

CDC Ebola Response Oral History Project

The Reminiscences of

Mariama Momoh

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Mariama Momoh

Interviewed by Samuel Robson

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Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson. It is March 23rd, 2017, and I have the pleasure of sitting with Sister Mariama Momoh in the Princess Christian Maternity Hospital here in Freetown, Sierra Leone. Thank you so much, Sister, for sitting and talking with me about the Ebola response recently in Sierra Leone.

Momoh: It's a pleasure.

Q: Could we start out, would you mind just saying "my name is," and then pronouncing your name?

Momoh: My name is Sister Mariama Momoh. I'm a senior public health sister. I graduated from the nursing school in the year 1992 as a state-registered nurse. Then I pursued my nursing profession. I went through and trained as a public health specialist, and I received my master's [degree] in public health in 2014, when we were at the peak of Ebola. [laughter]

Q: Oh my God.

Momoh: Yes. I received my master's degree, but then we were not certified until—because we started the training, then we had the Ebola outbreak, and it interrupted the course. It was in 2016 that I was actually certified. But during the Ebola time, that was the time we started the course at the Leeds Beckett University. We had our lecturers who were coming from England to Banjul. Yes, the Gambia. I have been working for the Ministry [of Health and Sanitation] for over twenty-five years, since I trained as a staff nurse. With my experience in the field, I have also graduated to having other ranks. Presently, I'm a senior public health sister in the Ministry of Health and Sanitation. I worked in Kono District as a district health sister, and also worked in Port Loko District. It was in Port Loko District where I was serving as a public health sister when we had the Ebola outbreak.

Q: If you could describe just very briefly, like two sentences, what your role was during that Ebola response, what you spent your time doing, what would you say very briefly?

Momoh: During the outbreak of Ebola, I was tasked with the responsibility of coordinating the surveillance team. I was coordinating the surveillance team in Port Loko District.

Q: Perfect. Thank you. I'm going to back us up, if that's okay. Would you mind telling me when and where you were born?

Momoh: I was born in the east end of Sierra Leone, this is in Kailahun District, on the 23rd of April 1967.

Q: Did you grow up in Kailahun?

Momoh: At the age of three years, my uncle took me to Makeni in the northern part of Sierra Leone. That's where I started my nursery school, and even my primary education. Then when I entered into secondary school, I left [unclear] District to Kenema because my uncle was transferred. He was a teacher, and he was transferred to Kenema, and so I did my secondary education in Kenema District at the Holy Rosary Secondary School for girls in Kenema. After I sat through my GCE [General Certificate of Education exam], I had to come down to Freetown, where I went in for state-registered nursing, which I started in 1989.

Q: What motivated you to do that? To get involved in nursing?

Momoh: When I was growing up, I had interest because the school I was attending was a Catholic school, and we had these missionary sisters that were coming, they supported us in school. I actually wanted to be a reverend sister. Yes. I wanted to be a reverend sister. But my background, my father was a Muslim, and this is a Christian organization, so my father disapproved and said he didn't want me—[laughs]—to be a reverend sister. So I continued. But as a child, my uncle who brought me up wanted me to enter into

university, but then I had a passion for nursing, right from that stage I had a passion for nursing. I told my uncle that I want to be a nurse.

When I came to Kailahun District, there was a lady, her name was Sister Bondo, a very senior public health sister. At that time, I used to accompany my mother to the health facility with my younger sister, and when we went there, the way they took care of my younger sister—and then also at that time they had a supply of food when they visit the antenatal clinic or the under-five clinic. They were supplied with milk, oil, and then [unclear]. [laughs] That made me to be more interested, so I said I wanted to be a nurse. That was my role model at that time. I decided that I wanted to be a nurse. After graduating from the senior secondary school, I came down to Freetown and then I gained admission at the National School of Nursing and I did my state-registered nursing in Freetown.

Q: What did you think of nursing school?

