

CDC Ebola Response Oral History Project

The Reminiscences of

Anne E. Purfield

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Anne E. Purfield

Interviewed by Samuel Robson
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Interview 3 of 3

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Q: Hello, this is Sam Robson, here with Dr. Anne Purfield. This is August 5th, 2016.

We're here for our third interview to talk about Anne's experiences with CDC's [Centers for Disease Control and Prevention] Ebola response in Kenema, in Sierra Leone. Anne, thank you again for being here. One of my favorite interviewees so far. I think last time, you had just spoken about how you and Michelle got together and did a StoryCorps, and how that experience was really cathartic, just coming together and having that conversation after a couple weeks of some emotional turmoil, let's say, of being back here. I'm interested in what happened then, and with the StoryCorps and with getting selected to play nationally.

Purfield: When I came back, I immediately went back to Texas for training, for a week for training. I was there for a week, and then I came back to CDC in Atlanta, and I was here for a week. Michelle had extended. We both arrived in Sierra Leone on the same day, and she extended for six weeks, and I left after four weeks. In that second week I was home was when she returned. I think she came back on a Wednesday, and we recorded StoryCorps on Saturday morning. I randomly reserved a spot at StoryCorps and convinced her to do this with me. I reserved two slots. You go and they're forty-minute

interviews each. So, I asked her and then she asked me. But really, the entire time, we did this conversation, it was really kind of a one-on-one conversation between the two of us.

We finished that, and we did these back-to-back. There really wasn't much interaction with the facilitator when we were giving our interviews. By the time we finished the interviews, the facilitator told us she'd been in tears, and that it was really moving. I think after you experience something like that, you don't realize how your words can move other people. You think it's your experience and it's your trauma. You don't really think about how you're communicating your story. Not just our story, but the story of everyone we met in Kenema. Ian's story and Helena's story and Josephine's story. I mean, all these people's story in Kenema—just by having this conversation with each other, we were communicating to the world. We weren't doing this to put it into the Library of Congress and so that it was broadcast. I'd done StoryCorps before with my college friend, and we just talked about fun times. In the end, you get a CD [compact disc] of this high-quality conversation. I just wanted to be able to hang onto those names and those memories and those experiences and the emotions in our voice for the rest of my life, because I realized that Kenema is kind of like my 9/11. It's something that would really change me for the rest of my life.

We recorded, and then afterwards, the facilitator told us it was very moving and that she'd be sending it to [Washington], DC. But she sends everything to DC, so we thought, oh, maybe in January—I think this is October 1st. We're like, maybe in January it'll get broadcast, and that'll help tell everyone the story about Ebola and what's happening over

there. Because at this time, still, around October 1st, [Thomas Eric] Duncan was—the story of him in Dallas was just happening. It was discussions of quarantine. I think Kaci Hickox was in New Jersey maybe around that time, being quarantined with the issue with Chris [Christopher J.] Christie and that whole shebang. Self-monitoring quarantine. America's fear of Ebola was just starting to bubble up when we were recording this CD.

I believe it was two days later, I traveled up to Philadelphia for the Infectious Diseases Society of America meeting. Chikungunya was the big thing that year. The opening session they had a big chikungunya talk, and then someone [note: Dr. Bruce Ribner] from Emory [University Hospital] came and spoke about the Ebola patients that they treated at Emory. That was kind of an add-on at the opening session, and it was packed. So before I get to the broadcasting of the StoryCorps, all of this is happening. He's discussing how they treated—you know, all the cares and cautions they had to take. Even the issue they had with DeKalb County in terms of DeKalb County wouldn't let them flush any Ebola waste down the toilet. They had to basically box up all the waste at Emory and at great expense, send it offsite. All of these things, he's telling the audience of infectious disease doctors. And while he's starting his speech, he says, "I'm sure you've all heard by now that we've lost our first Ebola patient in the US."

To me, I thought he was talking about Ian, because Ian Crozier was at Emory, and the world didn't really know about him being there. But I assumed that if he had passed, the world would know by then. So I immediately started catching my breath and trying to make sense of what he was saying. And then just a minute later, he talked about [Thomas

Eric] Duncan. [Thomas Eric] Duncan had died that day. During this time period, these particular four or five days between when we recorded the StoryCorps and when it was broadcast, was when all of the United States was really starting to get into a big tizzy about Ebola pushing on their borders, and the panic about, “we need to shut the borders, we need to keep these people out, this is a disease in Africa, this isn’t anything that should affect us.” All of these attitudes were flying around in the media frenzy of what’s going on. Then exposures at Dallas, who else was going to be sick? These are now exposures happening in America. It was an interesting time, and NPR [National Public Radio]—so, NPR called me on Thursday afternoon while I was at IDSA [Infectious Diseases Society of America] and said we’re going to broadcast your—or maybe it was Wednesday. I may be getting that wrong. Wednesday or Thursday, they called me and said, “We’re broadcasting this snippet of StoryCorps on Friday morning.” My initial thought is, whoa, whoa, [laughs] you can’t do this. I’m at CDC, we need to go through clearance, there’s a big process involved. You can’t just broadcast something without ten thousand signatures and approval. So I sent them to the JIC, figuring the JIC—the Joint Information—

Q: Center.

Purfield: —Center—wouldn’t approve the message. There was fact-checking that they had to do. They let me listen to the snippet. Of course, what they do is they take a forty-minute conversation and they condense two minutes. It’s not two continuous minutes of your conversation, but they take little pieces of a continuous story and things you’re

saying and push them together to try to make it sound like a very cohesive two-minute conversation. They'd taken little snippets of our entire forty-minute conversation. Our reactions, the story about Michelle, the first day she got there and how she went out into the field. I think for Michelle, that was the first moment—she went into the field and she met a woman who'd lost ten members of her family in a matter of a couple days. It was very emotional when she came back and was telling us about this. She's like, you can't touch people, you can't hug people. How can you console someone who's lost their children, their parents, their brother, their sister, everyone in the world, and just sit there with your arms crossed and say I'm really sorry in a language they barely understand? That story was included in StoryCorps, as well as the discussion about the baby in the box, which kind of became a media darling after this. It was a tremendously sad story about a baby getting sick that ended up leading to a lot of nurses getting sick. Then the very end of the snippet is us talking about how it seemed like no matter how hard we worked, we just couldn't get ahead of this, and we were on a sinking ship.

That aired, and when that aired, I tried to catch it. I was in Philadelphia at a hotel, and so I called their public radio station because I wanted to hear it air, of course. They were like, "I don't know when it airs." [laughs] It was actually during a pledge drive, and the person who answered the phone was, "I don't know. I don't know what StoryCorps is." [laughter] It was very unhelpful. So I got to the conference, and I knew when it aired at our NPR station. I sat down in the lobby, and I streamed it. I was listening to it, and just as I was starting to talk on StoryCorps and they were introducing me, someone sees me in the hallway and comes up and starts chatting to me about something else. So I missed the

airing of my StoryCorps. But immediately, I got like forty emails from people. Like, “I heard you on StoryCorps, very moving story.” And I thought that that might be the end of it, that a hundred people that I knew listened to it. But it kind of became—I don’t even know how to put this, but Michelle and I kind of became the point people. CDC and I think the JIC was using the story and using us to try to tell the human side of what was happening in Ebola, in light of everything, this big frenzy that was going on in the media about shutting the borders and keeping people out and putting any of these responders into quarantine stations where they can’t talk to anybody or touch anyone or go out into society. I think the timing of our StoryCorps was really important for how other people were seeing this. It reached beyond just the NPR audience, because AP [Associated Press] and a lot of other news agencies picked up on the story and rebroadcast it and told about the snippet that was in there. Then, several things happened after that. They wanted us to do a few interviews with news—we did a local news—I think it was CBS or NBC Evening News was supposed to send someone down to follow us around for a day. That never materialized. So, a lot of this was going on when NPR came out. And then, after that, CDC, they set up the training center in Anniston. Our two-minute snippet became part of the training of resiliency and the—you know, these are the types of things you’re going to have to face, and this is what could affect you. The feedback that I got from a lot of people was that that StoryCorps was really helpful for them to understand the human aspect of what they were going into, and that they would be encountering people—not just victims, not just patients or cases, but they’re encountering people, and they can connect with these people, and to understand that the psychological loss and trauma from the people who are working on the outbreak as well as the victims of people—the

survivors, essentially, of—who's left there. So, that was StoryCorps. [laughter] And it kind of kept going for a couple of weeks. Even now, I hear that it's still being broadcast. My hope is just that it can relay to laypeople, non-responders, what it means to be a responder and what we encountered over there. It wasn't just you send us over there with our computers and we sit there and we peck in data. It's not a sterile environment, but it's a very personal experience for the responders.

Q: Yes, absolutely. So, what happens for the rest of the year, up until your second deployment?

Purfield: [laughs] The rest of my year, I wanted to go back so badly. At my work, we were starting a phase III trial to shorten the standard tuberculosis treatment regimen. It was a really big deal. This type of trial hasn't been done in twenty years. I was put in charge of laboratory data quality. So, there was never really a time that my team felt that it was okay for me to disappear for another four to six weeks, even though I really needed to go. I think I finally told them around February, March that, "Look, I have to go. It's not a matter of whether or not you can spare me. It's a matter of"—like, it wasn't until—the holidays were rough. For Thanksgiving, I hosted Thanksgiving for all my friends who were returned deployers whose family wouldn't let them come to Thanksgiving dinner. I had like eleven people at my house whose random aunts or uncles or grandmothers didn't feel comfortable having them in the house because they'd gone to West Africa and had come back and were in their twenty-one days. [laughs] We had the Ebola responder

survivors [laughter] Thanksgiving, which is really—it was nice just to be with people that I could connect with at that level.

I went home for the holidays, I didn't recognize it at the time, but I didn't go to church with my family. I didn't want to go see people that I knew from high school. I literally kind of just stayed in my pajamas at my parents' house in rural Illinois for a week and didn't really want to talk about it. It's one of those things, some people are very quick to point out, "She was out on Ebola response," you know? As if this is a big admirable thing that I did, and I'm a hero. It's not like that in rural Illinois. They're more of the media frenzy people who are like, shut the borders, keep people out. It wasn't anything that my family talked about with anyone. And then, something happened in January. I was just sitting at home on a Saturday morning, and I got an email from Ian Crozier. I hadn't talked to him at all since we were in Kenema together. I knew that he had gone back home to Phoenix. I knew he was discharged from the hospital. Actually, this may have been the end of December or very early January. I had sent him a couple emails telling him that I have room in my house if his family who's here staying while he's in the hospital—if they need a place to stay, they're welcome to take the apartment that I have in my house, or my spare bedroom. I didn't hear back from him and I didn't know if he remembered me, if he remembered—I knew there were probably hypoxic events, and he probably had some memory loss. I had no idea what he remembered from our time together in Kenema. But one day, he just randomly emails me, and he says he's in Atlanta for some follow-up care, and just wondering how I was. And so I emailed him again, and I said, "It's so great to hear from you. I wasn't sure you remembered me." He

said he and his brother were there and they'd been staying at a Holiday Inn, and they were getting stir crazy. So I said, "Oh, let me find you a place to stay. You don't need to stay at a Holiday Inn." [laughter] I knew my friend Laura [A.] Cooley was in Sierra Leone. Everyone was in Sierra Leone or Liberia for six or eight weeks. So everybody had open space in their houses. She'd just bought a new house, she wanted to find a house sitter. So, I arranged for him to stay at Laura's house while she was gone. He could do that for free, there was no extra charge to him for the hotel.

