnson] Sirleaf's administration, and they were looking for people with degrees, master's degrees, to teach nursing students. I joined, and I stayed there for two years. Then my family was in Monrovia, so when Peace Corps advertised for the job, I applied and I came here. And now I'm with Peace Corps.

Q: Thank you. Can you just give me an example of one or two kind of formative experiences that you had when you were learning about nursing—what it means to be a nurse, what it means to be a public health worker?

Jarteh: What it means to be a nurse?

Q: Yeah. An important lesson, or just a vivid memory that you have, maybe from working in Uganda with MSF or in the refugee camp here in Liberia.

Jarteh: It's just—what I gather from this entire profession for like, [unclear] individual nursing, is that most people have been dealing with their populations that are really poor. They have absolutely nothing. We may come, they do not even have [unclear] to wear after they've had their baby. You know, it takes time for the bleeding to stop. At times, they don't even have stuff to cover the baby with, or they do not even have probably the 100 LD [Liberian dollars] or the 150 LD to buy a certain kind of medication that they need the hospital don't have. These are really extreme people, and they really look up to us, and you can't go back to them and tell them, we don't have this because the government didn't give this. What I've found is that they are really looking up to you to help them solve their problems. They are really poor people and they have that trust in you. Once you do it for the first time, they don't forget it, they don't forget it. They always are going to remember you. Even though it feels like it's a thing you have to do, but they appreciate it more because they are really glad that you helped them at that point in time. And there's a lot of need, also. That's from the nursing aspect I see from my time at the hospital, from my time at the clinic.

And then from the public health standpoint, just my time with MSF out in Uganda and also with CDC, the short time I spent, people don't have information. They don't know stuff. Things that you think that they would know, they just don't know. I don't know if it is because there's not much effort to get to people [unclear]. The tendency is easily that people in the big cities get information compared to people that are in hard-to-reach areas, so most people just don't have information. If they had the information, they would

know exactly what to do. Half the time with my time in public health is—most of the time was trying to get people information. Once they know it, they go around their own way to make things happen.

Q: Thank you. What was it that brought you to Peace Corps? Why did you decide to come?

Jarteh: Like I said, living in Maryland, especially if you're [unclear], you find that it's a little bit difficult, to be honest, because during dry season, it's like a two-day journey and during rainy season, probably like a two-week journey. And we're talking about one country here, but because of the road network, it's kind of difficult to get out there. From here up to certain parts of the country, the road is good, but from there onwards it's cut off. So to get stuff to people there, to get information, to know what's going on in the city especially if they have a family, you have another family there, it's kind of hard. Most times you always want to be in touch with your family, as much as you're working up-country. That was one of the first reasons I wanted to join Peace Corps, just kind of be close to my family. I didn't know much about Peace Corps before I joined. I knew it was a job that was going to pay me pretty much the same thing I was getting or a little more than what I was getting at the university, but I had no idea it was this big. I've seen Peace Corps volunteers go around, what we know them to be is they carry these really cheap, fabric bags and flip-flops around the community and live like everybody else, but I didn't know they had this whole big office supporting them. I joined the Peace Corps before I found out it was big and involved in lots of other things other than just teaching. That was

the first reason, and then when I joined Peace Corps, I started finding all this out, eventually.

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

Jarteh: That was in July 2014.

Q: July 2014, wow. So Ebola was already happening.

Jarteh: Just about, yeah, just about. It was happening but it wasn't on a big scale as they made it, yeah, then.

Q: About to get really bad.

Jarteh: Yes. About to get really bad, that the president went and announced on the radio and made people start doing things to protect ourselves.

Q: How did you get involved in Ebola-related things?