Momoh: The nursing school at that time was very, very interesting. We had our tutors, like Mrs. Alama Taylor, and also late Miss [Nadia] Osborn. These were people that groomed us as young girls in nursing. I do appreciate them very much. At the nursing school—I spent three years at the nursing school. We started with basic nursing, and we had time when we came for the midwifery classes, and also for public health, we had the opportunity to go to the provinces, where we did public health.

On completion, I worked here. That was in 1992. I was posted to the Ola During Children's Hospital. I actually had another opportunity to work in an outbreak that we had in this country, and that was the cholera outbreak. That's when I was a staff nurse at the Ola During Children's Hospital. During that time, I was in charge of the hospital there when we had the cholera outbreak in the country, and I worked there for some time. Then after that, I went to do my public health studies at the College of Medicine and Allied Health Sciences. That was in 2000. I graduated with a diploma certificate in public health, and I was transferred again immediately after the war. I was transferred to Kono District, and I worked in Kono District for seven years as a public health sister. Then in 2009, I was again transferred to Port Loko District. It was in Port Loko District where I was when we had the Ebola outbreak. After the Ebola outbreak, again in 2015, just immediately after the Ebola outbreak, I was posted to work with the reproductive health and family planning program. That's where I am presently.

Q: Thank you. What attracted you to public health after you'd had your training as a nurse?

Momoh: After I was trained as a nurse, we had some of our colleagues. In nursing, you have people that you admire that you take as a role model. We had these senior sisters. When working in the ward, we would see them. In public health, actually, there are a lot of opportunities in public health. You would see the sisters, they came, they had vehicles. We were always in the ward. I also grew interested and said I wanted to help people right there in the community. Bedside nursing is good, but then having a wider picture about

people in the community, working with people in the community, and also from a remote area in the country. I have people over there, and so I just wanted to have a taste of how it looks when you're working with people at a grassroots level. So, I went in for public health.

Q: Thank you. I suppose we should get to Ebola probably. When Ebola started circulating in the region and then eventually came to Sierra Leone, what were you thinking? How did you react?

Momoh: We had our first case in Port Loko District in May. When we heard about the case, because we'd never had Ebola, we didn't even know how a case with Ebola looked like. It was in May when the district medical officer I was working with—and that is Dr. Adikali [M.] Kamara—when he told us that he heard—you know, it started in the sub-region in Kailahun District. For us in Port Loko, he told us that he had a call from Kambia that there is a case who went to Kambia, and this case is a suspected case of Ebola. But that case had been transferred to Mabesseneh Hospital. They went to Mabesseneh Hospital, and that's how it all started. We started investigating, and they collected a blood sample, and this blood sample was sent to Kenema, and then it came out positive. But at that time, there was a lot of denial. There was a lot of denial. We had so many problems with relatives, and also communities. When we had that case, there was some relative of that positive case, and that case—that man died, and that was in Mange Bureh. I was really, really annoyed because at that time, when that case—that man died, they had to use the vehicle that I was using to convey that corpse, and I was so

annoyed. I said, “Doctor, this thing is new to all of us, and if you use this vehicle to convey that corpse, I will not use this vehicle again.” [laughs] “I will not use this vehicle again.” But he said, “Oh, no Sister, after they’ve conveyed the corpse, we will use chlorine to clean the vehicle and it will be safe.” And I said, “No, Doctor.” So that’s how it started. That case was buried, and that man [the relative] was taken to Kenema for treatment, and he actually recovered. He recovered. Among the nurses, one of the nurses was a close friend to this man, and so we had a report again that she was a suspected [case]. The ambulance came again and collected her. She was also taken to Kenema, and she also recovered and came back.

Then, a lot of doubt was then created. Initially, they said there is no cure for Ebola. Somebody has been tested positive and taken to the treatment center. Initially, we had the Lassa fever treatment center, and so they were taken to Kenema, and they recovered. So, again, it was hell for us as health staff. People could not believe. “You said Ebola doesn’t have any drug. How come you said this person is positive, and this person has recovered? Nothing happened to this person.” So there was a whole lot of confusion surrounding Ebola. Then it continued. Because of the mistrust, and also the misconception, it continued. People continued to keep sick cases in their homes.