He told me in email that he was having some recurring issues with his eye, and I didn't really know at the time what that meant. I met him that night to take him to Laura's house. We met on Laura's porch. Ian is six-foot-five. Really tall guy, and I'm five-foot-six. I remember hugging him on the porch. I saw him and he looked so completely different. I just remember hugging him, and I feel like that was a moment where I could start healing. I know it probably sounds corny, but it's like, I knew Ian was alive, I knew he was well. It was just all of this guilt that I think I'd carried for feeling like I had abandoned him in that hotel room when he was sick in Kenema. All kind of just [whoosh], and I think that was the moment where I realized how much PTSD [post-traumatic stress disorder] I had, and how much guilt and grief I was carrying with me. It was just an incredibly healing moment to see him alive and standing there in from of me. I learned that night that he still had virus teeming in his eye. And I learned all of the trials that he had with his health and that he was still dealing with Ebola, and probably—I realized very shortly that he would be dealing with it for the rest of his life, just how much it changed him. It wasn't just you get over from the flu and you move on. It's like a

car accident, that you may look fine on the outside, but your body's been really banged up, and you're sore everywhere, every day for the rest of your life. That's kind of how he is. He's just going to be sore every day for the rest of his life, I think both emotionally and physically, because of what this virus has done to his body. So, that was—in terms of, like, my point between year A and year B, that was one of the very poignant moments, just seeing Ian. Then after that, I really couldn't get enough of him. We were going to dinner and trying to hang out, and trying to include him in a circle of friends who were very Ebola-friendly. [laughs] My friends had all traveled there, and they're not the type that are going to ask him—you know, this isn't—having Ebola doesn't define you. So, I'm trying to include him into a population of people who would just not ask him questions and accept him.

Q: You mentioned that he looked different when you saw him. How did he look different?

Purfield: He gained a lot of weight. I mean, his eye was a different color, and his eye looked—not the same. His pupil was dilated, and to this day, one of his pupils is still a little bit more dilated. He had cataracts that developed in that eye. And he looks different because in Kenema, everybody was losing weight because you're sweating so much. And you're tan, and he shaved in Kenema because he needed to shave, whereas here he had a little bit of a beard. And he was on so many steroids that he was retaining fluid. So, it's not like he was pudgy or anything. He was just a little more bloated than I'd seen him, because he was really thin and very, very fit in Kenema. And he'd had a couple months

of atrophy. He was a man who stood up very tall in Kenema. And he was just tired-looking. Just sore. You could see the way he walked that he was sore, and that he was exhausted all the time. I mean, he also looked different because he was wearing a scarf and a beanie and a sweater, and I had seen him in hot weather attire.

It was different, but it was still Ian. He still had the same smile, he was still him. And yes, and he remembered so much. Over the course of a few days, we pieced together things that he didn't remember about getting sick, his last day there. I gave him my journal to read, and he could see my perspective of what was happening to him. I tried every day to journal back to my family and friends. I think the day that he got diagnosed, I just wrote something like, "There's no words. I'm just profoundly sad." And then I asked my friends to send me stories to help distract me. And he's like, "That's the day I got sick, isn't it?" So he kind of saw how it affected us, and he saw for the first time how it affected Kenema, because he went back to Emory, and he didn't have a connection in Kenema. And then he was intubated, and he was sick. So there are a lot of loose ends that were untied. I talked to him and told him about, you know, the children, [names withheld], that did survive. They were discharged. And other stories of the survivors. And just what happened in the course of that week about the nurses, nobody wanting to go in after the clinicians left. And then we got a new dose of clinicians, everybody thinking, of course, that they can do things differently, and this is not going to happen to them. And then how one of the next round of physicians got a needle stick and was medevacked out, as well. Just kind of that white skin doesn't protect you.

So, yes, we tied up loose ends on what he'd been up to and what I'd been up to, and then continuing on with everyone that I knew who'd gone to the response and had come back with stories. I could limp along a little bit of the story, what was happening both in Kenema and how Kenema made this amazing rebound as soon as other hospitals were opened. And we talked about people we both knew in common. It was really nice. So, yes, we just caught up on the holes, each other's holes, and what had happened to him and what had happened to me. Then, that was January to March-ish. I was spending a lot of time with Ian, and he was coming back and forth, and he was still recovering, trying to figure out what to do with his life—was a major question. I don't remember how long he stayed. I think he stayed until about April, and then he went back to Phoenix, and then he was going over to—well, he was working with the Emory group and a group at NIH [National Institutes of Health] to go do some research. So I told my group, I need to get back there, back to Kenema. I need to get back to Sierra Leone for my own personal healing. That was the next stage after seeing Ian and realizing how much grief and PTSD I really had in January. I knew that the only way to resolve some of these issues—were to go back, and to know that I'd done everything I could, and to see the country differently.

I had a lot going on in May and a lot going on in June. My team lead and another person on my team were deploying for Sierra Leone for the vaccine trial in July. So, I asked to be rostered up in August, which turned out to be exactly one year after I was there the first time. It was a crazy summer for me. In the month of July, I was in Washington, DC, and then Montreal and then Vietnam and then Alaska, all in a four-week period. I came back from my two-week vacation in Alaska, which was amazing, [laughs] and three days

later, I was in Sierra Leone. It was a very rapid turnaround, and I didn't really have this time to think and prepare and to talk to people to figure out what was going on and what I'd be doing. This time around, there was a lot of pre-deployment briefings that I was asked to go to. The year before—sorry to jump, but the year before—

Q: No, it's good.

Purfield: —as soon as I came back, we had this hot wash with my team and the team who was returning from Liberia at the same time. We were the first real teams that deployed in any type of numbers. That's where we kind of laid it on them, the EAP program, Employee Assistance Program, and folks at the EOC [Emergency Operations Center] that look, you need to work on resiliency. There's some physical things we need. But we're all going to be a little messed up from this experience, and none of us were prepared for that. We went out there without having proper information about how to wear our personal protective equipment, how to put it on, how to wear it, what we'd need, what we would encounter. Almost a misunderstanding of the risk that we'd have and the situation that we'd then be in and how close we were going to be to patients and to people who were sick. We laid that on them. Kind of because of that, they started developing and they kept building on these deployment briefings before you went out. And the next thing you knew, it was like four hours.

I went back for a couple of those deployment briefings right after I got back. People had asked me for a pack list, so I created a pack list. There are just things that, you know,

things that, like—very simple questions that people wanted answering , and only the people who were returning from the deployments could answer. We would go to a few of those and explain to people what was happening. Then the following year, I was told that I should go to one of these deployments briefings. Even though I hadn't sat through one of these full deployment briefings before, I was like, no, I don't need to go and listen to forty-five minutes of how every picture needs to be cleared by the JIC. [laughs] And what the exchange rate is. I think I'm okay. [laughs] I kind of skipped out on that. This time, when I went to the EOC to get my deployment, they had a whole list of everything that you would need. The first time I went, it was like well, you might need one of these, and we'll give you a flashlight. This time, it was a checklist. It was very organized. The DEO, Division of Emergency Operations folks are wonderful about putting together these packets and making sure all the deployers have what they need. They've done an amazing job.

I left with my big box of stuff. The first year around, I was still hauling, like, thermometers and gloves. We were still trying to get things into the field because we didn't have any other way to get things in there other than through these Pelican cases, through deployers. This time around, everything was already set up in the field and we already had a way of shipping equipment there, and it wasn't through the deployers. So I flew—think it was the same route to get there. Oh, no no, this time I flew through Brussels. But I got there and I remember on the flight, the first time around when I was there, the flight was almost empty. There was nobody going into Sierra Leone at all. The people on the plane were wearing masks and gloves. The flight staff was wearing gloves.

This time around, the plane was about eighty percent full. And there were a lot of people—there were Sierra Leoneans who were returning to Sierra Leone. That was the most—like, you only have one experience to compare this to, and my experience was a slice in time during this horrible, horrible period. My impression of everything is completely formed by that first experience. The second time, going on a plane with so many people, I was just like, whoa! [laughs] Where are these people going? It almost seemed like it should be normal. Like nobody was afraid of Ebola anymore.

When I went there, there were no active cases, but we were still in the period, the twenty-one-day period from the last case. I think the last case died two or three days before I got there. There was a big cluster of investigations right before I got there. And then, when I got there, there were no active cases. It was very much—everybody in the country had this sense of—like, their guard was let down. Like, we've conquered this. There's no more Ebola. When I had come off the plane the first time around, there weren't that many of us. Most of us that were going were all responders. In other words, we were all white or from a Western country. And this time around, they're all Sierra Leoneans, which was just great to see. It was a much bigger process going through immigration and customs to get in because there were so many more people. We still had to wash our hands with bleach, we were getting our temperature taken, we had to fill out a card saying, did we have any of these symptoms? Where were we traveling from? And there were posters about Ebola everywhere, whereas the first time I was there, there were no real posters. While I was there, I remember reviewing some posters from the EOC about what we could put up. Like, educational posters. It was interesting to see the posters that I had

reviewed were now on the walls, everywhere. And not only on the walls. Like, they were weathered. They'd been on the walls for so long that you could tell that nobody was reading them anymore. So, I took the—you know, customs, picked up my baggage, may have been the exact same expediter to take us to the water taxi. Took that same forty-five-minute, bumpy water taxi ride to the Radisson Blu [Mammy Yoko Hotel], the fancy-pants hotel. I got to the fancy-pants hotel, and the last year, the first year I was there, it was empty. Like, completely empty, and so quiet. This time, it was a bustling hotel. It was clearly not what the Radisson Blu thought they should be, which is filled with businesspeople and political folks and well-to-do tourists who are traveling in to visit their families. It was filled with Westerners. I don't even know if that's the right term. Aid workers and journalists. It was almost like the lobby was their living room. [laughs] Folks were practically walking around in their pajamas. I mean, it was very casual, working in the lounge on their laptops. The aid workers—we all knew the names of the staff because so many of them had been there for so long or were on repeat deployments. They knew, Margaret and all of these hotel workers, they knew. They knew by name, they knew their families, they knew their situations. They knew where they lived.

