

CDC Ebola Response Oral History Project

The Reminiscences of

Sampson V.K. Dolo

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

2016

Sampson V.K. Dolo

Interviewed by Samuel Robson

March 9, 2017

Monrovia, Liberia

Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson here with Mr. Sampson Dolo. Today's date is March 9th, 2017, and I'm here at the Peace Corps offices in Monrovia, Liberia. I'm interviewing Mr. Dolo today as part of the CDC [Centers for Disease Control and Prevention] Ebola Response Oral History Project. Thank you just so much Mr. Dolo for being here with me.

Dolo: Thank you. It's a pleasure to be part of this process.

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

Dolo: Okay, my name is Sampson V.K. Dolo.

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

Dolo: Currently I work as the Peace Corps Response Program coordinator. I'm responsible for the recruitment, orientation, and placement of Peace Corps volunteers who have experience in education and teacher training. Basically, the Response Program runs from six months to one year and most of them are usually former Peace Corps

volunteers who have come back to serve in different capacities here. That's the program I manage at this post right now.

Q: Thank you. If you were to tell someone in just a couple sentences, two or three, what your role in the Ebola response was, what would you say?

Dolo: I would say that I was a foot soldier, I was a front liner, and at the same time I was a strong fighter against the Ebola virus, especially working closely with some of the top, high-liners from CDC. Making sure that we created massive awareness, gave community the support they needed, and then helped to train some local leaders and community volunteers, as well as working with CDC to set up a system and referral pathway that actually helped communities a lot.

Q: Great, thank you so much. Backing up a bit, can you tell me what your place and date of birth are?

Dolo: I was born in Monrovia in the capital city—I'm a city boy. I was born April 1, 1978, and I grew up in central Monrovia off Snapper Hill, Broad Street, just below the former Intercontinental Hotel, which is Ducor Palace Hotel, but now it's not functional.

Q: What was it like growing up in Monrovia?

Dolo: Growing up in Monrovia, especially up the hill, it was exciting for me and sometimes it was a challenge, especially coming up as a young boy who has a lot of passion for sports, especially soccer. There's no recreation center in the city center and nowhere to play soccer, nowhere to play. We had to play on the streets, and sometimes when the vehicle is running, coming down the street, we have to get off the street and sometimes, maybe mistakenly, some of our colleagues could get hit by a vehicle because all of our play is soccer and other activities where only cars are. There are all rocks and buildings everywhere and no space for children to play, especially in the heart of the city. That's the kind of environment I grew up in. I stayed in that community, even though I moved out of that community about ten years ago. But that's the place I love best in the city because that's my birthplace and that's where I grew up. I learned to do a lot of things in that particular area of Snapper Hill.

Q: Can you describe to me the people you grew up with?

Dolo: I grew up with people of my age group. Some friends, I still remember a lot of them, Mike, Jojo, Eric, a lot of them I still see them around. The interesting thing about it is that [most of my childhood friends] still live in that community, in the same houses. Some of them, not to say it's kind of like denigrating them, but they still live in the same shack and I still go back up the hill of Snapper Hill sometimes, then interact with them. We have a social and intellectual organization that is based there and people discuss social and political issues. I'm a member of that group because most of my childhood friends are there and they are members of that organization too. Sometimes I go there and

engage in interactive discussions about issues affecting our country. A lot of my friends, they were so great, and right now we stay in touch a lot, especially my childhood friends.

Q: Who was in your household? Were your parents around?

Dolo: Yeah, my parents were around. I was living with my mother and father and older siblings, my older sister and brother. That's the kind of household we had. Besides that, my mother took care of a lot of our relatives' children and other people who came from the village where she's from. My father and mother came early to Monrovia, so they were like hosts for many people who wanted to come to the city to get education or maybe get other opportunities. They lived with my parents, and my parents brought them up. Some of them are in the [United] States, some are here working, and that's the kind of household we had. It was so many people in just one building.

Q: What did your family do for a living?

Dolo: My mother is a petty trader, she sells—she used to sell vegetables, pepper, you know, just vegetables that are locally grown. She sold it in the most popular market, we call Red Light. That's where she used to sell those vegetables, and it paid our tuition to school. My father used to drive for the government. He first worked at the Ministry of Rural Development then, now it's no more. Later, he started working for [the Ministry of] Public Works, and he retired. He was a chauffeur throughout his career, and then he

retired. Now he's back into his village and he's on the farm, growing some rubber and palm oil. Right now he's a farmer.

Q: How did you spend your time when you were a teenager? What was school like?