In fact, when it all started, we didn’t have anywhere, there were no holding centers in the district. If a case was suspected, and that case had been taken away from a particular community, we were taking the case and the virus away, but the virus remained with the other relatives in the home. It was really a problem for us in Port Loko District because

initially, when it started, we didn't have holding centers. These cases, we were taking to Kenema, to the Lassa place there. The cases continued to increase.

It was really I and Regan [Rickert-Hartman]. That was the time when we had our first CDC—somebody from CDC, and that was Regan. Regan went, we teamed up together and we said, how can we help in minimizing cases from the community? The cases are in the community. If somebody is sick and that person stays in that community, we don't have places to take them. The whole family will be infected. So we started identifying some of our peripheral health units, that is our PHUs, the smaller clinics that we have in the communities. What we did, myself and Regan, we would go and identify less than two rooms in the PHU. We cleaned, and then we went. We had beds that were at the Lungi Government Hospital that were old, but we thought it fit that. We could make use of them. We transported those beds and said, we have four beds in each room. We set up rooms like that. But it came to a time when those PHUs were full. They were full. We didn't have places to put those cases. So it continued like that. We were transporting cases. When we had suspected cases, the surveillance team went there. We also had a team from the Ministry. They went, and they started training on case investigation—that is the surveillance team—and also on IPC [infection prevention and control], handling. We went through that training, and then we set up from the Ministry; we had one Mr. [James] Bangura who went with the Ministry, and we set up the surveillance team. At that time, I was charged with the responsibility. Carlos [Albert A. Kamara] was the surveillance officer, but then it came to a point when Carlos went down and he was sick.

He had high blood pressure. He was away, so I was charged with the responsibility to coordinate the surveillance team.

What I did in setting up the surveillance team, we had our male staff who were in charges, twenty-five of them. I called them, and they came to Port Loko Town, and we had a training on case investigation. We had a training, and among them also, initially, we had to also train phlebotomists. This surveillance team that we set up at that time, we were also charged with the responsibility of investigating cases and also collecting blood samples. At that time, we were trained how to put on the PPE [personal protective equipment] and how to collect blood samples in the community. So that was the role.

We had WHO [World Health Organization] who came, we had people from CDC who came to Port Loko District, and we all fought Ebola together. I can remember we had so many cases from a particular village, and that was Petifu. And then I had to go with Regan to Petifu. When we went there, we collected about thirty people from that village, and there was a little boy of the same age with Regan's daughter, and we met a lady who just died immediately after giving birth to a baby in that village. We were told that if you handle that baby, you will be infected. In fact, so many nurses died in Kenema Government Hospital, that's when they handled babies born to Ebola mothers. So that baby was there, and this small boy was also lying down there, and that day I can remember, Regan wept, "Sister Mariama, I will not go. I will not leave this village until that little boy is taken away." But the ambulance, again, initially we had a constraint of ambulances to take corpses. In fact, in Port Loko District, all the chiefdoms—we had

cases in all the chiefdoms. And at that time, we had only two ambulances. If you went to a particular community, there would be over ten, twenty cases. To transport those cases, it was a problem. So we had to remain in that village. The ambulance, they went with the first group of people to the holding center, and then went back. They collected—but unfortunately, the boy died, and even the grandmother who was taking care of the boy also died when they came to the holding center. It was not an easy task. After we had lost so many people in Port Loko District, the Port Loko District Council and the honorable minister from Port Loko District, they decided to construct a holding center. We had the holding center, and that holding center was being supported by Plan International.

We had other people, nurses who came to assist us in the fight, in Ebola. Working with the surveillance team, although we had so many challenges, there were times when you got at odds, especially with community people. But I enjoyed working with them. Out of the twenty-five men that I was working with, we lost one, one of the staff during the Ebola response time. He was part of the surveillance team. One was infected but taken to Kenema, and he recovered, and he is presently in Port Loko. But we only lost one. We continued working when we had people that were coming to support us. We had PIH [Partners in Health], GOAL also set up a holding center in the district, and so we continued working, and the cases started to minimize. I have so many friends that came from CDC. We had Dr. Juan, and we also had Tom. We all worked together. Then we had the British Army. They went and set up the command center. Regan went the second time, and at that time we had the command center set up, and we were working at the command center.