It was really weird to walk in there and see that. It was weird to walk in and see so many CDC people because the first time I'd gone, I think there were only thirteen of us in country. There weren't that many of us in country, and there were only maybe three staying at the Radisson Blu at the time. The Radisson Blu was really just a pass-through for everybody to get to the field the first time around, on their first night in and their last night out. This time around, there was just a contingency—like, the patio bar was filled

with CDC people. There were so many people there that there were CDC people there you didn't know. I mean, it was that big, that many people there. The other thing that I remember being surprised about was walking into the Cave, which—the Cave was the emergency operations center slash nerve center slash war room headquarters. The first time around, we had one person doing logistics. Even then, she was only there part-time because she'd go into the field, and every once in a while, she had to go back to Atlanta. She was there doing logistics, and that was it. We had a country lead who was there part-time and in the field part-time. Then we had one epi [epidemiologist] who was stationed in Freetown, and then another epi who was acting as team lead there, who was headquartered but also in the field a lot. That was the first year. The second year, there was this Cave, as they called it, and I think they called it the Cave because there were no windows in the room. It was like a hotel conference room, but it was not really a conference room. The walls were cement. It was three or four steps down from the main floor of the hotel, so you had to walk down into it. And it had the overhead lighting, where it seemed really dark. And because there was no natural light—completely enclosed, it was very dark. I remember it just had this smell of garbage. Not bad garbage, but just—it smelled like either somebody hasn't done laundry or it smelled like you should've taken the garbage out two days ago. Just what a closed-in room with a lot of people and equipment is going to smell like if there's no natural light and air circulation. But they had Wi-Fi, there were three or four people at the logistics desk. There were desks all around, or tables all around, and everybody had their little paper placards that said what their job was. And there was a guy who did nothing but coordinate the motor pool. There were several people who did logistics. There's a safety officer, there were

people who just stayed and did data management in the Cave, which was not something we had a year ago. I was surprised at how this process has evolved, and it reminded me a lot of—if you ever read the book *Lord of the Flies*—

Q: I actually haven't. Classic I've missed, I know.

Purfield: Totally should read that.

Q: I know.

Purfield: That is exactly what it was like. [laughter] Not exactly. The idea of *Lord of the Flies* is what happens if—you know, this shipwreck of these teenage boys land on this island, and how they form a society. It kind of talks about society norms. That was in my mind as I went from year one to year two, and I saw the development of this EOC and the development of a CDC society in this response, going from nothing to suddenly this burgeoning, I don't know, mini-CDC center.

The first morning, I had to go through a four-hour briefing of cultural sensitivity and all these things. How you contact the safety officer, what you should do, who you should check in with. We didn't have any of that the first year. So that was interesting. And then, I had to get assigned a driver. The first year I was there, there was one driver in Kenema who managed all three of us in Kenema. His name was Alusine, and Alusine was amazing.

In Kenema, Alusine had to stay at a guest house. We were very, very worried about him. He's staying at a guest house with strangers, it's a shared toilet, it's shared sleeping space. You're with strangers, and every day, he's coming and he's driving us. There's three of us, and he's driving. He really, on multiple occasions, probably saved our lives, just watching out for us, making sure we were—you know, I remember one day—I mean, he was so thoughtful and considerate, and he took such good care of us. One day, a pen fell out of my pocket and dropped in the car. He came and knocked on my door in the hotel, and had turned around the car, drove back to me to give me the pen. I know, it's a pen. [laughs] And that's also something that's kind of funny, is that Sierra Leoneans, you're writing with something, they're always like, "I like your pen! Can I have that?" [laughter] Pens must be very valuable in Sierra Leone. But, same thing. One of us dropped our phone in the car, he brought us that. Every night, people were stealing car batteries out of the car. So every night, he would take the car battery out of the car and take it into where he was sleeping and sleep with the car battery because he knew how important our work was and he knew how important it was that we get where we need to go. He was there on time, every single day. We would always talk to him. His English was pretty good. We knew he had a couple children, one of which was a two-month-old that was—they were all in Freetown, and he had been sent out, and he'd already been in Kenema without seeing his wife or child—who was probably two weeks old—when she was born. For six weeks, he'd been there when we got there without ever going back to Freetown. He stayed there and didn't go back to Freetown. He stayed with us, and he was very concerned about our safety and our welfare. There was one day I was driving with

him, and we were running some errands in the middle of the day, and we were going through to get from the hotel to the center of town. There was this road, I call them—there were once-paved roads, there were paved roads, and there were never-paved roads. [laughs] They all had a certain level of challenge and roughness to them. And the road that we were on was a never-paved road, and it was rainy season, and there were these very deep ruts and puddles to go through. It was amazing that this car had lasted that long. But one day, we were running errands and we were on a street in the town, and there were no bumps or anything. And suddenly, the axle just fell off the car. We just—thump! And suddenly we're leaning to the side and I'm like, did we just lose an axle? [laughs]

He got out and he's like, "Yes, yes." So we're in town, and he's—again, he's also taking me to the bank a couple times. And just—he would never leave me. He wouldn't leave me alone in town. He watched me all the time to make sure he saw where I was and that I was okay. If somebody came up and talked to me, he always intervened or he'd be like, "No, no, no, no!" You know, when we were driving back to the hotel or something, if somebody stopped us for a quote "checkpoint" and wanted to take our temperature, he would batter them into leaving us alone. But this day the axle fell off, we're kind of stranded in town. He starts making some calls, and he takes me over and makes sure there's a place for me to sit. I'm out of the way and he's protecting me from everybody who's coming over to see what's going on. There was a guy selling colas next door, so I bought us two Cokes or Fanta. Everybody loves Fanta there. Fanta and a Coke, and we sat there and drank our Cokes while he's trying to call to figure out how to get this fixed.

The first thing he did was call one of the other drivers to come get me and take me back. And then he had that car fixed in two hours. He picked us up in two hours and the axle was fixed. Amazing. Try to get that done in the US. [laughs]

But Alusine was great. When I went back the second year—and he was one of the people, I'd been so concerned about him. When I left, I gave him a gift to help take care of his family, and just a tip, a show of appreciation for taking such good care of me while I was there. Because he was one of the people—you know, probably five people from Kenema, from that time, that I thought of on an almost daily basis. I was so excited to go back there and talk to this guy at the motor pool. I was like, "I've got to have Alusine. I've got to." And there's a note right up there on his board, and he's like, "You cannot request drivers." So I said, "You don't understand, I have to have Alusine." And these guys just told me—he's like, "Nope, you're not getting him. He's assigned to the vaccine team. He's not assigned to the epi team. Sorry, Charlie." So I was like, "Do you know who I'm talking about? Is he here? Is he working? Is he okay? Did he live?" There were two Alusines up there, because it's a very common name. And he didn't. When I tried to describe him as a skinny guy with a wonky eye, he didn't know who I was talking about.

And so I was really worried that something had happened to Alusine or his family, because his family was Freetown and he was in Kenema. And I didn't know how long he'd be in Kenema, how long he was staying at that guest house. So, I went and I got my driver. The very first day, I went through the four hours of training, and then at the end of the training, I was told in twenty-five minutes my car was leaving to take me to Port

Loko, and I'd be in Port Loko for the entirety of the time, which I was really happy about. I didn't want to stay in Freetown, I didn't want to stay at the hotel, the air conditioning and the breakfast bar, where you're just so secluded from people. So I was very happy about being sent out to Port Loko. I was going to be the epi out in Port Loko. My driver was Bremon. I asked Bremon, "Do you know who Alusine is?" "Oh, yes, there's a couple Alusines. Which one, which one?" And I'm like, "Skinny guy with a wonky eye." And he's like, "I don't know who you're talking about."

I drove out to Port Loko. I was in Port Loko for a couple of days. By the time I got there—so, when I was in Kenema, Jeff [Jeffrey D.] Ratto was the only CDC person stationed in Port Loko. I think they had two or three cases during my entire time in Kenema, the first time. So, wasn't bad. But I knew from the numbers every week—we'd get this update, and then once you deploy to Sierra Leone, they never take you off the email update. Every week, I'd see the numbers for each district. I knew Port Loko was hit really, really, really hard after I left. Tons of cases. But now, they didn't have any cases and they hadn't had any cases for—gosh, I want to say three months. I was like, what am I going to do there? It'll probably be me and one other person. What's going on? No cases in three months. What's my purpose?

I get there, and there really was a struggle. There were three other CDC people there at the time, essentially one health communications person, one field coordinator, and one epi. I was replacing an epi who had come from FDA [Food and Drug Administration]. She had kind of a different experience, a different background. The field coordinator was

coming—he was an EIS [Epidemic Intelligence Service] officer, like in 1991. Then he lived in Seattle and was in private practice ever since. So he was a little removed from the CDC way, and he was a little bit—I don't want to say shell-shocked, but he was struggling to find his way, struggling to understand the purpose of what was going on there.

They had an emergency operations center set up and it was huge, and they had all these people from the British army that were running it, which—the British army hadn't come in when I was in Kenema. So that was interesting. WHO [World Health Organization] was there. There was this big operation. But again, for three days, I'm twiddling my thumbs, trying to figure out what is going to be my purpose. There were a lot of things that could be done, but in six weeks, trying to get something done—so, I was only there for about a day and a half, and I was just starting to figure out what I was going to do, working with Francis [Reido], the field coordinator there, when Jonathan [Yoder], the epi team lead or the response lead, whatever it was for all of Sierra Leone from CDC, he came out. And he's like, "We're going to need to take you back to Freetown." Because something happened in Freetown where they needed to replace an epi. I was really frustrated, disappointed. I was just bummed, like, can you get me back out to the field as quickly as possible? Because I had this feeling if I was in the field, I'd be more likely to be able to get to Kenema. If I was going to be in Freetown, then I would be sucked into some, I don't know, red tape, bureaucratic, Ministry of Health [and Sanitation]—it was kind of like working in the EOC at CDC, which is a lot of manufactured urgency.

[laughs] I say that with a lot of love in my heart for EOC. [laughs] But I just knew that it

was a different pace, and I really wanted to have that connection with people, and I wanted to know more people's stories of how Ebola had affected them, and what I could do for survivors. That was one of my big concerns, and I thought I'd have a better chance of doing that in Port Loko.

So, I get back to Freetown and suddenly, both—in Port Loko, they have—the DERC is what they call it. We didn't have DERCs when I was there the first time. They're the District Emergency Response Center. It is a coordinated center between the Ministry of Health and the local government, the British army, and WHO, and all of the not-for-profits and the aid organizations were supposed to be together, working together in this DERC. By the time I came back, I found out that WHO was leading the response, which wasn't really the case when I was in Kenema. We were all still trying to figure out what—you know, supposedly WHO was leading the response, but we—there was so much going on that we were all putting our hand in the pot at the same time. But a year later, that had been more sorted out so that WHO was leading the response and CDC was providing technical assistance. We were not in charge but doing a lot of the work.

I was epi team lead, and I think we had five to eight, depending on the day, epidemiologists from CDC in Freetown. Geographically, all of Freetown was divided up into these political areas called wards. What our role as the epis was every day was to work with the local district surveillance officers, or DSOs, in each of these wards. Each of the district surveillance officers had a team of case managers and contact tracers to try to identify cases and make sure those cases got to the Ebola treatment units, the ETUs,

efficiently, to—our goal was to try to identify cases and get them out of the community into isolation as quickly as possible. There were the horrible slums where the cases kept bubbling up and people were hiding and there was a lot of resistance, and then there were these other areas where they had very, very few cases and everybody was very compliant and community-oriented. There were the rural areas, which had their own set of problems because things were so spread out that it was easier to miss a case, and it was easier for cases to run away. So it was a lot of working with the community, depending on what area, what the needs were in that specific area.