Jarteh: Like I said, I joined the Peace Corps two weeks—or less than one week in fact, when the president announced on the radio, she made like a—how do you call that thing when a president gives a statement—it becomes mandatory. That's the term. I don't know the word for it, but she said every radio station should carry that message, and this

is a big issue and that we should take it as serious. That's when a few cases started happening. The Peace Corps made a decision to evacuate the volunteers, and then we're left in the office. We were also all looking up to our CD [country director] then to close the office because it was becoming a big issue, panic was gripping the city. He was, of course, waiting for orders from Washington before he did that. He said, "This is how you can protect yourselves in the meantime. Try not to take a public cab," because that was the announcement, and "Keep coming to work until I can hear word from Washington." So we kept coming to work too, eventually, but we keep asking him every day, "Brannon. Other offices are closing, why are we the only ones coming in?" [note: Brannon T. Brewer was country director of Peace Corps Liberia] And then he got word, "Okay, the CDC, lots of help is coming to this country. CDC is coming. If you guys don't want to be idle, you can join the CDC helping to fight this, but this option is not a mandatory thing." That was the option given, but in the meantime we still have to keep coming to work. "In order to be safe, for those of you who do not have cars, you can take rides with the others so they don't get in the public taxi." They were giving all the options on how to be safe.

They left the option up to us, and they gave us a time. Some of my colleagues were going upstairs to him and signing up. For a week or two, I had to think about it too because obviously, people were going to the stores and buying stuff. It was almost like a repeat of what was happening before the war when we heard that oh, the rebels are here, like five kilometers away, and people run to the store and buy rice and keep it in because when they get here, I can have rice at home. It was that same thing. So I said, oh wait, let me

see. Two weeks after, stores didn't shut down, people were still moving around, but it was just like, news of Ebola everywhere. So I said okay, maybe I should go sign up then. Once the CDC people are coming, I'm sure they know best, we can work behind them and be safe. So I went up and I signed up to go. He—the DMO [director of management and operations for Peace Corps Liberia] then divided it up on how or when you want to go, like made plans for trips and divided us into groups. That's how I started getting involved with a few trips outside of Monrovia.

Q: So how did it all start once you signed up?

Jarteh: Once you signed up, he put in the trip and told you, "In the next two weeks, be ready to go to," for example, this county or that county. We didn't know what the teams were, they always sending groups of two epidemiologists or doctors or something like that. My first ever trip was in Kakata, right here, probably like forty-five kilometers, I don't know, or forty-five minutes or one hour away from here. That was one of the places where it hit one of the hospitals and killed like twenty-two nurses and lab [laboratory] technicians combined at the hospital. The whole compound was deserted. That was the first [unclear] trip. On that trip, I remember very well, I went with James, Dr. James [D.] Heffelfinger, he's now in Bangladesh, CDC Bangladesh. He came from Bangladesh for that. And Isaac Benowitz, he was with CDC New York. He came from there. I actually stay in touch with him now. Those were the two guys I went with, and our role was to give any kind of support to the county health team there because everything was so much chaos in terms of reporting people they know, what, and then reporting at the same time

as handling cases. It was crazy. Our role was to support them; we weren't collecting Ebola bodies or anything, but in terms of like, coordinating the calls because they put out this announcement that if you have symptoms, you should call. There was crazy chaos because calls were just coming in like, I need this ambulance there, I need the ambulance there. It was crazy. We were trying to set up systems on when you call, this team should go do some sort of background investigation and then this team can go and pick up the body, and this team can go and do contact tracing, that kind of thing. That's the kind of support we gave.

Q: You're building the basic infrastructure for how they were going to tackle everything.

Jarteh: Exactly. That's the support we're giving to the county health team. But what I didn't like about it was just about when we're getting into things, like two weeks, whoosh, they sent them back. They said okay, now another new team is going to come. What happened? Why are you changing them? I don't know. That was not—so that was one thing I found kind of strange with CDC, but it's not my place.

Q: No, it is. [laughs]

Jarteh: I just wanted to know why they were doing that. People are getting used to them, the county health team was getting used to them, and then all of a sudden somebody new comes in and, "Hello, my name is James." What happened to your colleague? We had plans, did he turn over anything to you? "Oh, no, he didn't." Now I have to come back

and start explaining everything for you again, seriously? I would always try to record things that I knew to tell them too, because then the county health team would be like, but why are they changing out people? I say, just relax, whatever they want to know I can tell them and whatever up-to-date information you want to know I can also tell you, I'll fill them in.

Q: So you kind of brought them up to speed?

Jarteh: Quickly, and brought the CDC people up to speed, too. I did—how many trips? I think a total of probably four trips before I decided not to go anymore.

Q: What were some of the most important messages that you gave to new CDC people when they come in, to bring them up to speed?

Jarteh: For one, there was the language. Second, there was the language of how to communicate to people, how people will understand them.