[interruption]

Q: Can I ask you, Sister Mariama, how things changed after the British established the command center?

Momoh: When they established the command center, we had the military guys. Because in the community they were very, very reluctant. When we had the army, when they came, we had the alerts, we had the 1-1-7 call center, and so communities started calling. And now we had the surveillance team that we set up. We had vehicles, WHO hired vehicles for the surveillance team. When we had the alerts from the command center, we went there. With the presence of the military, I said that instilled fear in the community. Instilled fear in the community. These cases, because people were dying and they were buried by the community people. The dead body of an Ebola case is very easy, very fast for you to become infected. We had these people, when their loved ones died, they washed, they dressed the person before they buried the person. When we had the Ebola outbreak, we told them that they should not handle dead bodies. And so that was a challenge. But when we had the military, the command center set up, we had military people that were in charge of burial, we had military people that were also assigned to the surveillance team. We started working together. We saw that people diverted from what they were doing, like holding onto sick cases in the community. Whenever they had a sick case, they would now have to call the alert, and then the surveillance team would go immediately with an ambulance, and then the cases were collected. We had a holding

center. It was when we had the holding center, and when we had this command center being set up with all of the logistic ambulances, with vehicles for the surveillance team, that was the time when we started having a reduction in the cases. But when it all started, we didn't have a holding center, we didn't have ambulances, enough ambulances to convey the cases, cases that were in the community, and as long as the cases continued to be in the community, we had an increase in cases. It was when we had this command center and we had the holding center, we also had an increase in logistics like vehicle ambulances, then we started having a reduction in cases.

Q: Thank you Sister. A question I have, and you've described at various points some fears that people would have about Ebola, some distrust of authority that is telling them that Ebola is dangerous. Earlier, you said that when some people survived, people were like, "But you said you couldn't survive." And then later, you had people who, when the military arrived, were scared by the military. Can you describe any efforts that you did to address that lack of community trust, to build it, to reach out?

Momoh: When it all started, people were even afraid to come to the health facility. Even to come with children for immunization, let alone for the antenatal clinic. They said we're the health workers, we have the injection to inject Ebola into people, and so they moved away from the health facility. But then when cases started reducing, what we did, we decided to build their trust again. Our nurses were trained on infection prevention and control. They were also trained on how to put on PPE and how to take off the PPE. Once you had a case, you were now dressed up, then they were also now touching women that

were coming to the health facility, and so gradually they started doing their work.

Because when we had the outbreak, people don't come to the health facility. Even us as health staff, we were afraid because they said, don't touch. How can you attend to a case? That is how so many health workers lost their lives: because of this simple touch. But then we were trained on IPC, on hand washing, the use of chlorine, the use of PPE. When we had these supplies abundantly, gradually, cases started coming to the health facility. We also started training our health staff on IPC, and also how to do simple, simple procedures when there is an outbreak of a contagious disease. Like for example, even to check the blood pressure of cases, we trained them how to use plastic sheets and then check their blood pressure. We also taught them if a pregnant woman comes to the health facility, you want to listen to the fetal heart rate, you are already dressed in your PPE, we ask them when they are coming to the health facility. So the staff were trained on how to handle these cases that came. Gradually, we started building the trust in the community.

Q: You have done this a little bit already, of course, but I'm wondering if you can just take a moment and describe Regan.

Momoh: [laughs] Regan, when she came, I called her "ReRe." She said, "Sister Mariama, I love that name because my mother used to call me ReRe. How do you manage to know that I love the way you call me?" I said, "I just like calling you ReRe." And so we were together. When Regan came when we had the Ebola outbreak, she was like a sister to me. We worked together. She gave me a lot of understanding, especially in the area of surveillance. Whenever she wanted to go into the field, she would say, "Sister Mariama,

let's go." When she was coming, she had a plastic shoe that she came with. She said, "Sister Mariama, you have to have one of these ones before we go to the field." We normally went to the field, we went with the surveillance officers, investigated cases, and then these cases were then brought to the holding center. We were using the same office when it all started. It was later on that CDC had established an office at the DHMT [District Health Management Team] in Port Loko. But when it all started, I was sharing my office with Regan when she came, and that's how we worked.