After a few days, one of the first—I think actually the first full day I was there as this epi team lead, our goal was to go into the Magazine [Wharf]. Magazine was the name of the wharf, which was a slum. They were a lot of very dense urban housing, and very poor people there. Our goal was to divide up into teams and go door-to-door, and try to ask if anyone was sick and to try to root out any cases, because the last couple of cases in a cluster of cases had occurred there. It seemed like people were getting sick and they were hiding their symptoms and they were hiding—so, we wanted to try to just—“active case finding” is what we called it. We did that, and I remember it poured. Here I was, walking through—I remember one of the first buildings I went to was tall, maybe six stories, and you walk and you walk through, and you’re walking through these stairwells. They’re kind of open to the outside, but not. In the stairwells, there’s women squatting and cooking off of little charcoal stoves, in the stairwells. There’s no electricity in the building because electricity was only on for certain hours of the day. So it was very, very, very dark. I have these glasses, transition lenses. They tint, and then they don’t tint back.

And so I'd walk from outside into one of these dark buildings, and we'd be going up the staircase, and we're trying to knock on doors, and I'm not even sure how they knew which doors to knock on because we weren't knocking on every single door. Then we'd go in, and I was like the token aid worker, and then the rest of them were there as a team of three or four Sierra Leoneans. They were community monitors and contact tracers who knew—and a district surveillance officer—and they knew the community very well. They knew the people fairly well, and the people in the community knew them. It was a hope that this kind of collaborative effort would be able to help get folks to trust them.

Of course, I don't speak any of the local language. I didn't speak that, and there's not a lot of English spoken amongst the less educated because English is learned in the education system. So I'm standing there, and sometimes—and Sierra Leoneans, too, have this way of talking heatedly. It is one of those things where you're like, are they angry or are we just talking about the color of the pot on the ground? [laughs] "Oh, no! It's blue! No, I think it's green! Well, it's blue with yellow stripes!" Or is this, like, "You better get out of my property, out of my hair! There's no Ebola cases here." I had no idea what's going on. I just blindly followed them. The best I can do is just try to put my hand over my heart and try to be humble and try to make eye contact with them, and try to look as non-threatening as possible. [laughter] As I can.

We were walking through, and it starts to pour. And not just pour. It was rainy season, so it rained all the time. But it poured. The streets were flooding, the sewers started to flood. Nobody's out on the streets, except these kids come out to play soccer. This is what they

do when it rains. They go out in the street because nobody's driving and the market's closed up shop. Some of the little boys are naked, and it seemed to be this very strangely organized game of soccer in the street. And they would start sliding down the road, almost. Like, I can't understand how they didn't get road burn, but there was so much water that they were almost using the road as a Slip'N Slide. We huddled under an eave and watched this soccer game going on for about twenty minutes. Even though I had—I think I had a poncho and a raincoat, I was still soaked to my underwear. So, that was day one.

After that, I ended up being assigned to manage both that and the ward next to it, the two slums that had—they were—both had fishing wharves, so there's a lot of people coming into these neighborhoods, and this is where the markets were. They were coming in to sell their fish at the market. So, there's a lot of transient population and a lot of population movement in and out. We were very concerned about cases coming in through these fishing wharves. It was very important, we felt, to try to have a presence, a specific presence in these wharves, and to show the community members that you need to have a heightened vigilance. This is not over. You may think it's over, but it's not over. The markets were open—this is something that when I was there a year before, the markets weren't open and people weren't really on the streets. Their children weren't going to school. But now, schools were open and markets were open, and it was almost like daily life, and people had just forgotten about Ebola being in the community.

Once I met with my district surveillance officers, and it was very moving for me to be with them and amongst them. The first day, I told them that I'd been to Kenema and I was there and that I'm thinking of them and their community for the last year. I think that really made an impression with some of them. One, that I'd been to Kenema, because so many of them had had family or friends they'd lost that had gone to Kenema and had died. I think they felt this connection with me that maybe I knew their loved one. When I explained it specifically to my district surveillance officers—and they were medical students who'd been in medical school, and then the medical school shut down, and this was kind of what they were doing to bide their time until they could finish their degree. They were getting paid, so it was a pretty good job for them. I kind of bonded with a few of them, specifically over the Kenema experience. There's a lot of PTSD among them because they were the ones who were in the community, going door-to-door, and they were the ones essentially pulling all of these Ebola patients out of their homes and having to be this communicator with their families saying, "No, this person needs to go into quarantine," and then they don't come back. Or going into the hospital, and they don't come back. They themselves had had to deal with their families not wanting them to be in this role because their families knew that they were interacting with Ebola patients. And then, also, I think it's just that fear that we all have of when is it going to get me? I think they all thought that they were going to die of Ebola at some point in time and that maybe they had survived, but didn't survive. It's clear to those of us that were there that the survivors aren't just the ones that got Ebola, but the survivors were the ones who survived without getting Ebola but watched everything—they watched the dominos fall around them. They were waiting for the domino to knock them over, and they never got

knocked over. Sandy was one of my district surveillance officers, and he told me how his best friend had died in Kenema. And he felt guilty for not going there. It was hard for him. But I think it helped us in our relationship, and it helped being there every single day—showed that we, the aid workers, had not given up on this, and we were still concerned.

There's no words to describe how different Freetown was from the first year to the second year. I mean, it was a city, it was bustling. There were little girls holding hands on their way to school, as if nothing was going on. In the markets, people were buying and haggling, and there are close spaces, and they're pushing up against each other and touching each other. You saw a lot of physical interactions, close proximity. A lot of our messaging every day was still be vigilant, be vigilant, be vigilant, this could still be among you.

One of the things that happened when we were there was there was this case came from Guinea, and there were some family members, and they couldn't account for them. They have no idea where they disappeared to, and one of the theories was that maybe they'd come to Freetown. If they came to Freetown, one of the places they would come would be the Magazine or Moa wharves. They'd come in through this point of entry. So we talked about how they could be hiding in the community. If somebody comes to you and they're sick and they're coming from far away—or you see them, you need to be very cautious because Ebola is still here, and they could still get you sick. They could get your family members sick. That was one of the things we did.

The other major kind of—I wouldn't call it an initiative, but a task at hand was to try to start getting the survivors together. There were these different aid organizations who were providing services to the survivors, and the government was supposedly giving them funds, welfare funds, since all their belongings were destroyed and burned. Their family members died, perhaps their parents died. They lost their businesses, because most of them just were small business owners. When I say that, I mean they have three dollars that—they go down to the wharf and they buy fish. Then they carry fish in a big bucket on their heads up this very steep hill, all these steps, and through the slum to the market. And then they dry the fish in their homes, and then they sit there and they sell dried fish to passers-by, and this is what they do. At the end of the day, they have three dollars and ten cents. And they take that three dollars and ten cents and they go downstairs and—to the wharf, and they buy more fish for the next day. You may be the family provider that is doing this, and every day, you are maybe collecting ten cents for your family, and then suddenly you're sick. You go two days—one day, three weeks—you never again sell fish because you don't have that three dollars capital to go down and buy fish again. You've lost everything by being sick with Ebola, even though you survived. Or your husband died and left you with six children and no capital to go buy—and no skills, no education, nothing. The amount of poverty that was placed on the survivors, who were already impoverished, it's unimaginable to anyone who hasn't seen that, that being sick ruined them.

On one of these wards, we worked with our community monitors and contract tracers who knew every single survivor. We pulled them all together for these meetings, and we tried to talk to them about what their issues were and what their physical, emotional, and monetary issues were, what their challenges were, and then try to ask them what services they were accessing. Anybody in a position of power who may perceive that someone who is in need of social services, they all thought that these social services were being delivered. The aid organizations, the Ministry of Health workers. But time and again, every survivor you talked to in every single ward said, “We don’t have access to this. We’ve been promised this, we haven’t been given this.” The president got on television and said, every survivor is—they’re going to be getting financial welfare. They’ll get a check every month of this much money. And so what happens is that your rent is determined based on how much money you make. When I was in Kenema and we’re talking to some of our colleagues there, we had these very frank discussions about what it was like to—you know, I have a house in Decatur, Georgia, it’s a very expensive house and I have a mortgage, and they think I’m extremely rich because I can afford this house. Whereas it’s much different—most of my expenses are pretty much housing. And to them, it depends if you have a shared toilet, a shared living space, if you have your own—it’s the same kind of continuum of rent. But let’s just say that you have a guest house and you have a shared toilet, and you come home one day with a new motorbike. Your landlord knows that you have money, and so your landlord is suddenly now charging you three times as much. You can’t just go and move up and get the next place, because they’re going to see what belongings you have and they’re going to know that you’re working for the US government on this aid, and so they’re going to charge you

accordingly. It's very much based on what the landlord perceives—how much money you have. So, when the president got on television and said all of the Ebola survivors are going to be getting this financial welfare, immediately their landlords are like, I know you've got money. You have to pay me this. What was happening was they couldn't pay and they were getting kicked out. I talked to one man who—he just asked for help. A little bit of capital. Like, literally, twenty dollars would change their lives. He and his family were sleeping in a public toilet because he'd been kicked out. A little boy I talked to, who was probably really thirteen but he looked eight years old to me because there is this age—you know, they all look—children, malnourished, developmental issues—he was living in a public toilet. He'd been bouncing around, and the public toilets are just like, a couple of—it's like a urinal. It's a place where you can go get water publicly, and a urinal. It's basically just a place where you can go sleep and no one will bother you because—there's a roof, too, so it kept them out of the elements. And he just asked me—he's like, “I just want someone to take care of me. You take care of me.”

You end up doing all these things like trying to contact an orphanage to try to get this boy into an orphanage, to see if someone will take care of him. The theory there was that there's family members. We're not social services, we can't put them—and it was way out of my lane. But you can't—there's nobody else doing this. This is part of making sure that when you have Ebola and—if we get a case, we want to make sure they know that there's something for them to come home to. Those were some of the issues I did, and we talk about their physical needs. Like they were having eye problems. Hearing—they couldn't see, they couldn't hear. Children—complete lack of concentration. Even if they

could go to school—monetary problems. This one boy, he couldn't return to school until he could pay for his exam fees. Some of the kids couldn't afford the books, so they couldn't go to school. One woman I talked to lost her parents and her brother and her sister, and she was caring for her little sister and her niece and had no money. There's no way to support—because suddenly, the survivors are also getting dumped with all these other family members who are children of survivors, and they're expected to take care of each other. They had no money to start with and no money now. A visit to the doctor could cost them, and they were told that if they go to this one particular hospital, Connaught [Hospital], then they could get free medical care. But that's not always the case, and they can't always afford transport to get there. Just a simple taxi ride—they have nothing.

As this was unfolding—there were services, physical services. Like Connaught was providing eye exams and they were providing certain care. And some of the messages we were trying to get to them—they were all having chronic arthritis and joint pain. We were just trying to tell them, look, I know it's hard, but if you exercise, that helps. There's nothing else that can help this. I told them I had a friend who got Ebola, I had a friend who had eye problems, and I had a friend who had joint problems, and he was in the US. He experienced the same problems that they were having, and there was nothing that could really be done for him. I mean, there's just nothing. I remember the entire time I was also in Sierra Leone the second time, I just had this daily check-in with myself of, what was I doing a year ago? I would email—Ian was on my email chain. I email Ian and Nahid and Michelle and Melissa and all the people that I'd been there, and we talked

about a year ago, this was happening. Right around the time Ian was getting sick, we were talking about, a year ago, you were so exhausted that day. A year ago, you woke up and you thought ‘maybe I have Ebola,’ and you had tested yourself. A year ago, you were on a plane being medevacked. A year ago, you were intubated. It was just this deep connection we were having about what was happening. A year ago was the worst time of my life.