Q: What did you tell them about the language?

Jarteh: Like, how to greet people. A little bit of community entry too, because people appreciate that a lot here. And general stuff about the county we were going in. I know they were reading stuff that their colleagues were writing reports on, but there was certain, specific information they also didn't know, so I had to tell them.

Q: Like what the situation is actually like on the ground. That makes sense.

Jarteh: Yeah, versus the numbers that they see in their reports. Cultural navigation, I would say, cultural navigation. And region-specific because most of the data was about a county, but it wasn't exactly about a specific town in the county and we're going from towns to towns. Those were things that you need to know before you go to that town, what do you need to know about that town?

Q: Do you remember a specific instance where you needed to tell someone some important information about a specific town that they really had to know?

Jarteh: There was this one incident in Bomi, Bomi County—I don't know if it's—isn't it north or something like that.

Q: Northwest I think? Yeah.

Jarteh: Yeah. Bomi County. There was this village where the team before us went there and there was so much resistance, they even threw fire on them. On the pick-up of—I don't know if it was MSF or who, but they attempted to burn the [unclear] and everybody else. And another guy was calling from that same town, kind of angry because his son was sick, and he called, and they didn't show up, according to him. In fact, it wasn't according to him, no one showed up to pick up the child. Then when the child passed and

the [unclear] wanted to show up and pick up the child, they were angry. This was something that the entire team needed to know before. This is a village that has this history of not being open and accepting to Westerners or foreigners, so we need to know this before moving. And let the county health team take the lead on this one because there were times that were so frustrating working with the county health team. They say, be ready, we are going to this place at 12:30 pm, and all of a sudden say, we have something important, we need to go to that place. Because at the same time they were dealing with Ebola, they still had their own maternal health, maternal child issues, like general issues that they had to handle. On this case, that one ambulance was supposed to be used to go pick up a woman who was bleeding, and that's the same car we're trying to get to go pick up that boy. They said, "That boy is dead, this woman is about to give birth, so we go pick her up then." CDC said okay, you guys go ahead but we have to go get information from this place, so that's how we kind of parted ways. We allowed them to go continue with the rest of their regular health stuff while we follow up with the boy. I think it was good information for us to have before we went there. This was something I knew from the team that I went with there before. The new team, they know about it.

Q: It sounds like one of the pieces of advice when the community was very resistant was let the county health team take the lead on this.

Jarteh: Exactly.

Q: Was there any other advice that you were able to give for how to work with people who were resistant? Communities?

Jarteh: Make them feel like they are also a part of this process, and let them start the talking. Give their leadership the chance to start the talking. Again, I go back to this same village because when we went there, I'm telling you, this huge crowd was behind us, yelling at us, saying stuff, and we're just trying to stay in this small group and walk in line behind the county health team because if you turn back and say something to them, then the angry mob will just jump on you. In this group and talking, and all the—they call them the “decision makers,” the big guys in the community that were sitting and talking. The CDC guy was angry—not CDC, but the county health team guy was angry, and saying, “You guys have no idea what we go through, we're trying to help. It's not like we don't want to come here, but because of this, this, this, and this, we couldn't show by this point in time. So you have to make us carry this boy.” The father was like, “No, you can't take my son when he was alive.” They were getting into this heated argument, and then I had to call the other CDC lady aside and say—the other—“Let's try to talk to these other elders, too. Talk to this guy. No, let him do the talking. We shouldn't be the one trying to do the convincing because once we had [unclear] because this guy is never going to see us as people who come in peace. They gave room for the elders to do the talking and try to sit him down and explain, this is for your own good, the boy is dead anyway. You can come and be a part of the burial, we are going to dress you up. The purpose is not for us to not see you see where this boy is going to be buried. They say, meaning this guy who was in the [unclear] was telling him that the team from—the county health team, plus the

CDC folks, they are saying they are going to dress you up in an Ebola PPE [personal protective equipment] suit; if you want to dig the graveyard, you are going to dig the graveyard, you are going to say your last words to the boy before you put him in the ground. You'll be part of the entire process. Then he agreed. Then he agreed to go. That was how it ended. They brought him, they brought the boy, and they took him there, he dug the grave, said this thing he wanted to say, and threw the first dirt over the body. Giving him that sense of ownership also so that they'd be the one doing the talking and the people doing the listening, passing the decision to them that we wanted them to have was another big way of supporting them.

