CDC Ebola Response Oral History Project

The Reminiscences of

Rodel Desamu-Thorpe

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Rodel Desamu-Thorpe

Interviewed by Samuel Robson
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Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson with Dr. Rodel Desamu-Thorpe. Today's date is July 11th, 2018, and we're in the audio recording studio at CDC's [United States Centers for Disease Control and Prevention] Roybal Campus in Atlanta, Georgia. I'm interviewing Dr. Desamu-Thorpe as part of the CDC Ebola Response Oral History Project. So Doctor, thank you so much for being here with me. I'm wondering if you could please just start out by stating your full name and tell me your current position at CDC.

Desamu-Thorpe: Good afternoon, Sam. Such a pleasure to be with you. My name is Rodel Desamu-Thorpe and my current position at CDC is an epidemiologist with the Division of State and Local Readiness, Office of Public Health Preparedness and Response.

Q: If you were to tell someone a summary, a few sentences about what you did for the Ebola response here in the United States and then also your work with survivors, what would you tell them?

Desamu-Thorpe: Briefly, I would say I came on board to the CDC from the state and local level to the federal level because I was working for the City of St. Louis Health

Department, and our role over there was to receive any travelers from the three most affected West African countries that were potentially coming back to the United States. So any of the fifty states would receive notification of travelers coming back to the United States from those regions, and our role was to make sure we monitored and tracked down these travelers, whether they were permanent residents, visitors, or citizens, so that we could monitor them for signs and symptoms—primarily, do temperature checks twice a day. That was my role before I came to the CDC. That's how I got involved with Ebola directly. And then I came to the CDC, as I said, in June of 2015, and became a team lead for the movement and monitoring unit [MMU]. We were tasked with reaching out to the jurisdictions, so now I'm on the federal level interfacing once again with the state and local partners to monitor and track persons who came from these regions and who could not be traced, so that we could get a complete picture and could report this up to leadership.

Q: Perfect. Thank you. And can you just tell me a bit about, summarizing the work on survivors?

Desamu-Thorpe: I was fortunate to deploy for the agency to the West African country of Liberia, and there was the Men's Health Screening Program. I was recruited to go out to serve as project coordinator epi [epidemiologist], to provide epi support. The purpose of this Men's Health Screening Program was because the CDC had established that Ebola could be transmitted and had been transmitted through sexual intercourse, we wanted to enroll as many male survivors that were willing to give semen samples, and we tested

that, A) to inform them of their status and advise them on safe sexual practices, B) to have a database, so that we could look at them over time and see what factors were responsible for an individual clearing the virus sooner rather than later, because the amount of time the virus remained in an individual's body depended on so many factors. So the purpose of the Men's Health Screening Program was to inform them of their status, and with this intervention we were able to affect policy at the WHO level where they changed the guidance from "you can have unprotected sex after six months" to a much longer period of time based on the findings of the people we enrolled.

Q: I'm going to take us back just a bit. Would you mind telling me when and where you were born?

Desamu-Thorpe: Sure. I was born in Freetown, Sierra Leone. In some ways, I have some connection, remote connection, because now, I've lived outside Sierra Leone longer than I've lived inside of Sierra Leone. I was born in November of 1970 in Freetown, Sierra Leone.

Q: And did you grow up in Freetown too?

Desamu-Thorpe: Yes and no. At an early age, I went to the second largest town in Sierra Leone, Bo. That's where I did my primary education, and then came back to Freetown, and I attended the oldest secondary school for boys in West Africa, which was founded in 1845. It's the first secondary school in West Africa. After that, I did a year of university

in Sierra Leone. Then I got a full scholarship and I went to study medicine in the former Soviet Union.

Q: Can you just tell me about being a kid and growing up in Bo?

Desamu-Thorpe: I was the youngest of four children. I have three older sisters and I grew up in my—my nuclear family was always around me. That was my mom and my dad and my siblings. We lived in a five-bedroom, single-family house, fenced, with a couple of garages. I would say we were in the middle class. Education was always stressed because my mom was a teacher. My dad was a physiotherapist. We understood at a very early age that we didn't have an option but to stick to our books because education would take us places.

Q: What was your neighborhood like?

Desamu-Thorpe: Well, you go to school, you come back, and you had friends in the area where we would play football. I'm talking about the real football, which now I say soccer. [laughter] We had friends. It was a nice, safe neighborhood. We were never afraid to go out to play, but we knew we had to come back in to do our homework and do our chores and prepare for bedtime. It was structured and we followed the rules, but if you did not follow the rules, it was okay for a neighbor to discipline you and you'd get disciplined a second time once you got home and the word already came back that you had acted out of place.

Q: Do you remember a time when you acted out of place and had to be disciplined?

Desamu-Thorpe: Yes. I was disciplined in front of my friends, so it was quite traumatic. That was because I thought my dad wasn't coming home at a certain time and he came much earlier, and I was supposed to be studying and I was out there playing, so he got into the house, called me, and in front of all my friends, he disciplined me.

Q: I'm sorry.

Desamu-Thorpe: That's okay. I'm better for it now.

Q: What occasioned you all moving back to Freetown for your secondary school?

Desamu-Thorpe: My dad, as I said, was a physiotherapist, and he got transferred. He worked for the government and he got transferred to Freetown, and so the whole family had to move. That's when I enrolled in secondary education at the Sierra Leone Grammar School.

Q: What was that school like?