Fast forward a year, and I’m in Freetown, staying at the fancy-pants hotel, having a croissant and a cappuccino for breakfast every morning. Going out into these communities and seeing myself drop my guard because there were no cases. Not being as vigilant as I should in some cases. For instance, the first time I saw Alusine, my driver, I just didn’t care. I hugged him. I hugged the hell out of that man. I kept asking each of the drivers, “Do you know Alusine? Do you know Alusine? Do you know Alusine? Skinny guy, wonky eye. Skinny guy, wonky eye.” And some of them, “Yes, yes.” And finally, one day, one of the drivers was like, “Hey, hey! There’s the guy you’re talking about, Alusine.” I saw him. It’s almost like one of those I Can’t Believe It’s Not Butter commercials. [laughs] You see two people in the field running toward each other. It was this—like, we were excited to see each other. I didn’t know if he’d remember me because I knew there was a lot of responders. As I was talking to the driver that I ended up being assigned to, he’s like, “I don’t know, you guys come and go.” That’s what happened after I was there. We did, we came and we go. You’re there for four, six weeks, and we’re out. And people don’t remember.

But Alusine remembered me, and we hugged and it was this great moment of, like, I knew he was alive. “Alusine, how is your family? How is your baby girl? How is everybody?” You’re waiting, you ask that question and you just—you don’t want anything bad to have happened. You’re asking because you need to know for yourself, but you don’t want to ask because you’re afraid the chances are that something bad has happened to him or someone he loved. And everyone was fine. No one was sick. His baby girl survived, his son survived, his daughter survived, his wife survived. He’d had a really good year working in this motor pool. Was a very well-paying job. So I couldn’t arrange for him, but before I left, I wrote him and gave him lots of M&Ms, Peanut M&Ms for his kids. Because I would give him Peanut M&Ms in Kenema. I thought he was eating them. But as I found out one day, he opened up his dash and all of them I was giving him, he was stashing away and hiding for his kids because his kids had never had chocolate. Even though this is a real treat and he could have been enjoying this himself, he saved every single little baggy of Peanut M&Ms I gave him. He probably had like three pounds of M&Ms he took to his kids. [laughter]

When I saw him the second time around, I went out one day and I gave him this big bag of M&Ms. “These are for you and your family.” And I wrote a letter of recommendation. I know that getting a driving position in the motor pool at the US embassy is like the ultimate job. I could also see the writing on the wall that we were going to start scaling back everything. We had essentially created this cottage industry, and I knew how the economy was working there, where his employer knew that he had this good job. So his rent was very high, and if he lost this job, this could be a huge detriment to his family. So

I'm like, "Have you applied to the US Embassy motor pool?" And he said, "Yes, yes, I applied. I haven't heard anything back." And I knew that CDC was going to be opening up an office there, as well, and that they'd be hiring additional drivers to manage the CDC folks. So, I wrote him a letter of recommendation to the CDC motor pool—to the embassy motor pool, and I gave him a copy, and I gave a copy, sealed, my signature across, my business card in there.

Then I didn't get a chance to say goodbye to him. The last day, he was calling me and calling me and calling me, and I didn't see these calls until I was just about ready to turn my phone in. And I saw that he'd called me like fifteen times. I just had my ringer off and was just packing up. So I didn't get a chance to say goodbye to Alusine, but when I came back to the States, in that letter, I had put my work phone number in there for anybody who needed to call me. And he called me, and he was just like, "I just wanted to make sure you have my number," [laughter] and that I'm okay. And he thanked me for the letter. I don't know about Alusine, if he got a job. But I know his family was well, which was one of the boxes I needed to check. Alusine was okay. And then the next big box was getting back to Kenema to make sure the staff and my friends in Kenema were okay. I was really lucky that the field coordinator—we managed to come up with an excuse that we needed someone to go to Kenema to deliver case report forms, because they were running out of case report forms.

So I planned a two-day trip. You can't just go there and drive there four hours, deliver case report forms, and then drive back. That was impossible. So I managed to get a night

stay in Kenema. Also, I didn't want to go alone. Not because I was afraid to be there alone, but because I wanted—Francis Reido was the field coordinator that I met in Port Loko. When I was there in Port Loko, Jonathan [Yoder] was also there. He'd been in Liberia the year before, and he was like our response coordinator. Our dinner, the night we had in Port Loko, we were talking and Jonathan had been talking about the StoryCorps and about how, I was the one who got him to be able to deploy because I was on my way out of the EOC and I bumped into him, and I gave him the name of the person he needed to talk to in order to get deployed. Jonathan and I had worked together in the EOC during the fungal meningitis outbreak. So we kind of had a history. He and I, basically, at dinner that night in Port Loko, when I first got there and was assigned to Port Loko—before Jonathan told me that I had to come back to Freetown—we kind of rehashed our stories from the year before. I had talked about Kenema, he talked about Liberia. And we all sat around crying. Because once you talk to someone who knows that experience, you can't help it. It just comes out. But Francis was very moved by that, and so I sent Francis my journal from Kenema so that he'd understand what we'd gone through. It completely changed how he perceived his work, I think, in Port Loko, and what the experience meant to him, and what he felt like his contribution was to Port Loko, and how he felt more integrated, and he should get more integrated into the community. So when I got an opportunity to go to Kenema, I asked if I could take Francis so that he could see Kenema, and he could meet the people that I talked about, and also because I knew that getting him out of Port Loko and seeing the rest of the country would be meaningful for him, more so than anyone I was working with in Freetown. So Francis and I went to Kenema. Port Loko's kind of on the way, so we had

his driver meet my driver in—and so, I picked up him, Francis, and then we drove to Kenema. It's four hours from Freetown to Kenema. It was amazing to see the same scenery, the same hills that had been deforested, the same little towns you go through, the same—I remembered everything so clearly. It surprised me because so much of it just looks the same. Palm trees and red dirt and hills. Little towns, children playing. That was one of the big things everywhere, was just there were children. The children were out. The children were playing, the children were going to school, they were in school uniforms.

We get to Kenema and we check into the same hotel that we'd stayed at, the [Luawa Resort Hotel] or something like that. I don't know what it's called. A year before, the hotel was empty except for us. Used to wonder how in the world could this little place stay—it had maybe fifteen rooms. Kind of more of a guest house. There's a swimming pool, and a year before, the woman who ran the hotel kept trying to get us to go into the swimming pool and we're like, no way! [laughs] We do not need to be in a—you know, and pick up any type of waterborne diseases or anything in a swimming pool in Kenema. Or bathe ourselves when there's this very deadly infectious disease. Yes, and there was a little bar. Nobody was ever at the bar a year before, and we were the only ones there for eating, we were the only ones there staying at the hotel. This time around, I wanted to see the same woman, who was just this crazy woman who would wear—she was this overweight woman who would wear this skintight leopard-print body suit. She'd have different hairstyles every day. She was an extremely big personality. I was hoping she would remember me, and I was hoping to see her again, but she wasn't there. The woman

who had served us meals wasn't there. So it was kind of different, even though it felt very—I asked to be in the same room I was in for so long. It was weird being back in that same place. But the biggest thing you can say about that is that afternoon, they had this big pool party, and there was thumping music until like two o'clock in the morning. And the place was packed with people. You know how you're in a place—if you've ever visited a sick relative in the hospital or something and you associate a certain place with a time and an experience? And then you go back, and it's hard to imagine that it's anything different? It was hard for me to reconcile that this hotel was this music-pumping disco, and there were all these people there, and they were just—they were touching elbows, and they were dancing and drinking and having a good time. They were in our compound, which had been like our safe zone. You literally go up to it and you honk your horn and somebody wheels back this giant door and you drive in. Then they close the door, and there's big walls with barbed wire and sharp glass all the way around the compound. So you feel safe. I think the hotel staff knew how lucky they were to—and what a fortune they were making off of CDC responders during that time. So I think they were very careful about safety and not only keeping people out, but safety. Whereas now, doors were open and there were Sierra Leoneans staying in the hotel, and there were people there. It was the same thing—we went in, and the entire time we'd stayed there the year before, our options for dinner were chicken and fries or—chicken and chips or chicken and rice. [laughs] You would get one half of a charcoal-grilled chicken, and you'd get either French fries or you'd get rice. This time around, I had no idea why that was. But there's a menu. So we tried to order something off the menu and they were, “No, no. Chicken and chips, chicken and rice.” [laughter] Or fish. I mean, fish was the

other option. But none of us had eaten fish. So that was still kind of weird that we were back in the same food situation. I had a little bit of PTSD, eating that chicken.

The first thing I did was go to Kenema Hospital, and we got there—I think it was a Sunday afternoon, and it was really quiet. We drove through Kenema, and I just kept being like, oh yeah. I knew the way to get to the hospital. Nothing seemed like it had changed, because it was a Sunday afternoon. It was really sleepy. The market was closed. There was no one on the streets. One of the things from a year before is that you would almost always encounter an ambulance. I didn't encounter any ambulance driving there. There were kids out playing, there were people walking. But it was really quiet and sleepy. So, it was comparable to the year before. And then we pulled up to the hospital. And we go into the hospital and we park. I don't know if you've ever had the feeling where you've been away from your hometown for so long and everything looks the same to you when you come back. You almost expect people to come running out and welcoming you home. [laughs] And everybody missed you as much as you missed them, and you're half-expecting that. But I didn't see the same faces. There were different faces. We pulled in, and one of my objectives was I had a list of people who I had worked with. I was calling them to try to meet with them, either at their homes or at the hospital, and they all wanted to meet at the hospital—to talk to them about what had changed in their lives, and to try to capture that story.

So I met three or four people there that afternoon. The first thing we did was take a little tour, and I took Francis down, and I showed him our office. We went in, and I took him

up to the roof of our office, and you could see all of Kenema. I showed him where the survivors' unit had been, and we walked around that, and it was gone. I showed him where the annex or the suspect ward was, and I showed him where the surgical ward—which was the ward where all the really, really sick people were. I showed him the office where the WHO clinicians stayed, the office that we cleaned out after Ian got sick. And the biggest thing that was different was that this—the hospital was a ghost town a year before. There were no patients there. And this time, there were patients there. In Africa, when a patient is in the hospital, their family members come and their family members cook for them. They'll do their laundry, and basically the family members will sleep there. They just sleep outside, they sleep on the walkway. They sleep under the bed that the patient is sleeping in.