Dolo: For me, school was exciting. When I came [home] from school, the first thing I did was I found food to eat, and then after that I'd go and sell for my mother. I used to help my mother to go and sell cold water [in plastic sachets]. Sometimes I sold something we called "lollipop," as you say, candy and chewing gum as well, so I could get some money. Sometimes I sold boiled eggs in the street for my mother. I would help her also a lot, especially in the nineties where we had a crisis and she could no longer go to Red Light to sell because the country was divided between the interim government and Charles Taylor's forces, [and the interim government was] only concentrated in the city center. So I would help her sell, and after that, sometimes during the weekend, I went and played soccer with my friends. Most times on Sundays, since the traffic becomes less in the city, we put rocks around and we played, sometimes six person, three against three. We call that "Freetown Ball," and we play if you score first, then the next team comes on. I used to play a lot of street soccer.

Q: Did some of the political happenings in the country affect your education at all?

Dolo: Oh yeah. I would say that, because just before the 1990s crisis, I had an uncle that—I was very little, and he started working on some settlement program for me

because he always said I was bright and very smart at the primary level. He was planning to take me to the Netherlands. Then, while in the process of preparing the documents, the war came, and since he left, we have not heard from him. We don't even know whether he still lives or not. For me, I saw it as a missed opportunity at the time because I wanted to get a foreign education, or maybe I even wanted to be more educated than I am, and I wanted to come back to contribute in a meaningful way for my country. I felt that there were a lot of opportunities that were also missed because we didn't enjoy our youthful age within that era when the civil crisis came. A lot of opportunities that people of my age at the time should have benefited, it was interrupted greatly.

Q: By the time you were an adult, I guess like eighteen to nineteen, what did you do?

Dolo: When I was eighteen to nineteen, I was still in high school and I was still with my parents, I was still living with my parents. In our African setting, normally the boy children will stay with their parents up to thirty-five years or even above before you get out. I was about twenty-eight when I graduated from university, so I was around [twenty-one] when I was out of high school, so that tells you I was still with my parents at that age.

Q: What did you go to university to study?

Dolo: I studied sociology. Initially I was doing two bachelor's programs simultaneously. I was studying sociology at a private university called AME [African Methodist

Episcopal] Zion University, and I was doing accounting and economics at the University of Liberia. Due to the prolonged closure at the time, sometime when the University of Liberia closed, it took like a year before they opened for another semester. I decided to do the two bachelors' so that whatever one I achieved first, maybe I could start doing some other work that would help me pursue the other. While I was there, I became student leader at the AME Zion University, so I had more responsibility. I needed to interact with students because I contested for the position and I won it because I was highly involved in student politics. I had to let go the degree at the University of Liberia, so I dropped it, and then completed at Zion University. When I started working, I couldn't pursue the other bachelor's degree at University of Liberia.

Q: So you got the degree in sociology?

Dolo: Yes. I got a degree in sociology and then a demographic minor.

Q: Sure. Were there ideas in that field that you found particularly exciting?

Dolo: For me, especially, one thing that I really saw as exciting is using sociological imagination and then doing social research, especially trying to identify why things happen and then identifying solutions for some of the problems that affect communities and society. Those are things that really got me interested in that field. I would be able to help my community and help my country to find some solutions to some of the problems that beset us as a nation and people.

Q: Were there certain problems that particularly attracted you? Like, I really want to tackle this issue?

Dolo: Yes. The conflict, actually the civil war, it was so devastating. Looking at young people of my age at the time being used as fighting forces, that really struck me because I would say that I was blessed or lucky because I was no different from those youth at a time who took up arms who were influenced by politicians and other egotistic individuals who wanted power for themselves or some benefits. I was amongst most of the young people who took up arms, but I didn't do that, so I felt that maybe I could do something that would help in whatever way, that when I engage young people, I can be able to provide some enlightenment for them to know that having self-confidence in themselves, that they can make their own decisions and choices and not people influencing them. That they can look at the general good of the country, not individual interest, which is not beneficial for any nation building.

Q: Thank you. What year was it that you graduated university?

Dolo: I graduated in 2006.

Q: In 2006. What did you do then?

Dolo: Right after my graduation, I started an internship program with a local NGO [nongovernmental organization] called Synergies International. We used to organize debates, because I came from a student leadership background. We used to organize debates, interactive high school debate among high school students, especially tackling national issues like hot topics or critical issues of national concern. We used that, topics where we have opposing students, opposing views, and then we give out prizes. That was supported by USAID [United States Agency for International Development], DAI, Development Alternatives [Incorporated]—it's an implementing partner for USAID. They were sponsoring our local NGO. After that, I did short-term work for International Foundation for [Electoral] Systems, and then later I got employed with a Canadian NGO that was focusing on youth development by using sport-based activities as tools for growth, for holistic development of children, and then focusing on HIV/AIDS [human immunodeficiency virus/acquired immune deficiency syndrome] life skills for young people. That's how I got into the nongovernmental cycle and started working with communities around the country.