Q: Did you feel like the CDC people you worked with were open to hearing these messages?

Jarteh: Oh yes, they were. They were.

Q: Can you tell me more about who is Dr. James who is in Bangladesh and Dr. Isaac? Could you just describe them a little bit?

Jarteh: As in physical structure, or—

Q: No, like who they are as people. Anything that you remember of them especially.

Jarteh: The time was so short. James was an elderly guy who obviously, you could tell, had all this experience working with CDC, so he was more calm. He's a kind of tall, in my opinion, lanky guy. I could tell he had all the experience from working with CDC. So he was kind of calm. He was more than brave to go out with the outreach team; they called them the investigation team, back then. So every time they said, investigation, he opted for us to go to that one. They were driving the Ministry of Health vehicle and we were driving our Peace Corps vehicle because Peace Corps was given the cars and the driver would jump on board. It would be a convoy of probably two or three cars going out there. And when we arrived, we'd jump down from the car, everybody got up in rain boots and long-sleeved shirts and if possible, masks. We'd be all in a circle, and then normally if we arrive at a scene, we see families crying. Then the investigation team would get to talking about what happened here and start asking questions. And then he would jump in and start asking questions too, like, so what have you done, why are the rest of the people at the quarantine, are you getting help from your community? How are you getting water in your house, how are you getting food in the house? That kind of question. He was, in my opinion, a brave guy, and he would come and be making notes all the time.

Isaac, on the other hand, I hope he doesn't hear this but—[laughter] Isaac was, I don't know if he was just kind of new to CDC or he was also afraid like everyone else. He was more in the background. At most meetings, he would be like there trying to get information, probably because he was the data guy. I don't know, he said he was doing data from his job at Washington. So I felt like he was more into the numbers. He was

more towards the MOH [Ministry of Health] statistician guy who was compiling his weekly reports. So he would always be at that guy's desk, trying to get information from him and trying to record it. He would spend half his time, if we went out in the field, he would be more cautious, extremely cautious, while James on the other hand would be like relaxed. That kind of thing. But the time went by so fast, that's the thing I picked up from them. The both of them, maybe because CDC gave these people—I don't if it's candy, but also chocolate bars. Half the time I never saw them eating anything besides that thing they took out of their bag to eat. But we, we went to Liberian restaurants, local restaurants to eat. But there was this one time Isaac went out with me and we tried the local food, they call it pepper soup, and he tried that and his entire face turned red because it was hot, the soup was hot with chili pepper. But that was the one time. [laughter] That was what I remember of the two of them, and then they left.

Q: Right. Like you said, they were gone so quickly. Let's see, I know that you were at first in Kakata, is that right? And then Bomi?

Jarteh: Bomi, yeah, and then Bong County and then Lofa [County], I went to those places too.

Q: What were those two like? What was Bong County like?

Jarteh: Bong County was supposed to be teams of four. In fact, yeah, teams of four. The Peace Corps staff, like myself and the driver and then the two other CDC colleagues,

because we're working in pairs. But something happened and one of the CDC guys didn't show up, so there was another older guy, like really old, not old-old not to walk, but I mean he was older. Bong County, when the outbreak happened in the village that was deep down in the forest but between Bong and [Grand] Bassa County, off the major road. Cars don't go there, they stop at a nearby village and you have to trek two hours to get to that village. I forget the name of this guy, but he couldn't go because he needed [unclear] were planning like CDC, UNICEF, WHO [World Health Organization], were all planning to go to the county the next day because MSF had already built a satellite camp and had like twenty-four Ebola-positive cases coming from that town. He said, "Okay Rachel, if you can make the trip, you go and you fill me in." I volunteered to go, I agreed to go with the rest of the team and we trekked for two hours and we got to that village. Oh my god, you should've seen it. MSF had a camp there, lots of other people were there with other camps with cases. People were like fleeing from that village, coming back to Kakata, to Gbarnga. They had like a—back then they called it an ETU, Ebola treatment unit.

Q: Why were they fleeing?