Desamu-Thorpe: Like I said, it was the first and still considered one of the premier secondary schools in West Africa. Again, at that school, we were taught—the curriculum

was quite diverse. We had subjects running from mathematics, which included calculus, all of that, algebra, all of that good stuff, trigonometry, and we had Bible knowledge, religious knowledge. We did subjects such as French. I took French, German, and Latin. I don't know why I took Latin but the curriculum was quite diverse. I took the sciences, physics, chemistry, biology. I also learned history and geography, so to this day I always joke to my friends that I can place any location on the map, generally speaking, because this was something that was stressed to us. So I don't go, "where would that be in the world?" I have a sense of that because it was highlighted at a very early age.

Q: That is much different from much American education, as you have probably come to know. [laughs] I know that your parents really, really stressed education. Did you enjoy your classes? Were there classes that you were drawn to more than others?

Desamu-Thorpe: I was drawn early to the sciences. Yes, I totally enjoyed it. I particularly enjoyed it because I was always top of my class. It was a lot easier than some of my friends had it.

Q: You said you were drawn to the sciences. Did you think even at that earlier age in secondary school that you might go to pursue medicine?

Desamu-Thorpe: Oh yeah. Just hanging out with my dad and following him to work, it made me realize that I thought I wanted to go into medicine to help sick people. I thought that's what doctors do, just help sick people. So yes, I was drawn to that at an early age.

And I wasn't good with the arts, so the histories and all that stuff didn't quite appeal to me, even though now I know, knowledge of history goes a long way. It helps because when you know things that have happened in the past, it gives a window into the future. But yes, early on I realized I was drawn to the sciences and I put more effort into those studies and I think it paid off.

Q: Was there anything you learned from your dad's practice about what it meant to be like a good doctor?

Desamu-Thorpe: Compassion. Compassion. At the end of the day, people come to you, and regardless of socio-economic status, they need relief from whatever is ailing them. If you on the other hand as the provider are able to become passionate and they see or believe that you care, it goes a long way to soothing some of their worries. I learned that from him because even when people—and I said regardless of socio-economic status—when people couldn't afford the fees, they would bring gifts in-kind to show their appreciation.

Q: You mentioned that from secondary school, you did a year of university in Sierra Leone, is that correct?

Desamu-Thorpe: Yes.

Q: Can you just briefly describe that?

Desamu-Thorpe: The system of education back in Sierra Leone is based on the British model. You go primary school, secondary school, then you can go to what they call lower college, which is sixth form, that's two more years, and then you go into university and it's usually a four-year to get your undergrad [undergraduate degree] before you can go into whatever chosen field, the professional sciences. So, I did a year after completing four years at the Grammar School, and then did two years of sixth form at the Prince of Wales secondary school, and then I got accepted into—so based on your final results, you were either accepted into the preliminary or intermediate [year]. Because I excelled, I basically skipped the preliminary year and went in for a year of studies. I was intending to complete a full—get my undergrad, but then I got awarded a full scholarship to study medicine. So after one year, I left.

Q: How did you get that scholarship? How did that come about?

Desamu-Thorpe: It was just based on pure competition. I applied, and at that time I wasn't sure about going to the Soviet Union, but I had an uncle who had graduated from there and he had worked many years with the World Health Organization as a pathologist. So I knew it wasn't all that bad. It's what you make of the education you get afterwards that really counts, it's not always about where you complete it, it's what you make of it, how you apply it.

Q: Did you know much about your uncle's work with WHO?

Desamu-Thorpe: He was a pathologist, and he'd come back during some holidays and tell us about all the places he'd been and the type of work they were doing. Just the mention of World Health Organization, you know it's global, even at that early age. It was something I was like, whoa, it would be nice to work for such a great organization. I didn't know about the bureaucracy that was involved, but it still was very appealing. [laughter]

Q: Those are future lessons I suppose. So tell me about medical school in USSR [the Union of Soviet Socialist Republics].

Desamu-Thorpe: I went to the Soviet Union back then, and when I left, it was fifteen different republics. Because I was there when the Soviet Union disbanded. Going to the Soviet Union at that time, I didn't know a word of Russian, so I didn't know how I was going to survive but I figured I was up for the challenge. So I had a year of learning the language, and after that I dove right into medical school. You either pick up the language during that one year of training, it's actually eight months, or you're left behind because nobody regards you as a foreign student after that. You're supposed to just pick up everything. It was interesting because, as I mentioned earlier, I took different languages, not that they helped me but it opens your language learning skills. I did French, German, and Latin. The Russian language was initially challenging because they use a different alphabet [system], but I caught on and to this day, I still speak it and get surprised looks from native speakers.

Q: That's incredible. After eight months, you were actually ready to continue into medical school?

Desamu-Thorpe: Yes.

Q: That's incredible. What was it like, the medical school part?

Desamu-Thorpe: It was interesting because, again, it's building on that science background, so you do the basic sciences. One thing that I appreciated was they allowed us early to do clinical experiences with patients, which is slightly different from what happens back in the United States. But it makes for better bedside manners in my opinion. Aspects of the training were difficult because I wasn't a native language speaker, but eventually I caught on and I didn't have much problems in medical school. Plus, it wasn't just me, we had other foreign students from Asia and the Middle East amongst the group.

Q: When you look back, are there any memories, early memories that you have of working with patients while still in school that stand out?

Desamu-Thorpe: Yeah. Again, like I said, we were given access to bedside of patients pretty early with supervision, but we were able to see some textbook cases that the average medical student doesn't come into contact with. So, being able to practice with

real patients, it helped out. But yes, I do remember, there were cases of TB [tuberculosis] back then in the USSR. It's interesting because whenever a foreign student from a third-world country will return [from holidays] back home, they did vigorous malaria checks because those were only textbook cases, so if you came back and had actual malaria, you were the guinea pig where everybody prodded you, they wanted to check your liver and all those different things. People were always making sure they took their anti-malarials when they went back home because you didn't want to be that person.