Q: How many years were you working at that Canadian NGO?

Dolo: I worked there three and a half years. I started as project assistant. From there I got another position within the same organization as project coordinator. I was sent to Maryland County to manage the program. Later, I became area coordinator for the entire Southeast, where I managed the entire program. They were funded by CIDA, Canadian International Development Agency. I was managing a couple of staff up to a team of

seventeen in the Southeast, before I moved on to the United Nations Development Programme.

Q: Up to that point, had you traveled much outside of Monrovia?

Dolo: Oh yeah, I have traveled extensively in all counties in Liberia because places that I worked, they have always had projects around the country. Like UNDP [United Nations Development Programme], I worked for UNDP and they had projects all over the country. Then I worked for Oxfam. When I left UNDP, I worked for Oxfam International. I also worked in the Southeast, so they also have projects around the country. Then Peace Corps as well, they have a lot of projects. They have projects for volunteers they assign all over the country, in all counties. I have travelled extensively, a lot, in rural communities, and even in places that are not accessible by road. You know, implementing projects and then taking development programs to communities focusing on women's economic empowerment, youth development, agriculture and food security. A lot of integrated development programs I have worked on.

Q: But did you get to travel a lot in your youth, or were you mostly just here in Monrovia, growing up?

Dolo: Yes, I was just here in Monrovia during my youth days. I didn't really travel. The only area that I travelled on an annual basis at the time was my village, my home village where my parents were from. Every year during December, my mother and father used to

take us to the village to spend Christmas. Right after Christmas, we'd come back to Monrovia and go to school. I didn't really travel anywhere until I started working.

Q: Where's the village?

Dolo: It's in Bong County, [Panta District, and its called Garmu Town], so that's my county of origin. It's roughly about four hours, thirty minutes from Monrovia.

Q: I think maybe we've gotten to about the late 2000s or something, and it sounds like you were working for a series of non-profit organizations and government organizations doing service work. How did you come to Peace Corps?

Dolo: Really, there was this day I was sitting in my office in Grand Gedeh [County]. I was managing Oxfam's Livelihood and Economic Development Program. It was a whole program filled with a lot of projects. I was just surfing the internet. There's a famous website we have, which is the Executive Mansion of Liberia website. They post a lot of positions. I was not really looking for a job anyway because I had a very big portfolio at Oxfam at the time. I saw this position saying "response coordinator," and I was reading the position description. I got interested and I said, wow, these activities sound interesting. It was similar to what I was doing currently, managing activity, developing new ideas and concepts, working with communities. Actually, when I saw that Peace Corps, this position required supporting volunteers, helping to recruit volunteers, training, assigning, working with institution and partner organizations—it's almost something

similar that I was doing. At the time, I had not really worked with an education program, or within an education project. I said, well, let me just give this a try and see.

I applied to this position, and then I got called that I was shortlisted for interview. We did an interview on the phone, and they said they wanted to see me in person to do a presentation. I travelled from the Southeast to Monrovia, I did the presentation on the whiteboard before a panel, and after the presentation they interviewed me again. The final person who came was the country director at the time. We had a lot of discussion, and he asked me a lot of questions: why I wanted to leave a very big portfolio—I was managing almost [three million euros]—and coming to an organization where I won't have that portfolio, I won't manage people. I said well, I'm not looking at the portfolio, I'm not looking at the amount of budget or resources that I manage at the time, but I was looking at diversifying my career, I wanted to diversify my career because I'm not working on an education program at the time. Looking at the work, the history of Peace Corps in this country, where they have trained a lot of teachers, taught people who now are leaders, they have a very good reputation in this country. I wanted to be part of that history making to contribute to the work they had been doing since 1962 in Liberia, so that I can be part of history making. I decided to take up this position to serve and work for the Peace Corps and then help my communities and country in the area of human resource development.

Q: What year was it that you joined?

Dolo: I joined July 2014.

Q: July 2014, wow, so it wasn't too soon after that—

Dolo: We already had Ebola in-country when I joined. Ebola was already in Liberia.

Q: What kinds of things were you hearing about at that time regarding Ebola?