We saw the courtyard was filled with clothes drying, women's lappas, the long pieces of fabric that they wrap around and make skirts or dresses out of. Those were drying. There were women squatting and cooking. There were children playing. It was a bustling place, and they all looked at me like I was this strange outsider. I mean, I was. Here's Francis and I. It had been probably a while since they'd seen some aid workers there because Kenema hadn't had a case—I think their last case was in December of 2014, and this was now September or August of 2015. So they hadn't had a case in about nine months. They'd had suspect cases, but that was it. No real case. Their guards were completely down. To them, they had conquered Ebola and it was not a big deal. All these people were looking at me, all these patients and their family members were looking at me like I was this strange outsider. And I was looking at them, just being like, what are you doing

here? This should be empty, this is—there's no patients at this hospital. It's just an Ebola hospital. It was just this weird sense of feeling both the homecoming, yet feeling like an outsider, because so much had changed but so much was still the same. I met with three or four folks that I'd worked with a year before. I met with a nurse's aide, and a gentleman who'd kind of worked to convert the log book into an Excel spreadsheet without ever having any computer skills. I met with Solomon, who had been the kid who sprayed my boots with chlorine every time I went in and out of the hot zone or, I guess, the orange zone is—so, it's not the hot zone. It was the area right before you suit up. That area. And a couple other people. I heard their stories, and I did my best to capture their stories and take notes and write down everything that had happened to them in the past year, for two reasons. One, because they hadn't been paid. When I was there, they were not getting paid, they were going on strike. And then, essentially, it got to a point where they just weren't getting paid at all. They didn't get paid for the entire month of October of 2014. And they didn't get paid for four months in 2015. One of the clinicians I worked with had set up a GoFundMe page and was trying to raise money for the specific purpose of paying these workers because the Ministry of Health owed them. Again, it's not my thing to deliver money. I didn't deliver any money, but I wanted to capture their stories so that she could help communicate to her donors what had happened to these folks and what Ebola had done to the aid workers. The local staff. Because Kenema was the local hospital that dealt with all of this. They were the first first-responders. The big question with me, what happens next time Ebola comes? Word on the street is that, well, we didn't get paid for five months of our work when we put our lives at risk and our families' lives at risk, and we cared for these patients for five months. And we didn't get paid. Are they

going to step up? What's going to happen? I'm very supportive of Nahid and her effort to do this, and she did this—this is not a CDC thing at all. She did all of this on her own, and she ended up raising \$50,000, which more than paid for the salaries. She set up a system to deliver—a PayPal-type account—to all of the hospital workers. While I was there, too, I was also communicating with the Ministry of Health—my contacts at the Ministry of Health—just to be like, hey, these folks haven't been paid. And they were completely unaware of it, and they were like, oh, there's just nothing we can do about it. Nahid was the one taking care of all that. But all I did was go, and I wanted to talk to people and get their stories. I tried to write up and capture their stories and send them to Nahid so she could share them with all of the people who were donating. I talked to a woman, Faith, who told me this—are we okay on time?

Q: No, we're great.

Purfield: Okay, this woman, Faith, who told me—she'd been a nursing aide. She came in and volunteered in the very beginning. Most of them volunteered. Most of them weren't getting paid. They were people who wanted to be nurses or they were unemployed. This is how you get a job is you basically go to the hospital and start working. And you kind of stick around and work for free and volunteer and do whatever job needs to be done, and eventually somebody might pay you. These are the go-getters, these are the ones who get jobs, are the ones who may work for a year for free in the hopes that they'll get a job someday. Faith Sinko, I think that was her name. She was this nurse's aide, and she met me at the hospital. She's wearing this pretty pink shirt and she's got this little gap-toothed

smile. She was so happy to see me. I had never worked with her. She didn't recognize me and I didn't recognize her when I talked to her. She told me that when Ebola first came and she went to the hospital and started working, she'd been living with her aunt. Her goal was to go to nursing school someday. That's why she volunteered as a nurse's aide. Her aunt kicked her out of the house because she was working at the hospital. So the hospital administrator let her stay in a closet in the Ebola orange zone. She essentially slept in a closet in the orange zone for nine months.

She told me a story about one night, how it was late and she was one of the only people left in the unit, and this woman was calling out to her, calling out to her, and she said she was really afraid. She thought the woman was demented, she was afraid to go near her, because sometimes in the late stages—I think there's a cerebral stage. The CNS [central nervous system] is involved and they're kind of delirious. She was afraid that she might grab her, might pull off her PPE [personal protective equipment]. So she went and this woman was really, really, really sick. She thought this woman going to die that night. So she stayed with the woman and she helped her with some oral rehydration salts and gave her some fluids and just sat with her that night, thinking, she's dying. I'll stay with her for a little while. And the woman ended up living. When she was discharged, she gave Faith her number and they kept in touch. Now they're really, really good friends. The woman works at a bank in Freetown, and she said that's her family, her lifeline, is this woman, because they have this shared experience. How this one night, the woman feels like Faith was the one who let her survive, helped her survive. They have this incredible bond.

I talked to Solomon, the guy who sprayed our boots. He was one of the ones I thought of, like the five people I thought of almost every day, afraid that Solomon wasn't going to make it because some of his infection control practices were just like—oh, you just wanted to pull your hair out. He was the one I caught taking his outer glove off while he's sitting in this little, tiny booth where he's spraying people's boots. He took a little baggy of yogurt and, with his gloved hand, puts it to his mouth to suck the yogurt out. [laughs] Just complete lack of understanding of germ theory. So, Solomon had used the money he earned while spraying boots to buy himself a motorbike, and he uses it as a taxi. A lot of motorbikes are taxis. People pay for rides. And he's making some money that way. But he really wants a job at the hospital. Every day, he goes and he's a porter. Basically, he's a janitor, and he cleans up the operating room. He does that for free. He just volunteers in the hopes that he's going to get a job there someday. Faith is still hoping to go to nursing school. That was one of the things she said, that if she had \$200, she could enroll in nursing school. Hopefully that's the money that Nahid and her donors can provide, is just enough money to give these folks a little boost to do something better, just to show gratitude for putting their lives at stake.

The next morning, I went in and I met with Foday Alhasan, who was our data management guy. Foday showed up on the back of a motorbike one day. I suddenly get this call from Freetown, which is like, we're sending you some data entry folks. I'm like, that's great, but what are they going to enter data onto? We don't have any laptops. **B**asically, you're sending more bodies to put into my tiny office that I'm going to have to train and babysit and occupy when we have nothing for them to do. What happens is

when you have folks who don't have anything to do is they just end up sucking up the time of everybody else who may have something to do, because they just start talking. I was really worried about this. So, Foday showed up and we—you know, your expectations of how much work—there is a different level of education, a different pace of urgency that goes on amongst Sierra Leoneans than the responders. We gave him a little bit to do, and within an hour, he'd gotten everything done that we would have expected this other guy, this other Sierra Leonean to do in like a week. So then we started giving Foday more and more, and it was amazing how hard this guy worked and how smart he was. He wanted to learn statistics, and he wanted to learn analysis and database management.

We were teaching him and working with him. And Foday was still there. When I went back a year later, it was so great to see Foday. He showed me the CDC office, he showed me his system, and he's the only CDC employee that's still working there. He was doing really well. Amazing, smart guy. There's people like that that you think, oh, we need to bring you to the [United] States. You're going to function at a much higher level somewhere else if given the opportunity. But at the same time, you're like, I can't take you away from your community and your country. This is capacity building. He needs whatever opportunity he gets, and he wants to stay in Sierra Leone, in Kenema, because that's where his family is. Because we were thinking, we could try to get you a job at CDC in Freetown. He wanted to stay there because all along, this entire time, I know that we're going to scale back, and I can see someday he's losing his job. And he's accustomed to a certain paycheck. The way CDC was paying people was so much more

than what you could get locally. So, I spent time with Foday, and he showed me—I got to see the binders. Back in the beginning, we had a binder, and we'd put case report forms—and when that binder got full, we labeled it “One” and we moved onto Binder Two. I think when I started, we were on like Binder Five, and when I finished we were on Binder Fifteen. Each binder held probably two or three hundred case report forms. Maybe not even that. Maybe it was just two hundred. Maybe it was a hundred, I don't know. But whatever it was, there's tons of binders. This was the process we were using because things came so quickly. Based on their hospital G numbers, they were organized in this—and I saw all these binders stacked up, which were archived now. Just stacked up in a corner. When we were there, we'd be flipping through all fifteen binders, trying to figure out what happened to a patient. We'd pull out that case report form if we needed some more information in the database we couldn't find, if there was something that wasn't clear. Now, they were just old news.

While I was there, one of the first things I did, as soon as I got access to a computer in Freetown, was log on—or maybe this is in Port Loko—I logged onto the database, and I started looking up—I remember specific hospital numbers, specific IDs [identifications] of people that I was tracking daily and trying to figure out what happened to them. As soon as I was in there, I could start seeing these numbers appearing. So I started looking up individual cases to see if there was an outcome associated—what happened to this patient? What happened to this child? What happened to this baby? What happened to this woman that came in? What happened to the boy that came in at 4:00 am and was just dumped there and was on death's door? All of these people from Kenema. So there's just

this weird, sinking feeling as you looked at each outcome and you see who lived and who died. Or if there was nothing reported, wondering what happened to them.

Back in Kenema, I could picture myself sitting at the desk, and where the sun was and whether the air conditioner was on, and who was in the room as I was trying to track down certain numbers and certain patients, and just this very much *déjà vu* of looking at these case report forms, some of them blood-stained. Trying to sit there and for twenty minutes figure out what some of these letters meant, having four different people look at them to figure out if that was a J or if that was an I or a T or an F. After I visited Foday and we dropped off these case report forms, I went up to the hospital, into what would have been the orange zone. This big tree that Ishmael used to stand under, letting people in and out through this little orange fence, this little orange construction fence. He let people into the zone where you would then go to the nurse's station. From there, you would gown up. Ishmael and Thomas Smart always sat there. It was just weird being there and there's no orange fence, and there's no tree, they took the tree down. And there's no Ishmael, there's no Thomas Smart. There was no little kind of tent stand where Solomon or Lansana would sit and spray down the boots.

I just walked past all of this as if it's just this normal hospital now, and people are just coming and going, and nobody's got this look on their face of what was happening with Ebola. I mean, you look in people's eyes the year before, and everyone just—I don't know, it was almost like your eyes were just so deep set. It was the same emotion on every person's face. Smiles were kind of hard to come by. Everybody had this furrowed

brow, sense of concern. I walked past the chief nurse's trailer, Josephine's trailer, who a year before I'd been talking to Ensa about getting an air conditioner. That's when Ensa told me that his brother had died and I was like, "Oh, you need to put an air conditioner in, a matron's trailer so that Mohammed can sit in the back and enter data and not die from heat exhaustion" because it was a hotbox.