Q: Were you ever that person?

Desamu-Thorpe: No, because I had contracted malaria several times growing up so I knew what to do, prophylaxis for it.

Q: Were there any professors, any medical teachers or other students who you had who influenced you back then?

Desamu-Thorpe: Yeah, there were some. The topographical anatomy teacher, because then we were able to actually practice with cadavers because people donated their bodies for medical science. So that part was interesting. The professors were quite—even though they were much older than us students obviously, but the knowledge base they exhibited, they will tell you, go into this level and you'll find this nerve. And lo and behold you went there, you saw it. So it was really interesting to see how the bodies are put together. So those classes stood out. Also, the lectures in psychiatry were also very intriguing.

Q: So, what happens after medical school?

Desamu-Thorpe: After medical school, I go home, and I was there for about six months. Then I went to the UK [United Kingdom], and from there I came to the United States where my three older siblings were already residing.

Q: What were you doing in the UK?

Desamu-Thorpe: I was there trying to make up my mind whether I wanted to stay there and practice or move to the United States, because anybody who studied outside of the UK or the US, you're required to take a series of exams to get licensed. My mom's younger sister lived there at the time, so I went there. It was a favorite vacation spot for me during summer vacations, so I was quite familiar with the terrain of the United Kingdom.

Q: So how did it come about that your siblings were in the United States, and where were they?

Desamu-Thorpe: They were all in New Jersey at the time. Again, they're older than me, so they pursued their careers over here. One was in school trying to get a master's in library science. She's a librarian now. One was going to school for nursing, she's a nurse

now. And the third one was doing business studies. She has since relocated to Sierra Leone.

Q: Did you also move to New Jersey?

Desamu-Thorpe: Yes. We all stayed in the same house initially.

Q: So, tell me about coming to the United States.

Desamu-Thorpe: Well, I heard so many good things because I never visited the United States prior to that. I came and I saw that it was indeed the land of opportunities and I realized if I wanted to get ahead, I needed to get back to my books, study for the exams, do something else to make myself marketable as far as gainful employment, and that's what I set about to do because I had the example of my older siblings.

Q: What happened from there?

Desamu-Thorpe: I enrolled in the School of Public Health at the Ohio State University, for the MPH degree, master of public health, and also at that time was preparing to get my USMLE, United States Medical License Exam. It was an interesting time and that was about the same time that I met my wife. She had a bachelor's in nursing and was going back to school to get her master's in nursing. So, it worked out that like-minded, thinking about how to improve on educational status. And then we all started getting

married, meaning the siblings. So all four in the same house. We started going our separate ways as we all found partners in life.

Q: Backing up just a bit, why did you decide to do the MPH?

Desamu-Thorpe: Because by that time, from having conversations, I realized, yes, you can go into clinical medicine but public health was also an option because it afforded you the opportunity to work with populations rather than individuals. And I started thinking along those lines, so I figured that plus my medical degree would make me more attractive in the workforce.

Q: Just so I have some pins in here a little bit to—do you remember what years you were in the USSR, and then what years you did your MPH?

Desamu-Thorpe: I graduated from medical school in 1996. I got to the United States in November of 1996. I completed my MPH in 2003.

Q: When were you married?

Desamu-Thorpe: Two thousand and—you're trying to get me, huh? [laughter] In 2001.

Q: Was the MPH what you expected it to be, what you wanted it to be?

Desamu-Thorpe: It was because even though—like I said, I always had the affinity for the sciences. What appealed to me was the concentration, biostatistics. That involved numbers and population health. It wasn't challenging, it was quite a breeze for me.

Q: Had you then moved to Ohio or were you still permanently based in New Jersey?

Desamu-Thorpe: No. First I moved to Washington, DC. I worked at George Washington University for about six months before I moved to Ohio.

Q: And then what happened after the MPH? You said you finished in 2003.

Desamu-Thorpe: Yeah, then I started working—for some reason I got attracted to—I wanted to do something connected with HIV/AIDS [human immunodeficiency virus/acquired immune deficiency syndrome], and so I started working in Columbus, Ohio. Then got married, started having kids, and started building a career in public health.

Q: You say, "for some reason I was interested in HIV/AIDS." Can you be a little more—

Desamu-Thorpe: Yeah. It's the whole thinking about Sub-Saharan Africa, I'm originally from the continent, and how devastating it was. This was way before PEPFAR [the US President's Emergency Plan for AIDS Relief]. I didn't know how I was going to make

that leap, but I felt I needed to do something that would get me involved in HIV/AIDS work.

I'll fast forward. Eventually, I met an individual who later became my boss, and he was saying, "You need to start volunteering at health departments, and then when there's an opening, you can try to see, because now you'll be a familiar face and you can apply for this position. Because when you show up with your credentials, people are going to be intimidated as far as, oh, he's an MD [doctor of medicine], why does he want to do public health work?" So, eventually I ended up being the public health HIV surveillance supervisor at the St. Louis City Health Department. That's after we lived in Ohio. My wife got an appointment in St. Louis, so we moved to Missouri.

Q: What did you think of Missouri?

Desamu-Thorpe: Well, my best friend, my childhood friend had lived there all his life. He was born in the United States but went back home, and that's where we met in high school. But he came back, and upon his return to the US, he had always lived in Missouri and had a family there, and he had kept saying, you need to come to the Midwest. I'm like, why would I want to do that? So when I came, my wife had a job and I came with an open mind but I wasn't sure it was where I wanted to be, but I ended up living there for about nine years.