Dolo: There were a lot of stories about Ebola. For example, that Ebola is fake. It was kind of like quote-unquote “Liberian government idea to get some resources from international partners,” and then it was the government making to make some money. Even some of our lawmakers who are in the House of Representatives said that it was— some of them said openly on the radio that the government needed money and that's why they were requesting I think one million [dollars] at the time for initial funding to tackle the virus. A lot of people said oh, it's their lies. There were a lot of stories around Ebola, especially fake news. Some people said it was the US government that paid three nations, Liberia, Guinea and Sierra Leone, to test their virus and see how effective it would be because they wanted to use it, quote-unquote, as a “biological or chemical weapon,” for whatever purpose, I don't know. There were a lot of misconceptions and misinformation, and so many things about Ebola when it first came to Liberia, a lot of crazy things.

Q: So, you took the job in the Peace Corps. What were you working on immediately?

Dolo: When I joined Peace Corps, I was in the process of orientation. Usually in June, Peace Corps has pre-service training that runs from June to the end of August for the regular two-year volunteers who had joined in June. That pre-service training was already going on with cohorts that were getting ready to serve as volunteers in the country. I was part of the training, I was observing the training. It was part of my orientation to see how the trainings were done, how the volunteers were being trained, how to interact with them, understanding the Peace Corps system. Just in the time when the turning point came and where Ebola, around August, that's when Ebola hit hard. News came from Washington [DC] that all volunteers and trainees should be evacuated within eight days. I had just joined, nothing to do, and at that point, volunteers were evacuated.

I was on the team since I knew the southeast of Liberia's terrain very well, so I offered to go for the volunteers that were in the Southeast. I travelled and then made a quick evacuation plan with some of my colleagues. We divided the country into three regions quickly. I went to the Southeast, got the volunteers from all the southeastern counties, and brought them into Kakata, the training center. Then those from the western and northeast central parts they brought into Kakata, Margibi County, which is hosting the international airport. They got evacuated. Right at that time, there were no activities for Peace Corps, no work to do, so we were just in the office. Every day we'd come to work, but nothing to do because the volunteers are the ones we actually support daily, so once they were evacuated, nothing much to do. We just were in the office until the issue of CDC came about. I was in those days contemplating whether I should continue with the Peace Corps or whether I should just go back to Oxfam because at the time I had just left

and Oxfam really needed me at that time and my supervisor at the time, the country director, told me, “At any time you want to come back, you are welcome.” That was a conflict for me. I wanted to go, but at the same time—because I even told one of my colleagues, Zayzay Miller, in Peace Corps, I said, “My man, I see nothing to be done, no work, no activities. I can’t be sitting idle, so I think I might be going back.” He encouraged me a lot and said, “No, it’s just a matter of time. Once this situation subsides, there will be a lot of work. You, yourself, you will be worked out and you will like the job. Just wait awhile and see.” So I decided to wait. Until now, I’m still with the Peace Corps. In that time, the CDC collaboration came about.

Q: Can you tell me about that? How did that happen?

Dolo: We’re in the office this day, the country director came, Brannon [Brewer], he’s now serving in Ethiopia. He called into our regular staff meeting on Monday—every Monday we have staff meetings. Going around the table, people giving updates. Then time for the country director’s update because normally the country director is the last to give updates there. “We had this communication from HQ [headquarters], they are asking for collaboration with the Peace Corps. There’s no details, no additional information, they’re just asking us to collaborate with the CDC for Ebola response. We don’t know the details yet, but when we get more details we’re going to let you know. They need some volunteers to work with CDC because Peace Corps staff have institutional memory about the community, they know about community engagement. They want to collaborate, and

Peace Corps human resources as well as logistical resources could be used by Peace Corps. We want people to sign up.”

At the time, everybody started saying oh yeah, I could go, and I said, “Myself too, I can join, I will be part of this.” While we were doing that, people were volunteering to come out, and our director of programming and training whispered to the country director, I think she told him, “Make them sign [up for this collaboration]. Write something that is signed.” The country director said okay, to be sure that he knew that people really want to get into this—because it’s a risky venture—send an email that you are signing up. So I sent an email to the country director that I will be part of the process. All the staff, there were none left behind. All the staff sent emails that they are going to be part of the process.

Later the following week, the information came out. The details are not yet concrete, but HQ said that the CDC, they have already signed an agreement at the headquarters level in Washington, DC. They are saying that the country team should work out the modalities. That’s how the instruction came through, and then we started working with the CDC. Our director of management and operations at the time, Eric [C.] Duncan, went to the US Embassy. He had a meeting with the CDC folks, and then he came back and said okay, the plan is that we’ll have a team of Peace Corps and CDC staff to pair up. Every community that CDC team is going will have a Peace Corps team to pair with them. And they’re going to be using our vehicles. That’s how it came about. So we drew up schedules, travel schedules around the country, different times, and then we paired with,

you know, eight teams of CDC, and we started working. That's how we started the first trip in September. I was working in three counties, but actually I started working in Bong, that was the first county that I started working on the response program. And then we started working with the CDC.