I went to the nurse's station, and it was the nurse's station where I'd been standing there a year ago, was completely empty one morning, and this guy was mopping. I was just thinking this must be just their average cleaning, but where is everyone? And that happened to be the morning after [name withheld] got sick. [name withheld] the nurse went into the unit, and they decided to move all of the nurses out of that little confined area and put them outside. Then they decontaminated it all. I'm standing there, in there, as it's being decontaminated. They'd moved back into the nurses' station, which was also the Lassa unit. I saw a few nurses that I recognized, and I couldn't necessarily put names and faces—but I asked them—I'm like, where's French, where's Helena, where's Josephine the matron? And they said, Josephine, she's gone. She's in Kailahun now. French is the new head nurse, and French had been the guy—Issa French, who'd gone into the—he'd been one of those volunteers who'd been the most loyal and capable person, who'd gone in every single day, regardless of what happened. French then got the job as head nurse, which was very well deserved. He's now everyone's boss. [laughter] Helena was the nurse who hadn't touched her children in months because she was afraid that she would give them Ebola. I saw her, and I just hugged her. Of course, remembered me. She remembered the Peanut M&Ms, and it was just—it was so good to be

remembered, because they were so much a part of my life, and every day since then. I guess the big fear was that they'd died—they'd gotten sick and died. The second big fear was that they'd forgotten me when they were so much a part of my life and would be forever. Helena remembered me, she remembered the Peanut M&Ms. She remembered the time that I'd been there and how tumultuous that period had been. I just hugged her and then I just started sobbing in her arms, and feeling so incredibly self-conscious that I was crying, that I was letting the emotion—that this affected me, and then looking at her. She had that look that I since have recognized of PTSD, where your eyes just take you to a different direction and you just can't look anybody in the eye. She was just looking down and just saying, "It was hard, it was hard." I was just—"I was so worried about you, Helena. I'm so sorry, I've been thinking of you. So much has happened. Are you okay? Is your family okay, is"—and I'm just standing there sobbing, and my colleague Francis is just watching all of this, and the other nurses are watching this. And Helena, just staring down, saying, "It was hard, it was hard." That was all she said, was it was hard. She's sitting there patting me on the back, consoling me. I just felt so self-conscious that I was making this moment all about me and my grief, when she'd been there every single day. I left. I came back here. I had turkey and mashed potatoes for Thanksgiving, and she wasn't getting paid for going in there every day and for her hard work. And her children and her family were getting persecuted.

It was kind of another moment of healing where I realized how insignificant my contribution was and I was. After that, I talked to folks about what they'd been up to in the last year and what had happened in Kenema. There was this sense of pride, almost an

[unclear] of, we got rid of it. We did it. Ebola's gone. We have no Ebola problem here. We are awesome. We are the bomb. But at the same time, they were still getting—they still had one tiny—like, where the survivors were, were now converted into a—as a little space where that was a suspect ward, or what we call the holding center, where somebody has suspect cases. They go there and they stay there until they get their negative test. But they hadn't had any tests or they hadn't had any positive cases in nine months. But they still had a few people who were there, here.

Then, I talked to them about their challenges since then, and it was not getting paid. In Kenema, there's really good organization for survivors. A lot of the aid organizations came in and they really supported the survivors. But there was really, like—the forgotten heroes were those healthcare workers who went in, the ones who were Sierra Leonean, who went in in the beginning before we had all of the engineering and set-up for infection control, and before we knew what would happen with babies, and before—was not their fault that they got sick. It was just there were so many patients, and there were so few of them taking care of them, that there was almost no way you could have escaped not getting sick. Because these people really did pour their heart and soul into it. And some of them had better capacity than others. There was French, who had the physical and emotional capacity to keep going in, day after day. And then some of the others, when they saw a friend of theirs get sick, they couldn't. They just couldn't do it anymore. I think there was some blame for those who disappeared and couldn't come back. But I think they all shared this sense of being abandoned by their government and their administrators for not getting paid for the work they did, and not really being recognized

for taking up this burden and going in and putting their families and themselves at risk when they saw everybody dying around them. It was really great to talk to them, it was great to talk about what happened to everyone since. My primary fear was coming back and seeing the people that I'd known had gotten sick and died, because so many got sick and died when I was there. It was still so bad when I left, that it was just—you know, you make the assumption that the percentage of healthcare workers that were going to die in the next two weeks were going to be the percentage of healthcare workers that would die in the preceding two weeks. But that wasn't the case.

There was one nurse, his name was [name withheld]. I remember very specifically, the moment I met [name withheld] was the day that [name withheld] got sick and went in. I was standing in the nurses' station, and they were decontaminating it. I stood and I did a 360, and I just turned all the way around. I'm like, where is everybody? And when I turned all the way around, I saw out the door that they'd set up a new tent with chairs. I went in there to see if the log book was in there. And there is a nurse in there, and he was this cheerful young guy, maybe twenty, twenty-two years old. I said, "Hi, I'm Anne. I come in every day to get the log book. I don't think we've met. But I get the log book and I scan it so that I can enter the data and we can try to record the outcomes of the patients and who's in the hospital." And I said, "Do you mind if I take this log book right here, and I'll bring it back in fifteen minutes?" Or maybe I was going to scan it at the time, whatever. He said, "Sure, no problem." He asked, "Do you work at CDC?" And I said, "Yes." He's like, "Are you a doctor?" And I said, "No, no, I'm a professor," because it's what they call scientists there, is professors. It's also ironic that in Africa, they value the

PhD higher than the MD. [laughs] He was like, “Whoa, you’re a professor! What are you a professor of?” And I said, “Well, I did my research in malaria.” And he’s like, “Oh, I have all kinds of malaria questions. I have malaria patients, I’ve had malaria so many times.” He’s like, “Can I talk to you about malaria?” So I give him my card and I was like, “Yes, anytime you have a question about malaria, let me know.” Haven’t worked on malaria in years, but I still know a lot about malaria. And I gave my card to very few nurses. But he was just this—he’s just this eager—and he introduced himself as [name withheld], and he’s like, “I’m [name withheld]. I have a BSN [bachelor of science] in nursing.” To have a BSN in nursing is really a big deal there because most of the people there were nurse’s aides or had gone to a very short nurse’s training. But he actually went to college to be a nurse, which was huge because it’s the same amount of schooling that’s required for medicine. It’s a four-year college, four-year nursing degree. I was like, “[name withheld], it’s a pleasure to meet you. Thank you for your work you’re doing. I’ll see you around.” So I left, and he was just someone who stuck in my mind because he was just so personable and friendly. But [name withheld]’s family got sick, and he left Kenema to go to his hometown to take care of his family, and he ended up getting sick and he died. He was the only nurse after I left that died. No other nurses at Kenema died. But he got sick when he went home. It was sad to hear that [name withheld] died, but at the same time, it was this vast relief that I kept seeing friendly faces that I knew, whether they were porters or whether they were nurses.

I walked over to where our EOC had been, and then I just walked around. It was this surreal experience of being there. One of the biggest experiences I remember from that

day was going back to my office and hearing all these children and just doing another 360 from our office and seeing what had been the lab and the morgue and our office, and beyond that was just this barren brown hill, where suddenly there were—it was filled with schoolchildren. I had no idea that there was a school back there because the school had been closed. Also, driving into Kenema, there were just—children all walked to school. They may walk a mile, they may walk two miles, and they're all wearing the same uniform. Driving there, we were just going through a flood of schoolchildren, all walking to work, or walking to school. A year ago, we'd driven in that exact same route, and you saw no children except maybe in somebody's yard, playing. But there were no schoolchildren. So, that was much different. That was so different. When I was in Freetown, and I was giving a training to contact tracers that was being done at a school, I was just so enamored with the fact that there were kids in a playground. I took a video. I just took a video of kids running around in a playground and kicking around a bottle for a soccer ball. It was just like normalcy. I just kept having to pinch myself, saying, this is Sierra Leone. You don't know Sierra Leone. Kenema was not Sierra Leone. This is Sierra Leone. So it was really nice to have that sense of normalcy when I went back. Being back in Kenema was just—it was kind of like that last poignant moment of—kind of like healing, of knowing that they were okay. The hospital was functioning again, they're extremely proud of themselves for the work that they did in Ebola. The survivors were getting services.

There's one conversation I had with Ian. I think sometimes he feels a little bit lost, because Ebola took so much from him. But it was just this conversation I had with him

that if it hadn't been for him—and he feels so guilty, I think, for the amount of healthcare cost that was spent on him, one person, and what that could have done and how they worked. Clearly, we all knew that if he'd stayed, if he hadn't been at Emory, he would have died, no question about that. What's his life worth, that all of the other people that he was caring for, their lives were not worth saving? It became very clear to me that if he hadn't had the course of illness that he had, if he hadn't had problems with his eyes, if he hadn't had the problems with his joints, if he hadn't been consistently followed up with his healthcare providers, that Emory—and they'd been so amazing about the care—that perhaps we wouldn't know about all the sequelae. Perhaps these resources wouldn't have been able to make it as quickly as they did to the survivors. Now there are studies going on about long-term survival in healthcare. And maybe Ian was the catalyst for that. Maybe all the money that was spent to keep him alive, that was worthwhile. Because if it hadn't been for Ian and it hadn't been for his eyes and the attention that he got for that, we wouldn't know what crazy things this virus can do. We wouldn't know, perhaps, about sexual transmission and the fact that it can hide out in the eyes.¹ And maybe it still can hide out in the joints. We just don't know what's going on. Maybe he's going to have virus teeming in his CSF, his cerebral-spinal fluid someday. We don't know. But maybe that's his purpose. Maybe that's why he survived. We've had a few poignant conversations about that. Yes.

Q: Wow.

¹ Note from A. Purfield, September 2018: Ian did not sexually transmit Ebola to anyone, but his sequelae prompted more investigations about where and how long the virus is harbored. This included the possibility of sexual transmission.

Purfield: I don't know. I'm sure I can come up with more.

Q: [laughs] When do you come home?

Purfield: I came home, it was September 30th. I remember because my voucher got all screwed up, because—[laughs] had one voucher in one fiscal year and I landed on October 1st the following fiscal year. But when I came home, it was just this sense of, that's done. Ebola for me is done. I did it. It was both satisfying and frustrating the second round. Completely different experience. I got frustrated with a lot of the responders that were there who had not responded earlier. There was this cohort of people who were there when things were bad and they saw and they connected with the community. Then there was a cohort of responders who just skipped along the surface of the water, never dug in, and for them it was more about the experience of saying been there, done that. Getting a carving and not getting their hands too dirty, or not really clearly understanding what was happening, but just having this surface experience. Then there were those of us that were at the bottom of the ocean. Being there the second time around, I preferred the bottom of the ocean experience. I mean, the second time around, I got ingrained in the community. I knew people really well. I knew the survivors really well. I did my best to try to fulfill their needs. But they were just different needs.

I also had the sense of “what am I doing here” the second time around. Things were starting to shut down. In the same sense that things were scaling up, kind of ratcheting up

when I was leaving the first year, they were starting to ratchet down when I was leaving the second year. It was kind of like we're putting a pretty bow on Ebola. It was shortly after that where—I think when I was there, Liberia declared their forty-two days the first time around, and then a week later, they had a case. Then we kept doing this for Sierra Leone for the next few months. I don't know what it was, but after a while, I stopped getting the weekly updates, the weekly situation reports. You stopped hearing about any of your—I'm not sure if I knew very many people who deployed for epi [epidemiology] after I deployed. I think a couple people—Mary Choi deployed for the semen study. Or people were deploying for specific studies. But in terms of epi and case management, very few people were deploying. Some people were just kind of deploying as an attaché to the Ministry of Health. So it really felt done when I came home in September of 2015, or October of 2015. And it was weird, as quickly as Ebola bubbled up in the news, and the StoryCorps stirred things up, and Eric Thomas Duncan's—Thomas Eric Duncan?