Q: Can you describe a little bit more about your work with HIV surveillance, etcetera?

Desamu-Thorpe: It involved working with—so I worked at the City Health Department. It's interesting, because St. Louis City is considered its own county but there's St. Louis County also. There's lots of refugee population there. So, we worked with the international institute, and the health department is tasked with also screening all incoming legal residents. We found cases of TB and HIV, and also there's a huge gay population there, so we worked with them compiling numbers to find out the burden of HIV disease in that area. That would inform the numbers that were reported to the state, which in turn got reported to the CDC, and that dictated the federal dollars that would go back that way. It was about collecting information to paint an accurate picture, but also pushing more testing. It is said a lot of people living with the disease don't even know their status. So that was the push there. It became doing these interventions, having work-shops, engaging the community, so that people understand that the reason we're trying to get them to know their status is so they will be helped, and the only way they'll be helped is if the information goes back to the federal government so money will come their way.

Q: Were you doing a lot of that direct work, engaging with communities then?

Desamu-Thorpe: Yeah. As supervisor, I had staff that did that, but that information came back. When we had activities out in the community, I was always part of it.

Q: You said you were in St. Louis for nine years. Where does that bring us to? 2012? Later?

Desamu-Thorpe: I moved down here in 2015.

Q: Also, I should've asked, can you tell me about your kids?

Desamu-Thorpe: I have three daughters, fourteen and thirteen.

Q: What are they like?

Desamu-Thorpe: You missed something.

Q: Your daughters?

Desamu-Thorpe: Yeah. I said fourteen and thirteen. I did that on purpose.

Q: Oh. fourteen and thirteen are your daughters.

Desamu-Thorpe: Yes.

Q: Hmm.

Desamu-Thorpe: Okay. Fourteen, thirteen, and thirteen. I usually say I have three daughters, and then they say, how old are they, and I say fourteen and thirteen. And people—

Q: Oh, wow! You said three daughters? [laughs] I thought you said two daughters!

Desamu-Thorpe: So you missed that, okay.

Q: I am so slow.

Desamu-Thorpe: Usually people are like, but you said three. I'm like, yeah, fourteen and thirteen, and then they're like, but, again? And then they're like oh, twins. Sorry. [laughter] You can take that out if you want.

Q: Yeah, we'll see about excising that. I keep all my stupid stuff in. Just as a present to the future.

Desamu-Thorpe: So I have a fourteen-year-old and twins who are twelve and will be thirteen in a couple of weeks.

Q: Congratulations to them. What are they like?

Desamu-Thorpe: Smart, curious, and they keep me on my toes because they ask so many questions. Happy to say they visited the CDC Museum, so they're quite intrigued by just saying Daddy works for the CDC.

Q: Who wouldn't be? So 2015, you moved down here, but before that you had said that while in St. Louis, you had started to be part of that traveler maintenance. Is that true?

Desamu-Thorpe: When the outbreak happens, the information will come to the feds [federal government], to customs and border patrol, and then it'll be relayed to the states, and the state will send it to the jurisdiction. Because I was HIV surveillance coordinator and public health program supervisor, and at the time I was the acting bureau chief of communicable diseases, it so happened that we had two travelers initially that came from the region. This came in an encrypted email that needed to be tracked. We had rehearsed and gone over our SOPs, what we needed to do. This weekend, the email comes that there's two travelers, and I call my nurse that was on call that weekend, telling them, "You have to go get the information from these individuals." And she promptly says, "Dr. Rodel, I hear you but I'm not doing it, I have a family." Talking about the stigma and the fear of the unknown. Which later on I understood, but that didn't help me because I can't turn around and tell the health commissioner we're not going to do it because it's going to go to so many levels and I'll be in trouble. So I go, "But why is that?" And she says, "I told you, I have a family. How am I going to go interact with somebody coming from an Ebola country and then infect everybody?" I'm like, "But you're a nurse and we've talked about this. How are you going to do this?" And she says, "I'm sorry, you

can write me up but I'm not going." So, what did I do? I figured the only way to—this was over the weekend, as I said. The only way to tackle this that I knew was lead by example. So I'm like "Okay, it's not a big deal, I know what we're doing." In the back of your mind you're like, we haven't dealt with this. Because I always say Dallas, Texas, [where the patient with Ebola who returned from Liberia died], could've been Anytown, USA. So I said "Okay, that's fine, noted. We'll talk about this on Monday." So I took the bag with the form and the cell phones that were provided for travelers, I went out there. In my mind, I'm not going to socialize, I'm going to do my job, get the information. So I met with the first traveler across the balcony. Greeted them. Explained why I was there, what I was doing. Got the information I needed. Went to traveler number two, did the same thing. And it turns out after conducting the interview, that they were both coming from Sierra Leone, but I didn't tell them I was from Sierra Leone because it wouldn't have gotten me anywhere. There would've been tons of questions that wouldn't have followed the script. So, after I had completed taking down triage [notes], that's when I informed them I was from Sierra Leone and why we're doing what we're doing. Conveyed that information back to the state, and on Monday we had a sit-down where I explained to the rest of the staff that this is what happened and that it is unacceptable, but I'm here and I also have a family but you have a job to do. I'm happy to say that after that, we monitored three more travelers that came our way, but it wasn't me, it was somebody else because I believe I demonstrated leadership and the safety factor. Again, as I said, I didn't go [out] to socialize with them, but somebody had to do it.

Q: When you let them know after you had taken the information down that you were from Sierra Leone, what was that conversation like?