Jarteh: Because MSF showed up there, and they didn't want to be taken to the Ebola treatment unit. Some people had symptoms, they didn't want to go show themselves, so they run away thinking that if I flee, I can get better or do something. So some people fled, some people stayed, but the whole village was upside down. I think that was my last trip before I quit going. I think we spent a week or so there. Walk Monday two hours, and

two hours back. It's just like a tiny path in the jungle with monkey bridges, everybody crossing the bridges, everybody touching the same bridge. When I came back, I had all the symptoms of Ebola. I didn't vomit though, I was just waiting to vomit and I would take myself into the Ebola treatment unit, but I had all the symptoms of diarrhea, headache, fever. After I recovered from that, I said I wasn't going to go on any trips again; it was from that trip. That experience, although we saw a lot of cases, MSF was handling it; but myself and [unclear], I keep thinking, was it because I haven't walked that long in a long time or was it something I picked up, or did I have malaria? Up to today's date I can't figure out what actually happened. But I fell sick after that trip and I didn't go so that trip wasn't like a—but at that time, they had a full-blown ETU set up, so they had lots of cases there and we'd go back and forth visiting families. And [unclear], because folks were in the treatment unit and they were saying, I've been here three days, I came here for my brother, what's going on? And then we'll say, who's your brother? And once they gave the name, then we will go back into the community and relay the message, and then the next day the brother will be like, am I allowed to come see my brother? For sure, you are allowed. And then they will come, and those who couldn't come they'd make video recordings and bring it back and then the other people in the ETU would see it. That's the kind of thing. The other things that the CDC folks were doing too. That was the time in Bong County. The other one in Lofa was with two ladies from CDC. One, I remember her name very well: Brenda [M. Baker]. I can't remember the name of the other lady. We went up to Lofa, and Lofa is like a hilly place with mountains and a lot of jungles. We did a lot of traveling. There were lots of ETU centers there, too, and Voinjama is also. There was this agency called, I don't know, WAHA.

Women's something. They were really the biggest ones into ETUs, running of ETUs. We were just kind of like going around, and I was just seeing how the ETU was set up. Most of them, when they saw CDC folks, they were asking for like, how can CDC support the running of the ETU? Those were the questions they were asking. And CDC more was also trying to find out, how are they keeping an ETU going, or what kind of infection prevention and control measures they had in keeping the ETU. They would go around, they would show us, and then Brenda and her other colleague were like, right there. Like a brief daily summary back and forth to their supervisors in Monrovia, or to the US or somewhere, I don't know.

Q: Could you briefly describe those two women?

Jarteh: Brenda, again, was older. I think she must've been with CDC like eight years, according to what she said. She kind of did similar work, but not like in this same setting as it was. Her role mainly was something like infection prevention and control. I think that's what they were more focused on. She was like a—they call it "IPC [infection prevention and control] specialist." That's what she was. Her main focus was on how they are trying to control bodily fluids so that the next person wouldn't get infected; that was her focus. This other young lady, I have to remember her name, I don't know, but I think she actually just started with CDC, she just started a new job, and then they were looking for volunteers within the entire agency, people who wanted to come. She said, yeah, why not? She asked to be signed up and going through some process in Washington or somewhere, Atlanta, where they have the office. Then she got accepted to come. She

kept saying how she was kind of new in her job and then she was sent here right away. She herself, I think she was also into IPC, going more with the flu. But they were two lively young ladies. Up at this—it was some lodge, some Lofa lodge they put us. We were staying there. After hours, we'd just come down to the city center and just sit there. They had a big place—what they call—a place that's called Facebook. The lady other actually liked the name, so because of the name we would go there all the time and just sit there and observe how the evening went. My time was really fun in Lofa. All throughout the day we would go out, and in the evenings, we sit out in a small hut, but they had a hammock and we would lie out in the hammock and catch up on the day activities, and plan what we're doing the next day. Also, it was also supporting IRC [International Rescue Committee] because IRC was big in giving health education, talk to the community. Because like I said, most people needed information. She was also working on—that's another big piece, I almost forgot—she was also working on a big documentation we were trying to do something about. Because Lofa was one of those places that when Ebola started, it started from there and it hit most of the communities, but they also managed to control it before it got out of hand. They got the chiefs and everybody together to explain how they did that, and they explained that. And then they tried to give it a term, like nomenclature, on what they did for them to own it. That was the CDC and WHO working on. It was called community-based surveillance, CBS. They had a big meeting with all the town chiefs from that region, Lofa, to come and talk about it and do a video recording so they can explain, after the next generation that are coming, in case anything should happen, this is how it worked, what we did to control the virus before it got out of control here. Community based surveillance. To put it down on

paper, they explained the steps and they made them go over it. That was another big reason we were up in Lofa for that two weeks, how each community seal up themselves and tell relatives, you can't come visit me for two weeks, or twenty-one days, until this whole thing passes. They did that, and that was how the transmission went out or went away. So IPC and that, that was the focus of those two ladies.