Q: Can you tell me about initially meeting the people from CDC who you were going to work with?

Dolo: Really, I didn't know who I was going to work with, but when we drove to the hotel—because CDC started lodging in the Mamba Point Hotel. When we drove there, normally our formal office is in Congo Town about [six] kilometers from there, so we drove up to Mamba Point and then they said okay, I just had a name. Okay, you're going to be working with David Blackley, Cara [C.] Cherry, and [A.] Scott Laney. Then we went to Mamba Point Hotel, met these folks, and then we boarded a car, we traveled to Gbarnga, and then we were stationed at the hotel called Passion Hotel. That's how we started the process.

By then it was already deadly, it was very deadly. People were dying every day, even in the streets of Monrovia, bodies were everywhere. Some people got stuck in their houses, they can't come out because of the panic. The whole country was kind of shut down—health system, everything.

Then we moved into Gbarnga, where I worked with those great guys. The first thing we did was I took them to the county health team and I introduced them and the county health officer, Dr. Samson [K.] Arzoaquoi, who is now an assistant minister at the Ministry of Health—he was the county health officer at the time. He already knew me because I had worked in Bong before with other organizations, so he knew me. I said, “I’m now with the Peace Corps, and I’m here with these guys from the CDC, so I’m introducing them to you. We are here to support the county health team and to work on this intervention. Whatever work you have assigned to us, we’ll deal with it to support you.” He was open, and at the time he was very open to all ideas and any ideas. He said, “I’m here, we don’t have a monopoly over knowledge. I need their hands, so I’m glad that you guys left your comfort to come and help [us]. Are you ready for the tasks, Scott?” Scott, David, and Cara, they say, “Yes, we are ready, we are here to give you the support.” He said, “Okay. I need some ideas from you. What can we do?” Quickly we went, we started putting ideas—the first thing he said, “There’s a community that is highly hit but no one has gone there since, so I need some people to go there. It’s somewhere in lower Bong County.”

We went to that particular community, it’s in the Bong Mines area. There was another hard-to-reach community where a lot of cases were coming, but then we couldn’t reach it by vehicle, we couldn’t reach there. Scott said, “I’m going to take the risk, I’m going to visit that community, and I’ll make sure that people who are presenting symptoms, I will encourage them, bring them to come.” So we stay in the other communities, Scott got on a motorbike, he went to that community, he alone, and provided awareness. That was a

gold mining area. Talked to them, and two persons came from there. Other village, we went there, we started doing social mobilization activities around the community. We partnered first with a local NGO called Development Education Network [Liberia], DEN-L. They had a PA [public address] system, so we went out in the community using microphones, speaking the local vernacular because that's my county of origin. I spoke in the local vernacular and encouraged the people to come around. They came around, and we talked to them about what to do, what are the symptoms; if you are presenting the symptom, the number you need to call, the hotline 4455; and then call for help, do not touch the person. Giving those kind of prevention messages to the community. They also had questions to ask, and Scott and David would talk to them also and I interpret for people who cannot understand because in Liberia everyone understands English, we have our Liberian English, we don't have a—it's not formal, but if you speak in a community, people will understand you, if you take your time to talk. People could understand Scott, David, and Cara, in most of the communities we visited. Those who couldn't understand them, I'll go interpret in Liberian English or in the local dialect. After that, started creating awareness, people started to come out. David and Scott, they were really the front line, especially seeing people that were affected by the virus and seeing them dying. When you see them, getting close to them, talking to them, giving them things that they can use and needed to take care of themselves. Those guys, they were very great, and we collaborated and we worked very well. We ate together, so we had someone dedicated, a lady that I found in the community who could prepare our food, dinner in the evening, and we would sit at a hotel balcony. We'd have dinner. After dinner we discussed that

day's work, what we did well and what we needed to improve on the next day, and we reviewed our plans for the next trip.

We did training for community health volunteers, they did a reporting protocol for the county. We produced that tool and gave it to the county health team. The county health team was very grateful and the call center became effective, people started trusting and calling the lines. One thing, they had identified a football stadium to use as a holding center. Bong County was the only county at that time to have a holding center, which made the intervention much more effective than other counties. Actually, the county health team only identified the stadium, but they didn't have an idea how to run it. When Cara, David and Scott came, they came up with ideas and helped them to set up the tents that UNICEF provided. [Demarcating symptomatic and asymptomatic people.] How to build the disposal center and how to build a triage. Those guys provided a diagram for the triaging and the asymptomatic tent, the symptomatic tent, and people who were contacts. It's a big stadium, that's how they divided—there were barriers between those places so people who had symptoms were at different places. None of the people that were not symptomatic, but they were contacts, they didn't contract the virus from people who presented symptoms. That was one effective work we really did, especially helping with our diagram, helping the county health team with that set-up, which eventually helped to reduce the incidence rate in that county, in Bong County.