Desamu-Thorpe: "Why didn't you tell us from the very beginning?" I'm like, well you wouldn't have allowed me to do my job. Or maybe you would've said, cool, let's socialize. I didn't come to "break bread" with you guys. But there were tons of questions afterwards. And I believe I was able to explain and allay their fears that they had and answer questions that I knew the answers to.

Q: Probably just to make this clear, none of the travelers ended up having Ebola.

Desamu-Thorpe: No.

Q: Did you have any experiences where—let's see, were there five of them altogether?

Desamu-Thorpe: Five, yeah.

Q: Did any of them ever exhibit Ebola symptoms that you had to keep track of?

Desamu-Thorpe: No. For the most part, again, my understanding, most people who came out of that area, at least the ones I interacted with, even if they had fever, they were not so worried about it. They were glad to be out of the area because, like I said, malaria's endemic, so the whole fever thing doesn't really scare people too much. The key is

getting them to be truthful about their interactions with sick relatives or dead people. Because if you can illicit that information truthfully from them, then we're in better shape as far as prevention goes. But none of them turned out to have Ebola.

Q: Were there any moments where you had any breakthroughs or somebody was resistant to share some information and then eventually did?

Desamu-Thorpe: No, because for the most part when you explain to them, the immigrant community, what you're trying to do, and it's at the level of the federal government, there's that amount of fear. Like, if I don't do this and something happens, I'll be held responsible. That's my experience. But no, there wasn't resistance. There were questions, like okay, what happens to all my information? After all is said and done, what are you going to do with it? Because it was twenty-one days of monitoring, so they had those questions which I think are natural. You come to a country and they start asking you all these types of questions, personal ones, too, you know—

Q: Absolutely. Were your staff visiting them in person every day or did they become phone calls?

Desamu-Thorpe: It depended. CDC had established three categories: low-risk, intermediate, and high-risk. We only had low-risk people coming, because they would give that designation in the email. Because of that you get the initial temperature in person, you still give them the thermometer they give to you, and then they're required to

call twice a day. If for some reason you didn't hear back from them, then you're required to follow up with a phone call. That's why we gave them cell phones. And if somebody's temperature went out of whack, then yes, you could do smartphone, iPhone where you visualize them taking their temperature, so you know—because we heard of a case, not in St. Louis but where initially they were not told about the [thermometer reading of temperature] conversion in Fahrenheit vs centigrade. He was, oh my goodness, alarm bells all over.

Q: [laughs] So what happens then with your life? I know that later that year you came down here.

Desamu-Thorpe: Well, before I came down to Georgia, I actually took an appointment over in McLean County Health Department for five months. That's Bloomington, Illinois. I was the communicable disease supervisor there. I had applied for a job earlier and I got called in. By the end of the interview, they told me they wanted me to move. And I said, not so fast, I have a family back in St. Louis. So I said, I'll do a trial period where for half of the remaining school year, I took an apartment up there and would come down every weekend to be with my family, and if I liked it then at the end of the school year I'll move my family. Fortunately for me, during that interim is when I got the call from the CDC saying, you had applied for a job, are you still interested in it? I still joke about [it] because I asked my supervisor, like "Which job?" And she started laughing, she said, "Exactly, these applications take forever." I said, "Well you have to tell me which one," because I had a stack of applications. So once she told me which one,

I pulled it up and I was able to interview successfully and got called. I disappointed the people in Bloomington, but my supervisor at that time said, "I'd be mad at you if you didn't take that job down at CDC, go make us proud."

Q: What motivated you to want to move on from what you were doing in St. Louis?

Desamu-Thorpe: I'd worked at the local and state level, so I felt the federal level was the ultimate in the sense that I could help inform policy because I was—and that's one of the things my boss told me that was attractive with my resume, that I was a foot-level soldier, and now where policy was. I felt I could be a bigger impact coming to work for the feds.

Q: Tell me about coming down to Atlanta, moving down here.

Desamu-Thorpe: It was different, weather-wise, because Ohio, Missouri, we dealt with snow but down here at the first sign of it everybody will freak out, "it's cold." I'm thinking, I'm the guy from Africa and I'm not complaining about being cold, what are you talking about? But maybe because I lived in Russia also, but I'm the last person to complain about it being cold. But other than that, I had to deal with allergies. For the first time in my life I started taking allergy medication when I moved down here because of the [high] pollen count. I had to deal with traffic because in St. Louis everywhere, twenty-five minutes, you're there. Bloomington is just a breeze. You just drive through it. And they got two big universities there. I don't know if you're familiar with Bloomington at all.

Q: I'm not.

Desamu-Thorpe: It's halfway between Chicago and St. Louis. So I had to deal with these things. Traffic. And I lived down here by myself for a year before I brought my family down here.

Q: Was that a lonely year? Was that okay?

Desamu-Thorpe: It was okay because I had an agreement with my wife that you can't be more than two weeks without seeing each other, so somebody had to go and most times it was me.

Q: Tell me about your work down here.

Desamu-Thorpe: As I said, when I got on board, I came on as an epidemiologist with the movement and monitoring unit, and within a week or two, my supervisor—there were four of us that were brought in for that unit, tracking down returning passengers from the three affected West African countries and within a week or two, she announced to the group that I was going to be the team lead. She said she saw some leadership skills that she thought would be useful. It was, again, communicating with the fifty states, local jurisdictions, people coming back and helping them access resources to track down travelers. For the most part, travelers were compliant. They would understand the need to

get their temperature and every potential symptom so that they could be seen and taken care of. But if somebody deliberately or otherwise wasn't in contact, then our job is to help them to track down these individuals so that the information could be reported to leadership.

Q: In a way, is it kind of like detective work?