Q: Can you describe also some other people, not necessarily from CDC, but the people who you spent the most time with? Who were some of those people? What do you remember of them?

Momoh: I spent most of my time working with Mr. Bangura. Mr. Bangura was from the Ministry. He set up the surveillance team. I also spent most of my time working with people from WHO. Like Mr. Dooley. I had Dr. Bott [note: unconfirmed spellings] from WHO. And when we established the command center, we also had Dr. Fulsom from WHO. I worked with him, and we planned logistics for the surveillance unit, together with Dr. Fulsom from WHO. We had this guy also from WHO, I've forgotten the name. He was the data [person]. I enjoyed working with him because he would sit down with me, analyze the data, and say, "Sister Mariama, in this chiefdom, we have so many deaths, we have so many cases from this chiefdom, this is the chiefdom that is mostly affected." And I worked with him also. Then also, there was a time when a lady was working with World Hunger. Monica, Dr. Monica. She was also working with World

Hunger. Dr. Monica went to Port Loko, she was working in Kenema. In Kenema, she worked with the district council and then the DHMT. Cases were being transferred to Kenema initially when it all started, and Kenema was the only place we had treatments going on. She worked in Kenema and tried to set up the Ebola response system in Kenema. When cases started minimizing in Kenema, she also came to Port Loko. She was the one who took me and Carlos and trained us, and when we started implementing what she told us, cases started minimizing in Port Loko. When you went for a case in a community or from a household, and that case had been taken away, we had to burn all the utensils in that household. For us in Sierra Leone, in most of our communities, what they use as mattresses is grass, grass mattresses. So if you said there is a sick person who was using this bed, and then you left that bed in that house, it was like a reservoir for the virus. She taught us when we went to investigate cases and move these cases from this community or from a particular household, we had to burn all the mattresses and also the linen. Then we had the Plan International organization that started supplying them with these things. Also, we had—what do they call them? They were responsible—after we moved the cases, they would spray chlorine.

Q: Sure, sure.

Momoh: Yes. In the household, after we'd burned everything, then they would spray the chlorine in the household, and then we would move. When we started doing that, we started having a reduction in cases because I think at that time, you should have destroyed some of the viruses in that particular household. So I enjoyed working with Dr. Monica,

and I learned a lot from her. She worked with the surveillance team, me and Carlos, and she gave us a lot of education on outbreaks in an emergency, how to respond. I also enjoyed working with the team from CDC. We had so many people coming, some coming for just two weeks, and then they would go, others would come. I enjoyed working with the team because when it started, we only had CDC that came first to work with us. Almost at the end, although I was no longer in Port Loko, CDC ended everything by coming with the vaccine. And that's all.

Q: That's good. Thank you for describing them, and on that last note about CDC people who came and went and came and went: some people have identified, said that that made things a little difficult because you constantly had to get to know new people, and then when they were up-to-speed, they left. Did you find that to be true in your experience?

Momoh: It's true, but in an outbreak, it's good that they came for a short interval and then they returned. Because it was really, really stressful. It was really, really stressful. In Port Loko, we were always quarantined and living in a dangerous, confined community for quite a long time. It was not easy. So coming, after two weeks you go and then you relax, somebody else comes, but we still continue to do the work.

Q: How did you manage just being there the entire time?

Momoh: [laughs] What I did, I took all my children, my entire family I took to Port Loko. They were at home because I didn't want to leave them in Freetown. Freetown again was

not safe. Port Loko was not safe, but if I had them with me, they were all confined in the house. They didn't go outside. I was the one who would go in the morning and then come back at night. When we had the Ebola outbreak, we had a meeting, when the command center was there. We had a meeting that we normally started at seven. Every day, I had to leave my house at six thirty to go to that meeting. If you were late for that meeting, you would be fined. [laughs]

Q: Really? Fined?