Q: When you look back at all of your missions in Kakata and Bomi, Lofa, and Bong, are there certain community members or families who stand out most vividly for you in your memory?

Jarteh: Mm-hmm. It's just that—I'm stalling because I don't know their names. I don't know exactly the names.

Q: It's okay.

Jarteh: But I know—

Q: Can you describe their situation?

Jarteh: It was in Lofa, when we were making the field trips. I don't [unclear] family anymore, but it was a family that was affected who went to this small clinic and [unclear] the car shows up and we get down, they see the foreigners. Everybody is coming around and asking what is going on. The guard at the clinic, the security guard at the clinic, went

immediately and caught the nurse that's working there. We asked her, why is the clinic closed, and she said, you know, what's going on and everything. Our nurse midwife, the officer in charge who's running the clinic, she was taken to the Ebola treatment unit last week and she didn't make it. We just got the news two days ago, so the clinic obviously is closed. While we're talking, another lady who was a survivor came. When she told her story, that one story, I don't know if I'm going to forget. It just keeps going with me. That's one of the stories that stood out. She was the one, the nurse midwife, who was in charge of the clinic, was trying to help when it all happened. She and her husband and their three kids, they are living across the road; this is the clinic, they're living there. With the news of Ebola going all around, there was a relative of her husband that came over from the border from Sierra Leone, I think. He came and he went to the house of the town chief, this is in her own words. The town chief called her husband and said, "A relative of yours is here. Can you come pick him up?" He went there, and the man said, "I'm not ready to come, I will join you later but tell your wife I am in town." He came home and told his wife. When they were lying in bed in the middle of the night, the guy came and banged on the door. She didn't wake up because her husband said, "He said he was coming but he can't come in at this time." He came late and stayed on the back porch, but by then he was having severe diarrhea and vomiting. He threw up everywhere on the back porch. She woke up, I think probably like 5:00 am, trying to get stuff to go on the farm with her kids, and then a neighbor of hers told her, "You should come outside and see, there's a guest on your back porch who has messed up the whole place. But you should be careful because this strange illness that's going around and everything, people are—so try not to touch him." She said she didn't touch him, she heard him, but she

didn't touch him after what she was advised. She took her kids and went on the farm, her husband went somewhere. When she came back from the farm, she did meet the guy, he had left. Apparently, a car came and took him to the ETU, so he left her the mess in the back porch. She went ahead and tried to clean the mess, but two days later, she came down with exactly the same symptoms. Her husband cared for her, her three kids cared for her, because they all live in the house. They started caring for her before they took her to the ETU. Wanted to go to the ETU, naturally, her husband came down, the three kids came down with the illness so they all went to the ETU. They didn't survive at the ETU. She survived. Her husband died there, the three kids died there. Her experience at the ETU, as she explains it, is like a horror movie. Seeing people with blood gushing out of their ears and their nose right next to her. See people screaming, like I feel like my heart is tearing apart. It's just like one of those deadly virus movies. It's funny that when Ebola was happening, at the same time on cable TV [television] they were playing a movie about Ebola actually on the cable TV. That whole week they were playing that movie, so every time I see that movie, I just think about what the lady was seeing in her dreams. From that time on, I think she survived. She said she didn't even know what was happening. She lost her whole mind, lost her whole self before someone came and told her, "You'll be going home today." "Will I?" She said since she came back from there, she's now living by herself in the house, no family. People who know the stigma that was associated, nobody wanted to come close to her. She came to the health center and was telling us. That woman's story, it's just that one story that—I don't know how she's doing right now in Lofa or what's going on, if she ever got a support group or anything.

But she's one of the survivors that went through the worst. The worst. That woman's story I just can't forget.