Desamu-Thorpe: In some ways, yes. The only difference is you are so far away, removed from it, you don't actually do the footwork. But you rely on your partners, the state and local jurisdiction.

Q: Was that pretty frequent that you had to track people down?

Desamu-Thorpe: We had a state coordination taskforce stood up at that time, so we had meetings. Initially, at one time it was every day at the height of it. This was before outbreaks were declared over, this was during the active outbreak in West Africa. Sometimes, there were people who deliberately or otherwise chose not to call back in but they were always tracked down eventually one way or the other. This information needed to be communicated, especially if they fell within the intermediate or high-risk group.

Q: How did you feel about the work?

Desamu-Thorpe: I felt it was important because we knew how far up the chain it was being reported back to and that we were helping to keep Americans safe. We'd heard of, of course, the case of the Samaritan's Purse doctor and worker who got infected in Liberia. Actually, ended up working out of one of the hospitals when I went back for the Men's Health Screening Program. So I felt it was meaningful work and I don't think we were overcautious. I think it was appropriate, the level of concern, given what happened after the case in Dallas where everybody freaked out once the patient died.

Q: Do you recall what months they were when you were working on this kind of stuff?

Desamu-Thorpe: I got on board June 22nd. I've been here three years now. I would say for a year, at least till December of 2015, because after that they started declaring the outbreak over. And then there was the reemergence in Liberia. That's how we found out that it could be transmitted sexually; prior to that, we didn't know, so that led to the Men's Health Screening Program.

Q: That makes sense. I want to pause and ask you something on a completely different track, if that's okay. When you see this outbreak start to bubble up in your home country, tell me about what that was like.

Desamu-Thorpe: A sense of helplessness in the sense that I knew we didn't have systems in place, public health systems, medical systems at large. We didn't have the capacity. Not that we didn't have brilliant people, we didn't have the capacity to deal with it. As

you may be aware, Ebola outbreaks have been with us for a while. When I say "with us," with the continent of Africa, but that's in central and southern Africa, so DRC. But West Africa never dealt with it before so I knew what we didn't have. That was infrastructure and capacity to deal with it. It was with a sense of dread, like oh my goodness, what's going to happen? And we all saw the devastation, not only in terms of human lives, but economies .

Q: Did you have much family still back in Sierra Leone?

Desamu-Thorpe: My nuclear family was out here already. I lost my mom in 2007, so she wasn't around, but my nuclear family was all in the States. I had cousins and school friends back there. Some of them were fortunate to be able to afford evacuation, self-evacuation to Western countries. Others were there. I don't personally have a friend or relative that passed because of Ebola. I mean other reasons, civil war , but it was still heart-wrenching to be over here, thinking, what can I do to help the region as a whole, not just Sierra Leone.

Q: And, of course, as you just mentioned, the civil war. Coming on the heels of that just seems particularly devastating. So I guess you had to become a little bit used to seeing awful things happen in your home country from the vantage point of the United States.

Desamu-Thorpe: Well, yes, but the interesting thing is growing up, one of the things that we always touted in Sierra Leone was "at least we are a peaceful nation." So the whole

civil war, and then Ebola, it was not something we even envisioned back then that anything like that could happen. We're just a group of happy-go-lucky people, Sierra Leoneans, talk about smiling all the time . So when that happened and to know that we didn't have the means to tackle it, that we had to rely on outside help. Again, it gives you a sense of what am I doing here, why am I not back there helping. But then the way I look at it is I'm helping but from the other side because if you can build capacity, if you can help someone learn what you have learned, then you've done something. It's the whole "teach someone to fish and they've got food for life" kind of thing.

Q: Right, more sustainable. As you mentioned, some of the clusters of Ebola that get started after some of the main outbreaks died down are found to be likely sexual transmission. And from that, the Men's Health Screening Program starts, the Viral Persistence Study at CDC. Can you tell me about getting involved in survivor work?

Desamu-Thorpe: I had deployed to American Samoa for the Zika outbreak, the agency's response, and when I got back, somebody recommended me to the head of the Men's Screening Program saying, "I know an epidemiologist if you're looking for someone to go to West Africa. He's from that region. Ask him if he's interested." I was approached and I signed up and went there. I didn't know what I was going to do exactly. I didn't know about the Men's Health Program until just before I left. And then I was briefed on it, and I was like, that seems like a good enough project to be involved in. So, we went there and, again, at the end of it we were able to recruit upwards of eight hundred male survivors. They had a registry of survivors but it wasn't always easy to get a hold of this

list. We had to do recruitment efforts to get male survivors to understand why we're doing, like I told you, so they know their status, so they don't endanger their sexual partners. We sold it as "to ensure a viable Liberian next generation." Because if you don't know and then you re-introduce Ebola into it, we might go through the whole thing [again]. So, when they realize, okay, this makes sense. But then after about a year of recruitment, the number of new recruits just dwindled down and we were left scratching our heads. Why is that happening? We know from what the Ministry [of Health and Sanitation] is telling us that there should be more survivors out here, so why aren't we having people enroll? I mean, they were giving them a small stipend, but why aren't they coming forth anymore? Once I got there with focus groups , we realized or came to the conclusion that there must be some barrier. Some people didn't have the Ebola treatment unit certificate to prove that they were there, even though they had gone through it. So we relaxed the recruiting criteria. But we also found out that there was a group of survivors who had a religious objection to sample collection, that their religion prohibited them. They said it was considered unclean to give samples of semen for whatever reason, research, whatever you want to call it. So we had to tackle that. These men, if they don't enroll, they're not going to know their status. We had to engage in focus groups and reaching out. I was asking, who do these people listen to? Who is a trusted figure? Somebody said, the imams. The imams are head of mosques. I'm like, who's above the imams? And then they came up with this term, mufti, I'd never heard of it. That's like the grand imam, who is in charge. We're like, we can reach out to the mufti and see. And they're like, you have to get in touch with him first, but he doesn't answer calls if he doesn't have you [listed] in his cell phone. Apparently he had studied in the West, so