Q: What were some of the common concerns that you were hearing from the community at that time in Bong County?

Dolo: Some of the concerns were, for instance, when they called the number, the emergency number, it rung endlessly. Sometimes they say, when our loved one went to the ETU, the Ebola treatment unit, we couldn't see them. So how do we take them? If we want to see them, we can't see them. Even we hear news that they are recuperating, but we can't see them. This was some of the feedback that they give. Some say when they take you, you're going to die. They won't bring you back, they're going to kill you. A lot of information that the Americans were the ones that brought the virus. These were some of the concerns that the community had.

With those CDC folks, we started working with the county health team and other international partners. We had a weekly update meeting where we would go and provide updates. We presented this information to the task force, letting them know that these are some of the community concerns. What the county health team started to do is that it started taking some of the recommendations from the CDC and started allowing family members to go and stand maybe a certain distance to see their loved one that was recuperating. When they went back to their respective communities, they were able to say, yes, I saw this person, they are coming on fine, they are recuperating. That alone was a powerful way of addressing some of the concerns the community had and clarifying some of the misconceptions that it had.

Q: Great, thank you. I'm wondering if you can take a minute and describe each of the CDC people who you were with, Scott and David and—it's Cara, right?

Dolo: Yeah, Cara. I would describe Scott as the soldier. Soldier in the sense that he hits the ground running. He doesn't care about his surroundings, but he cares about the situation that he wants to address and get it under control. There were a lot of times, actually, he took risks. I saw he only had gloves, sometimes, getting close to someone that was very infected, you could see them presenting all of the symptoms. But Scott and David and Cara and others, they really wanted to break that chain, that human chain of passing the virus from one person to another. I would say Scott is a brave guy. During Ebola, I didn't see any CDC person who was [braver] than Scott because I saw him take some risks, high risks, but I know he did it on purpose because he wanted to break the chain.

David, I would describe David as another hardworking guy. He's smart, he provided a lot of information, he takes his own time and clarifies misconceptions. There was a time we visited a community, there's a guy that engaged David, even trying to kind of assault David, but David was so calm and explained to the guy that "Look, I'm here to help. I'm a scientist, I'm a lungs doctor, I work on lungs. I'm not here to hurt, I'm here to save people, so don't think that." The guy said, "No, you're a liar. In fact, I'm going to make sure you don't leave this community." I was there. David talked to him in a professional way, and later I came in and I saw them talking and I intervened and I told the guy— David said, "That's okay, I will talk to him." This guy later got convinced. David is a man of courage, and I don't know whether he's a Christian but the name David, I think his parents or whomsoever that gave him that name didn't make a mistake. He truly

represents the name David. He is a man that is hard working, and he acted like King David. David was a powerful man. David motivated me a lot, especially at the time, at some point, where we reached and I said, “Look, I can’t go beyond this point, this is my last point.” David actually is a great motivator and motivated me a lot to get through.

Q: Do you remember what that point was, when you thought, I’m not sure I can go further?

Dolo: Oh yeah, that’s when I said earlier, that was the greatest challenge for me at that time. There was a community called Geleyansiesu across the river, and that’s the largest river in Liberia, Saint Paul River. There were a lot of cases coming from that community. But it’s in Gbarpolu County, in another county, and we were assigned in Bong County. The only means to access that particular county was through the river bend. Between the two counties, that’s the boundary. The car could only stop to the river bend, no bridge. If you use Monrovia, it would take you more than ten hours, and you would not access that community, so you were closer to us in Bong County.

People who had been affected—there’s a guy, his wife died and his daughter died, he didn’t know what was happening. He was ostracized from the community. So he crossed the river and came to Bong County. When he came, he started presenting symptoms. When they took him to where we had the holding center, we talked to him daily, we checked his temperature—Cara would talk to him and take his temperature. After eight

days, he started presenting symptoms. He had his children, but then they isolated the children. They took him to the ETU.

We needed to trace his root to the community he came from. A lot of people were dying in the community, but they attributed that to—they say their ancestor, the gods were angry at them. That's why people were dying. We needed to go there and other health workers could not go there, only the CDC. We had two options: the US Army at the time, they had the military plane, they said it will only drop you in, but it can't get you out. The only thing we needed, when they dropped us in, we don't know the road out. So we needed to walk in and then just forget about dropping us, since they couldn't get us or get to the community, so that we would know our way back. It's a forest region.