Q: After Bong, you decided not to go on another trip. Why did you make that decision?

Jarteh: Because I felt like I was missed by Ebola. I don't know if it was Ebola, but it seems in the tropics, every other illness pretty much has similar symptoms to Ebola. It starts with fever, then it starts with some sort of headache. If it was Ebola, and I survived, then I'm grateful. If it wasn't, whatever it was, but the symptoms were exactly as Ebola. I felt to myself, this is serious. What if it was actually Ebola and I had died? What was going to happen to my kids? What was even going to happen to me? I have fall sick and they will take me to the same exact ETU that I see they take people to and everybody is just trying for help and family members don't go there. It kind of brought the reality to my face. I said to myself, if I fall sick, I'm just going to be like everybody else. They will bring me to this ETU. What kind of care would I get, how much IV [intravenous] fluids? Who's going to be brave enough to be coming and giving me fluids? In fact, I'm not going to be special like anybody else. Everybody else would be the same, whereas if the others get Ebola, probably they will be flown out of here. I rest my case. I said to Eric, I just said "I want to take a break, can someone else go?" So I just stopped.

Q: What have you done since?

Jarteh: [laughs] Tell my story. [laughter]

Q: This is not the first time.

Jarteh: Yeah. We said it to the volunteers that came when the Peace Corps re-opened the posts. We told them everything that happened, and a few other persons that came and just want to hear what happened. We were in the middle of it, and came back to work. But since then we've had lots of information because from the beginning, this country, we are so used to people making promises and not delivering, so we were kind of frustrated. When it all started, we didn't want to believe it. I didn't want to believe it to be honest until I had my own friend, my friend from university, die. She was working at [St. Joseph's] Catholic Hospital and she died also from the virus. That's when it hit me, like, I don't think these politicians are lying, this is something really serious. Then we jumped on the trail of trying to convince other people like ok, say if it's not, let's just say they are lying. Or they're trying to do some other scam to get some aid from somewhere else. Bottom line is, there is something here that is killing us for sure. We may not know the name, but I think our focus should be trying to get this out from amongst us before we start getting angry at them like, why didn't you do anything in the first place, why didn't you do this to get this set up, why didn't you do that? Then it hit us and we started believing it. Everybody started believing, and everybody started struggling to take care of themselves.

Q: Can you tell me what it has been like—what's it been like telling your story multiple times? Are you tired of it at this point?

Jarteh: No.

Q: What's it like?

Jarteh: I'm not, definitely. I'm not tired at all. I don't know why, but I feel like people should hear it. It should start—most times it's the foreigners, like the Americans that want to hear it. I'm sure the Ministry of Health, they all went through it, they saw it, so they know. But we need to keep reminding ourselves that this Ebola showed us there is so much that needs to be done with surveillance. Just like paying attention to little details and not just overlooking things. You don't have to have the big infrastructure to know that when there is something you need to follow up three days or follow up—[unclear] Don't just let things—there's a new term I learned here, play by the ear. Meaning let things happen. Let it happen and see how it goes. Actually, follow up on things. If you say, it says seven-day contact tracing, someone should actually pay attention to that. I think this whole Ebola thing kind of think strengthened up the surveillance that they weren't paying attention to. It just brings out the picture of lots of other things that we weren't paying attention to. Put the limelight on them.

Q: Is there any other memory that you would like to describe or a reflection you'd like to give before we conclude the interview?

Jarteh: No, I don't think so. If I was doing this interview for the Ministry of Health, probably they've heard this many times, is like I said, pay attention to little details, especially on surveillance. We probably wouldn't have gotten here. My friend would have still been here today. I remember she was so angry from the beginning when it happened. I think four persons died, and one person got sick, and they were the ones trying to help that guy because he was like the administrator for the hospital, and when they got involved with him, that's when he took them all along with him.

Decoration Day was yesterday. I went to my aunt's grave. I could have gone to her grave if I knew where it was but I don't know where it is. They were one of those persons that didn't have a grave, they just kind of piled the bodies together and burned them. Which was for good reasons, but she shouldn't have gone that way. At least everybody knows what happened. Next time, we'll know what to do. Maybe we might flee. I don't know.

Q: Thank you, Rachel. This has been wonderful hearing your stories and your experiences. So thank you.

Jarteh: Thank you, too.

END