Momoh: Yes! It was an emergency period. So I had to leave every day at six thirty. I would go, I would have chlorine outside my house. When I would come in the evening, I had to wash my hands. Whatever I took to work, I had to leave—[laughs]—before entering into the house. It was not easy. What I did, I made sure food was at home so they didn't go out. That's how we lived throughout that outbreak, and nothing happened to all of us. I was thankful to God.

Q: Thank God, absolutely.

Momoh: It was really, really stressful at that time. So many people dying. I had a neighbor just one house away from my own. She visited a sick person, and that person died, and later on she was suspected and she, too, died, and then the house was quarantined. And here I was in the middle, very close. [laughs] So it was really stressful at that time working in Port Loko. But we observed the rules, the advice that I got from

CDC, from WHO, because we didn't know what to do at that time. But because we adhered to the advice that we got, we were able to live in that environment.

Q: Thank you. I'm just reviewing a few things I wrote down here, I don't want to miss anything. I'm just going to ask this because—I've already asked you about a bunch of people, but as you know, I interviewed Carlos just two days ago or something like that. Can you tell me a memory you have of Carlos from during the response?

Momoh: [laughs] Carlos. When it started, Carlos was a disease surveillance officer. When we had the outbreak, he was afraid. As a lady, I was more bold and active—[laughs]—than him. One time he went to my office and said, "Sister, I'm going. I don't want to die. My children, my family, they are all in Freetown, and so I want to go." I said, "Carlos, if you leave now, who is going to lead this team?" I said, "Carlos, don't go." He decided we would work together. But there was a time, because of the tension, he became hypertensive, and he had to leave at some point. Then I had to be with the surveillance officers. When I was working with Carlos—if you have read the book *Animal Farm*, Carlos was like Boxer. [laughs] Carlos was like Boxer. He was a hard-working man, and Carlos will continue working until you have to say, "Carlos, you need some rest." That's the type of person. He was always there working. He had to be in the field. I said, "Carlos, you have to be careful going to the field, you have to be careful." He was like that. And I enjoyed—we were like brother and sister in the fight. We always sat together, and when he wanted to get tired, I said, "Carlos, please don't get tired. It's not easy, but we have to continue working."

There was a time when the cases started reducing in the district, and finally, when the country was declared as Ebola-free. Opportunities came, and Carlos was somehow discouraged because he was there when it all started. He worked a lot, and he was thinking of being somehow motivated or in a way just to say thank you. But when those opportunities came, he was sidelined, and then he called me. By then, I was not in Port Loko. He called me, “Sister, I want to leave, Sister. I want to leave, Sister. I’m tired, I want to come, I want to leave.” I said, “Carlos, you have to be patient. You don’t know what will happen.” So he stayed in Port Loko while I am in Freetown.

He called me and told me, “Sister Mariama, Regan is here, and Regan wants to see you.” I said—at that time, Regan had been here for a year, she came for a year, and we actually had no communication. She went, and when she came back, she again asked Carlos, “Give her my telephone number so that we can get in contact.” She wanted to see me. But Carlos called and told me, “Regan is here and she’s desperate, she wants to see you.” I said “Okay, give me her number.” Carlos gave me Regan’s number, and then I called Regan. She said, “Is this Sister Mariama?” I said, “Yes, ReRe, where have you been all this time?” “Sister Mariama, I am in Sierra Leone, I have been here for the past six months I’ve been here. I asked Carlos to inform you that I’m here, I want to see you.” That’s how we came together. I met Regan again, and when I called her, I told her, and she came here to visit me. [laughs] She has asked me on several occasions to go and meet her at her house, but the last time I promised to go there, she told me she felt ill and went to England. When she came back, she told me that you would be coming.

Q: I can't tell you how happy I am that you made time for this. [laughter] I know you probably need to get going to Focus 1000, so I have just a couple more questions maybe to wrap things up. The first is, how would you say that working on the Ebola epidemic changed you, if at all?