We got to the river bend. The county authority at the time had seized all canoes from moving on the river. They only had a small canoe for emergencies to cross people that were showing symptoms. We needed to go there and then do our crossing. Most people who crossed from there presented symptoms and they were positive, so the authorities seized all of the canoes. We had our one canoe, and CDC people needed to cross. All of them could swim, I'm the only person that couldn't swim, and they cannot go alone in the community because no one would trust them, no one would talk to them because they were all strangers. We were at a stalemate, and I openly said, "Look, I can't swim," and the canoe rider said clearly that only two persons can cross at a time. Two persons including him, so he could only cross one person at a time. I said, "I can't cross with him because I can't swim, so if the canoe capsized, how would I be rescued?" David said, "I

will go with you.” I said, “But the guide is saying that if three persons get on this, it’s risky, it’s a high risk. It’s possible the canoe can capsize with three. He says he can swim, so he’s not worried about saving anybody, he’ll be careful about himself.” He was very bold. David said, “Sampson, trust me, I’m a good swimmer. I can swim. Even if the canoe capsizes, trust me, I won’t let you drown.” Because I had already said, “David, I can’t make it, so I’m not crossing. I’ll wait for you guys to go and come.” But they couldn’t go without me. So I had to take the risk, so I stood up and thought for a while and I said well, this is for my country and these are strangers, they are here to help me, so who am I? If I don’t take the risk, maybe these people might not be saved. Even if I die in the process, I think I’ll be dying for the good cause for my country. I said, “Should I trust you?” and he said, “Yes,” and I said, “Okay David, I will take the risk, I trust you.”

We had already inflated a tube, I have that video on my Facebook page. I inflated a tube and then got in the tube and then had it on my waist with my hand crossed on top of the tube, so just in case when the canoe capsized, maybe I’ll be able to float. I was sitting in the middle, between David and the guide. The guide took us on the ride, and I told my colleague [David Vourjoloh], who was the driver, I said, “Record this. If I don’t make it, at least you’ll be able to show the video to my family, how a guy drowned or what led to my death.” And he was recording. Luckily, we crossed, and every other person crossed, and then we walked 3.5 hours, hiking in the forest to get to that community.

When we got there that night, a baby had already died, and people didn’t know how to bury that. David and the other guys, one Matthew [Westercamp], they had to give that

advice to the community on how to dispose that body. That night we had a massive community meeting, created a lot of awareness, even the town chief was being quarantined at this time because he got exposed to someone who died and the person was later—symptoms pointed to being Ebola death. So we had to talk to the acting town chief and the community members that night. We had a meeting with them, and then they asked all of the questions, we created the awareness.

The next morning we talked, we had another meeting, and David, Matthew, Cara, all the other folks, Kim Lindblade, when they had to provide a lot of—Kim Lindblade went there another time. They had to provide all of the clarity about concerns the community had and the community said since they are being there, that was the first time some of them saw white people. They were glad because they had felt abandoned, they felt totally that they were already dead people. After we created that awareness, when we came back we crossed the river safely, and the next day, twenty-four people crossed the river to come to Bong County. When they tested those twenty-four people, I think about thirteen or more were positive. That is actually a hard risk, and I think that was the turning point for me, that I had to take that risk with David in order for us to go and create that massive awareness that actually helped that community to control the virus. Those who crossed anyway, some of them survived, some of them died, but after our visit to that community, those that crossed, after that, there were no other incidents that took place. No one else got infected, even though during the second trip, David and Kim—when they flew in, they saw that actually, people were dying. Samaritan's Purse were there assisting them, but no way to get them out. But at least that risk and the visit to that community helped, it

actually helped to save that community. I think that was the greatest challenge that I had, but I also consider that challenge as an opportunity and a turning point for me. I was able to help that community in Gbarpolu County to fight the virus, and other communities around Liberia.

Q: Can I pause for just a second?

[break]

Q: Can you tell me what happened after the Geleyansiesu and the Gbarpolu investigations?

Dolo: After the Gbarpolu investigations, what happened?

Q: Yeah.