Q: I think it's Thomas Eric.

Purfield: Thomas Eric Duncan created this frenzy, and Kaci Hickox, and all of this frenzy. As quickly as it came up, it just went away. I struggled with people forgetting, kind of the way I struggled with people not recognizing what was going on over there and that survivors are still there. And just like with Ian, every day for the rest of his life, he's got the day before and the day after he survived Ebola. All the other survivors in Sierra Leone and Liberia and Guinea have that same—the day before, the day after. I've been given the unique experience of talking with survivors a year after their infection, and the

effect it had on them. And talking to Ian and then talking to the hospital workers, to see the effect it had on them. I feel really blessed in that sense to have this perspective, to be able to see every side of that. And I guess I'm very grateful to CDC and the government for sending us there when we very easily—God knows what could've happened. [laughs] In term of funding for future responses—that maybe we don't send people for these types of responses. I really think that what we did there was very important, and it was very important for the agency. It was very important for the people who went, to be able to have that experience, to understand as they're back here, saving lives, one click at a time with their mouse, that they've had that experience in the field, and they've seen that a surveillance report, numbers in a surveillance report or a case control study that you're writing, it's so much more than just a protocol. It's so much more than just sending out that MMWR [Morbidity and Mortality Weekly Report] with the number of the prevalence. That every surveillance report we send out has a population behind it that's affected by the numbers you report, and they're not just cases. They're people who have lost people they love. They're people whose lives have been affected, whether it's affected by someone they love who died from lung cancer because they smoked, or in a car crash because they were texting, or from *Legionella* because they were on a cruise ship.² I think that's something that we tend to focus, as epidemiologists, on the numbers, and it's harder to see the faces. Every number has a story ten people deep. So, I'm grateful for CDC and the support of Congress to fund that and allow us to have that experience.

² Note from A. Purfield, September 2018: Cruise ships do not cause *Legionella*.

Q: Yes. Can I ask you what it's been like talking about your experiences here?

Purfield: Just with you? [laughs]

Q: Yes.

Purfield: You know, it's stirred up a lot in the last few weeks. Again, it becomes normal to deal with what you have inside you. I lie in bed at night and I keep thinking, oh, I should have told Sam this. [laughter] There's just so many amazing stories I have about amazing people and what happened. And just a fraction of the stories that I have, I think, shock people. It's like—I don't know. Like you've been in a fire and your arm is all burned from the fire. And for you, it's just your arm. You don't think of it. But then, when you're out and people start staring at it and they ask you about what it was like, that's kind of what it's like for me, these Kenema stories. These people and these scars are in me. It's not until someone—like, I realize that it's still novel for some people. It's still hard to explain. Every once in a while, somebody will ask me what I do. And I was like, "I work at CDC." "Oh, did you do anything with the Ebola response?" "Well, yes, I deployed. Twice." "What was it like?" And that's one of those questions where you—friend has a baby, and you're like, "How is the baby? Is the baby okay?" And then I find out that my friend's baby had to have a heart transplant. And you're like, "I'm sorry I asked." You know, I'm not sorry I asked. But it's just like, you just make this assumption that when somebody asks you, "What was it like when you were over there?" that they're going to be like, "You know, it was interesting." And not that, "It scarred me forever."

[laughs] Nobody wants to hear the nitty-gritty details, but you're asking for the nitty-gritty details.

Q: Right.

Purfield: I share my journal with a lot of people, people who I feel like—who can appreciate it for what it is, and not that it's—you know, it's not an end-all, be-all. This is not an account of what everybody's experience was like. But it was my experience in the time, and it was written under a lot of emotional distress and a lot of physical and emotional exhaustion. But it was written in real time. It was written so that you see the stories of Nancy and Ian unfold in real time. I'm so grateful that I kept those journals, and I'm so grateful that I have those journals to share with people. If somebody's actually committed enough to read through sixty pages of what my life was like during twelve weeks of deployment, [laughter] then I have that. I can share that with them, for the people who I feel are worthy. [laughs]

Q: No doubt. [laughter]

Purfield: Yes, and then—

Q: That's a gift.

Purfield: I came back and I did StoryCorps again. I went with Melissa, because I wanted to share with her what my experience was like the second time around. When I went to Kenema, I wanted to capture the stories that I had about what it was like to see schoolchildren playing and what it was like to see the hospital functioning as a hospital and go through how everything was different from Year One to Year Two. I was really grateful—Melissa Rolfes, from my first—

Q: Right.

Purfield: —deployment was going to go back with me, and we went to StoryCorps and recorded another interview. So, I did that. Again, I don't expect anything to be aired. And then, I don't know, a month later, somebody called me and they aired it on the local NPR station. Ironically—so, the first time around, when I was trying to listen to my StoryCorps being aired, I was interrupted by someone walking up to me at a conference. This time, I was like, I'm in my car, this is not a problem. I'm listening, and I'm just about ready to start talking on the StoryCorps, they're introducing it, and some guy comes up and knocks on my window in the parking lot and asks me a question.

Q: What? [laughter] How does that happen?

Purfield: How does that happen? [laughter] Nobody's ever knocked on my door in the parking lot at CDC. I was like, "What do you want? I'm on the radio!" [laughter] Things were different a year later, and I was a little afraid how people might perceive the

StoryCorps the second time around. But there were a lot of people who still emailed me and said it was just nice to hear the reflection from a year later.

Q: That's nice.

Purfield: But I was glad that I got that, so I could save all of those stories, recorded.

Q: Yes. Well, Anne, I want to tell you, if you're ever lying awake at night and you think, "Ah, there's something I didn't tell Sam and I want this on the record," [laughter] you are always welcome back in this room to record more, because this has been a privilege for me and for our future listeners to this. So, thank you so much.

Purfield: Thank you. And you're welcome to my journal. [laughs]

Q: Okay, great! I feel gifted. [laughter]

Purfield: I think I sent it to—what was—

Q: Mary [E. Hilpertshauser]?

Purfield: Mary.

Q: Yes.

Purfield: I sent it to Mary.

Q: Yes, Mary's a good person. Really good person.

Purfield: Yes, so maybe she can share it with you, or I can give you this. This is the second time around, if you have—if you can't sleep at night, there's forty-some pages, so—

Q: Oh, my goodness.

Purfield: —of entries.

Q: Oh, thank you.

Purfield: I had more time to write the second time around. The first time around, I think it took me, like—I never spelled ambulance right. [laughter] That was a little embarrassing. But I deliberately didn't correct anything.

Q: Nice.

Purfield: Because I wanted to preserve every—all the typos, everything, as I pecked everything out on a BlackBerry.

Q: That is the way. That's the way everyone should do it. [laughs]

Purfield: Yes. Yes, this time around—you know, there's nothing that's edited. Last time around, I spoke very bluntly about our frustrations there. This time around, it was more trying to describe to someone who'd never been to Africa what the experience was like. But, yes, so maybe I'll write a book someday, so—

Q: Yes, and I guess you've talked about that with Ian and some others?

Purfield: I guess one of the other poignant moments of my healing process is in April or March—I have a trial site in Uganda. So I went back to Uganda. Ian's from—he lived in Kampala before Kenema. He got there because he worked with a gentleman, Shevin Jacobs, who had deployed to Guinea previously for WHO in the spring, during the initial outbreak. He went back and he was in Kenema, and he called up Ian. He's like, "Ian, you've got to come out here. We really need you." So Ian came and Ian and Shevin overlapped by a day, and I think Shevin's last day was my first day. That was the day that Will Pooley tested positive. That was the day suddenly, things were changing in Kenema, drastically.

So I may have met Shevin, but it was a ships-in-the-night type of meeting. When I was in Uganda, I had asked Ian, "Can you give me Shevin's email? I would really like to meet this guy." Because I'd heard so much about him. And so Shevin came to the hotel I was

staying at Sunday, when I arrived in town. And we met for coffee, which lasted, of course—you know how chatty I am. [laughter] It lasted for like four hours. We sat there and drank coffee. It's like meeting your soul mate. It was instant solubility. And in the same way that Ian and I filled in holes from what happened to the time he left Kenema and to the time we saw each other in January, Shevin and I filled in all the holes about what happened to all these people and patients from the time he was in Kenema and the time I was in Kenema. Together, we spanned a month and a half, two months' worth of time where it was probably the most critical time in Kenema, where things were changing. Dr. [Sheik Humarr] Kahn's death versus Ian leaving. That whole period, all the nurses getting sick. I heard the front-end story of the baby in the box. He told me stories about what happened to these two boys, [names withheld]. When I was there, all I knew was that their mother had disowned them and that they were in the hospital. And he told me the back story. We pieced all these things together, and it was humbling and it was just like meeting—it was like seeing your best friend that you hadn't seen for twenty years. So we got together again for dinner, couple days later, and just continued the conversation, and talked—you know, would be great to write a book—

Q: Yes.

Purfield: —about this entire period, of what happened, and you look at it from the clinicians' perspective, from responders' perspective, from the patients' perspective, and from the healthcare workers' perspective in Sierra Leone, and just see how this perfect storm happened, and all of these thing happened in the short period of time between Dr.

Kahn getting sick and dying and Kenema basically closing down as a functional hospital and then reopening as a functional hospital. And conquering Ebola.

Q: Yes. You're right. I mean, you absolutely should do that. I mean, not to put any pressure on you or anything, but—[laughter] but that, no, what you're describing and that—all of those viewpoints coming together, that sounds fascinating.

Purfield: Yes, well, probably fascinating for like ten of us. [laughs]

Q: Well, I think it's a little bit wider than that, but—[laughs]

Purfield: Yes, yes, so, we'll see, you know.

Q: Okay.

Purfield: Can barely manage to cook dinner at night, let alone—[laughter]

Q: Write a—

Purfield: —get anything done.

Q: —freaking novel.

Purfield: Yes. I mean, it—yes, Ebola did exhaust me, and I think about going for a Zika deployment. And I just can't possibly compare the magnitude of what happened with Ebola to going down to Puerto Rico for six weeks. I know Zika is—it's a horrible situation and there's a lot of fear about mosquitos and babies and—but it's just like, nothing in the rest of my life is ever going to seem as urgent or important as Ebola was at those few weeks in Kenema, where I looked at every fomite and every surface and every person as just—it was almost like you put on—in a movie, you know, you put on those glasses and you just see things floating around everywhere. That's kind of what Kenema was like. You just saw Ebola everywhere you looked. And sitting in a chair is like, oh, if I sit in this chair, am I going to get Ebola and die? If I touch this surface, if I use this toilet, if I drink this water, if I eat with this fork, if I eat this chicken and these French fries, is this going to have fecal matter or body fluids on there that might have Ebola on it? You take all those risks, and I just—I don't know, I just can't get excited about some mosquitos and Zika virus. [laughter] But yes, so—

Q: Got you. Okay, well, hopefully, you don't have to experience something quite that—

Purfield: Hopefully we're done.

Q: Yes.

Purfield: Yes.

Q: Okay. Well, thanks again.

Purfield: Yes, no, thank you.

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