highly educated, but you have to know someone to make those connections. The beauty of the Men's Health Screening Program, we had about seventy-five percent of the staff there were survivors themselves, so they understood the stigma of it . Through back channels, we were able to get an audience with the mufti. After we explained with PowerPoints and fact sheets and everything, he actually informed us that he was the one who convinced Muslims that it's okay not to prepare dead bodies [of loved ones] for burial at the height of the outbreak, that it was okay to put them through the incinerator, because that was a big problem in Liberia initially, too. He convened a meeting of over two hundred imams and passed on the message. From that, we went from a low of recruiting two to three participants per week to about one hundred fifty to two hundred. That's how we got our numbers. When they heard it from a trusted religious figure—who are we, we're just foreign people coming in trying to get all types of samples from them. Why should they give it? But when they heard it's to ensure there's a viable next generation, they're like, oh okay, we can do it.

Q: That was the reasoning? To ensure the viable next generation?

Desamu-Thorpe: Mm-hmm.

Q: Interesting. Can you describe the mufti a little bit more? What was this person like?

Desamu-Thorpe: It's just a guy. I don't know what trainings imams go through, but it's the next level. So it's a higher—he is versed in the Quran , so he can talk to them based

on the religious aspects of it, why it is not going to sentence them to eternal damnation and that type of thing. Again, you're telling people "Don't prepare dead bodies for burial," and they're like, "We've been doing this all our lives." It's a similar thing, and all of sudden, you're like, just give us a semen sample. And they're like, excuse me, that's unclean. When they heard it from such a revered religious figure—but he's just an ordinary—well, I shouldn't say ordinary. He looked ordinary to me, but you know what I mean? He's very much respected. If you talk to a Muslim and ask them what a mufti is, they'll tell you. I'd never heard that term before.

Q: Was he able to, for instance, pull passages from the Quran?

Desamu-Thorpe: The meeting with the imams, we were not part of it, but we had already done the presentation, PowerPoint and giving him the information that he needed. So he passed that on. But I imagine so, because when he gave that example of how he explained that it was okay to have the bodies burned, he said he quoted passages to let them understand it was okay. To not do that otherwise would be condemning yourself, that's what he said he explained to them.

Q: Was there any back-and-forth before the mufti and the imams were persuaded that this was the right path to take?

Desamu-Thorpe: The back-and-forth was trying to get an audience with the mufti. Again, he wouldn't pick up a call from an unknown number. He traveled quite a bit, so between

Liberia, Saudi Arabia, [that's where the Hajj is]. So getting an audience. At one time, he had a bereavement in his family. Back and forth, it took a while, but once we got him and got his attention, that was the breakthrough. So much so that I remember somebody from CGH [Center for Global Health] leadership was visiting Liberia and when we told of our efforts, they asked that I write down our efforts so they could share with Guinea, because Guinea had a bigger Muslim population and they were having similar issues of recruiting people. That was helpful I think.

Q: What is the timeline here that we're talking about?

Desamu-Thorpe: I went to Liberia—the first time I went was in July of 2016, and then the second time I went was in February of 2017.

Q: Did all of these efforts with the mufti take place during that first trip?

Desamu-Thorpe: Second.

Q: Second trip, February 2017. I had the privilege of going to Liberia—

Desamu-Thorpe: When did we meet in Liberia?

Q: In March of 2017. I guess that was your second trip there.

Desamu-Thorpe: Or it could be the first. Sorry.

Q: It's okay. It's been some time. And the cool thing about transcripts is we can put things in brackets. Can you tell me a little bit more about the people you were working with?

Desamu-Thorpe: Like I said, the Men's Health Screening Program staff was about seventy-five percent survivors, and we had two mental health counselors and nurses. It's not enough to tell them their status and try to explain some of their symptoms; joint pain, eye problems, mental issues. But also, we needed to find out their mental status so that's why we had the mental health counselors giving the results and doing an assessment of PTSD [post-traumatic stress disorder] and offering referral for that. Because, just like Sierra Leone, Liberia had gone through a civil war before Ebola. So they were a bunch of traumatized folks out there. But the nurses always did it with a smile and they were compassionate. I'm glad we got the two nurses that we had and the other staff also showed some empathy because most of them had gone through the Ebola [outbreak] and come out of it. So, they were happy to help other survivors.

Q: Is there one person who you can highlight in particular?

Desamu-Thorpe: Yeah, the head nurse, Mylene [F. Faikai]. I met her this last time I went also. She's still there.

Q: This is Mylene Faikai?

Desamu-Thorpe: Yep.

Q: I got to interview her too.

Desamu-Thorpe: Her middle name is Faith, by the way. Interesting.

Q: What's she like?

Desamu-Thorpe: Like I said, she's very assertive but she's very compassionate. She's able to get the attention of the patients sitting across from her and explain how serious it is and get them to follow simple instructions as far as getting to the end goal, getting the sample, finding out your status, getting a referral for other medical conditions you might have that you were not aware of and assessing them from a mental health standpoint. I think she's very effective. And the other staff. She also ran a tight ship, she was able to get them all in line.

Q: Did you have much contact with Jomah Kollie at all?

Desamu-Thorpe: Yeah. He was the program coordinator. The WHO rep [World Health Organization representative]?