Momoh: Working on the Ebola epidemic changed me for subsequent—if there is any other outbreak. Because I now know how to protect myself in the case when there is an epidemic. Remember, I told you initially I worked in the cholera unit when we had the outbreak of Ebola in Sierra Leone. I worked with late Dr. Lansana Kabba. He was in control of—diarrheal disease coordinator. I worked with him. I also worked with Dr. Muctarr Jalloh at that place. But since Ebola was very, very new to us—we had cholera and we had been managing it, but since Ebola was very, very new and Ebola was more dreadful than the cholera, when we had the outbreak, working in Port Loko District and also working with the surveillance team, I was happy, and that has changed. Even presently, there are some cultures that I will still maintain the issue about hand washing. [laughs] I'm not in the area of bedside nursing, but also I do teach nurses on IPC, and we keep on reminding them to maintain IPC in every circumstance. Even if it's not in an outbreak situation, but when caring for cases, you have to maintain that one. That's an experience that I have gained, and I love working with it. Also, in the area of analyzing data because those were the things that we work on. It's interesting. You do something, you sit together and look at what you have done. What are the experiences, or what are the lessons learned from this information that I've gathered? How will I be able to

improve? These are all things that I gained working in an outbreak. Then also the issue about collection of samples, and also lab [laboratory] investigation. These were areas where there was a lot of issues surrounding them. In Port Loko District, there was a time when the DHMT was called upon. They didn't trust the data from the lab, they didn't trust the data that we were sending. We had to be sending reports, how many cases do we have, all these sorts of things. But going through all those stages in an outbreak, I feel confident, and I feel a little bit secure. If there is any subsequent outbreak, I won't say I will remember all, but at least I have some knowledge on how to work in that particular situation.

[interruption]

Q: My last question, Sister, is simply, is there anything else that you'd like to share about your time with Ebola, about yourself, about your own work before we end the interview?

Momoh: During the Ebola outbreak, working with community people was another experience that I learned. There was a time we had an alert call from 1-1-7, and the surveillance team at that time—I was coordinating the surveillance team, but when they get an alert from 1-1-7, the team, whilst in the field, will go and investigate. There was a time when they had an alert informing them that there was a sick person in the house of the paramount chief in Lunsar, Marampa Chiefdom. That didn't go down well with the paramount chief. When the surveillance team went there, he got them arrested. He got them arrested, and they were taken to the police station. Then when the team was asked,

they said, “Sister Mariama sent us.” The chief was very, very angry, and he called my number. It was a bitter experience on that day for me because he insulted me on the phone. “Why should you send your team?” Because I was coordinating the team, even they knew that they had the alert call, but that was what they were trained on. When they were in the field, when they got an alert, they would go and investigate. But being that I was coordinating the team, when he called me, “Were you the one who sent the surveillance team, that I have a sick person?” I said, “Yes.” And he was angry, he insulted me. That was a bitter experience working in an outbreak. But I said it’s because everybody was stressed. Later on, he found out that I didn’t send them, that they actually got the alert. We called at that time, it was Dr. [Amara] Jambai who was heading the surveillance unit, and then he sent to the police station and they got the surveillance officers being released from the police station. So these were some of the bitter experiences that I had.

I also had some of my staff. It was not easy when I lost one of my surveillance officers, and we also had nurses who were working in the health facilities that lost their lives during the Ebola outbreak. These were some of the sad moments that I had when we had the Ebola outbreak. To crown it all, I also lost a brother. He didn’t die of Ebola, but he died within the time when we had the Ebola outbreak. I think those were the sad moments that I had during the outbreak.

Q: Were you able to take some time to grieve for your brother during that time? I know it was very busy.

Momoh: Yeah. He was admitted at Connaught Hospital. At that time, I was in Port Loko. I came back, I was coming and going, coming and going to see him. When he died, we didn't get access to the body. It was buried at Waterloo.

Q: I'm sorry to hear about that. But I appreciate you sharing those sad experiences.

[interruption]

Q: Thank you so much, Sister Mariama Momoh.

Momoh: You're welcome.

Q: This has been a total privilege hearing you talk, so thank you.

Momoh: Thank you.

END