Q: Yes.

Desamu-Thorpe: Yes. I saw him again this time, Jomah.

Q: The people I got to talk to were Mylene, Jomah Kollie, Emerson Rogers.

Desamu-Thorpe: Oh okay, I met Emerson a few times. He was with the Ministry.

Q: Right, with the Ministry. And then Armah Kiawu.

Desamu-Thorpe: Oh okay. I met Armah, too. He is a survivor, by the way.

Q: Yeah, he told me about it. That's incredible. Any changes, any turning points in your work with the staff there to highlight?

Desamu-Thorpe: Well, there was an underlying, in my opinion, "what is in this for me" mentality, where if you talk to them about almost any project, they're always looking like, what do I get out of this financially? But I do understand. They talk about high unemployment in the country, but that's outside my scope of work when I go out there. I'm just an observer. So there's always that. Some encouragement, I mean monetary encouragement, goes a long way towards getting a group of willing people to help you. We can't accomplish by ourselves if we don't have local players, and if they're not vested in it, you can get the run around for as long as you're there.

Q: That's true. Can you tell me more about your work as an observer and maybe give me an example of a time when you observed something and you're able to make a suggestion that they could implement?

Desamu-Thorpe: Yeah. As an incentive, the lead of the Men's Health Program, the CDC lead—I'll just leave a name out of it, but you know who I'm talking about. She had this sign-in sheet where the staff were required to sign in when they came in. We had our daily huddle at nine o'clock, and people were required to sign in with their presence and the time they showed up. Then at the end of the week, everybody who came before nine, as an incentive she would buy them scratch cards, five dollar scratch cards. It's a big deal to everybody. "I don't have credit, I don't have credit [for a phone call]." Well, when I got there, I realized that people were abusing the system. I'm fortunate that I got a driver to take me to work every day, so I'm there on time. I don't know how they made it there, motor bike, car, whatever. Nonetheless, I explained to them what integrity was. Doing the right thing not only when somebody is watching but when somebody's not watching. What do I mean by that? I noticed pretty soon that I'm there at eight thirty, eight forty-five, and I note the people who are around. Only when the sign-in sheet comes around, you notice people are putting eight oh-five. You were not here when I came. I saw you when you came and took off your coat and everything, what's going on? They're trying to make it before the nine [appointed time]. So I suggested at nine o' clock, "Why don't we just draw a line?" So we started doing that and it dwindled the number of people who qualified for the incentive. But it also made them aware that I knew what was going on

and some behavior was changed. People started, I think, putting more effort into coming early because they realized, hey, I'm not calling you out, I'm just going by this; I drew the line, so you can't tell me now—if you came and you went to the cafeteria, that's on you, you're supposed to come sign in before you go to the cafeteria. That's the only way I judge it. It changed some behaviors.

Q: Can you tell me about working with the CDC staff, including the lead?

Desamu-Thorpe: Oh, Mary [J. Choi] is fun.

Q: Is this Dr. Mary Choi?

Desamu-Thorpe: Yes. CDC staff, we rotated in from here, so it was always overlapping a few days with whoever you were taking over from and then you do a handoff of your duties. But if you're talking about the CDC staff at the Liberian country office, I interacted with them but not so much. But they provided the support I needed, whatever it was. Going back to the country office or the new digs at the embassy and printing out stuff or making phone calls, introductions, and facilitating. So you get a sit-down with whoever you needed to, whether it's Ministry of Health personnel or a WHO counterpart. They assisted greatly with that, making things easier for us. The staff that rotated, you knew what you were going in for and you had to hand over to the next person. Give them a sense of what they're about to face. And tell them a little bit about the staff they would

be working with, give them insight into what makes them tick and what makes them, you know—and providing encouragement.

Q: Am I correct in thinking your work in Liberia continues even up to now?

Desamu-Thorpe: Yes. This last go-around wasn't so much Ebola or post-Ebola, but I happened to take back the results from the viral persistence study. But it was more about filling an acute epi staffing gap that they had, so that's why I went. But I was given the results to take back with me, and they're being passed out as we speak. And I say passed out because we had two groups of people. One group that had no health concerns and then another group that had certain conditions that maybe they were not aware of, so they're being scheduled to meet with the doctor that took the sample so that they can explain to them and make further referrals. But yeah.

Q: Was this the Viral Persistence Study that was done in Sierra Leone?

Desamu-Thorpe: No, this is the case-case study. But they were also looking at what factors can make somebody clear the virus faster than others, so immunological reasons.

Q: And you were sharing the data with whom?

Desamu-Thorpe: We had a couple of doctors over at ELWA [Eternal Love Winning Africa Ebola treatment unit] that did the triage and seeing of the patients and collecting the samples. Jomah was also involved because WHO is part of that.

Q: Is there anything that we haven't talked about related to your career or memories of the Ebola epidemic which you would want to highlight before we end the interview?

Desamu-Thorpe: I would say representing the agency internationally, both as I describe for the Ebola response and Zika, has been so far the highlight. I say that because I feel like building on capacity in less fortunate locations, again, enabling people to do more even with less and showing them that they're capable with a little assistance, I think that's a lasting legacy. I feel proud to have represented the agency. As far as accomplishments, I was really proud of that breakthrough regarding [further] recruitment of survivors despite their religious objection.

Q: Thank you so much, Dr. Rodel Desamu-Thorpe. It's been so great to have you in here.

Desamu-Thorpe: Thanks Sam. I'm glad I bumped into you in Liberia that one time and was able to come to that presentation. I'm glad we were able to do this finally. Thank you.

Q: I'm super grateful. Thanks.

END