Dolo: Okay. What happened was that right after that, after the awareness, those who crossed the river—some of them came and said, look. Because we told them once you observe fever or a severe headache that is not usual, what you do is try to cross the river. Immediately when we came to the county health team in Gbarnga, we give that update in the meeting. All the international partners went wild, they said wow, and they appreciated CDC and Peace Corps, that was high risk-taking, but at the same time it was [unclear]. What the county health officer, Dr. Arzoaquoi, did was he immediately assigned some

volunteers along the river bank that were there on different shifts. People who could come at a river, they could cross, and they [the volunteers] gave them [community members] some safety materials and chlorine and other items so that those who would be presenting symptoms, they know how to cross in the canoe. People started crossing, so those that were crossing that were not sure—we had a holding center already overfilled. The county themselves, they had some citizens in Bong County, they rented a house where they were keeping their kinsmen who came from across the river bank. They were keeping them there, observing them, when they start to present symptoms then they take them to the ETU. They were kind of like, you know, they survived the virus. Besides that, we had a surveillance team that was deployed along the river bank, and we also set up a surveillance team in that region so that if anything began, go up the mountain because the only place you get mobile network you have to travel up the mountain to call. So they had our contact number. They could call if anything—once they called me or any of the CDC folks that were there, immediately once they called the county health team, they would send the ambulance treatment to get those people. The referral system became more effective after that between those two regions. After that, [unclear], a town called [Taylor Town, near Gbatala], another incident occurred and Cara, we had to move in, print a poster with different signs. Then all on the poster, going from house to house, doing like a Jehovah's Witness campaign, from house to house, telling them what to do and showing them the signs and symptoms on the card as printed in the local vernacular. We did that with some UNICEF volunteers. We did a lot of training for the Ebola task force from the county health team level, they had a surveillance, county surveillance officer [Emmanuel Dweh], CDC provided some tools for him—they gave him a

computer to make the work more effective to be able to respond. From there we did training for the district health team, we did training for the case investigator, as well as the general community health volunteers [gCHVs] who are the first point of contact, at a community level. We did a lot of training for them, and we also did assessments in different communities on people's knowledge about the virus. That detail was sent to the CDC headquarters. There was a lot of work carried out that actually helped, especially CDC did a very great job, and the collaboration with them was very effective because we were working as a team and we were all working towards the same goal.

Q: Are there any other memories or thoughts that you'd like to share before we conclude the interview?

Dolo: Oh yes, a lot of memories and thoughts. For instance, there was a village called Bomota when Seymour [G.] Williams and Danielle [T.] Barradas, I think, we had to travel. That region is not accessible by vehicle, so you have to walk three hours and a half to get to that community. There was a pregnant woman's story that was [unclear] started from Gbatala. She was sick, her husband had an accident from motorbike riding, so you know, a lot of stories. She was pregnant, so she had gone, they had taken her in a hammock to her village and she later died on the road. The grandfather encountered the body. There was a man who was like an anesthetist, local anesthetist—a pregnant woman in our culture, you can't bury them when they die. You can't bury them like that. You have to take out the unborn baby before you bury them. This guy did some operation, a local guy, on the pregnant woman, and she got buried, and then he too died and the

grandfather died. People started presenting symptoms, and they didn't give the right information. When we got this information, the county health team said, CDC and Peace Corps, I think you guys have to take the lead because as well as you did in Gbarpolu County, this area is inaccessible, so you have to find means to get there.

We got there and we started walking, and it was actually a pathway, but a lot of monkey bridges, and we're also crossing rivers. It was challenging. At some point in time, Danielle got tired, Seymour was almost tired, but they said look, we have to do this, Sampson, we have to get there. Those guys, they really took risks. We got there, we actually saw a lot of people that presented symptoms. At some point in time, Seymour slipped and he fell in the water. Oh yeah, another time Danielle slipped and she was about to fall in the water, I held her hand. It was kind of funny but it was very serious. We made it fun. We all do challenges that we had, but I saw the fun, the sense of humor in those people. I saw a smile on their faces despite the risk they were taking with us. I saw passion despite all the times tumbling and falling. Alone, they would have been in their comfort areas and in their offices relaxing and don't care, but they wanted to help a country that was dying, especially Liberia. We needed to get out of this Ebola nightmare. That was another situation that I will always remember.

All of the CDC folks that I worked with, they were all great and they are all lively people, they are all friendly people and they were very supportive. They also provided a lot of support to us. They were like a family looking after one another. Sometimes, where we saw culturally they were going beyond bounds, we brought them back into check and

gave them some cultural tips and advice in how to engage people in the rural communities. We gave them a lot of cultural orientation and community entry and engagement strategies. And I didn't say, they also provided some prevention strategies. For instance, when people are infected and you see people presenting symptoms, how do you stand? You don't stand directly opposite a person, you always have to stand in a position where if the person would vomit, no fluid would touch you. They always tell us at what distance we should stand. While we were interacting, at some point they would say no, you don't have to come here, but we have to be there. Because they were there. Because they were interacting with a lot of people that were actually infected, you could see that they were infected with the virus. They were getting very close. But we, I would say, had to get close too because we were working as a family and we look after each other. By the grace of God, we are glad that none of our staff members contracted the virus, not even any of the CDC folks. That is to tell you the collaboration was great. For me personally, I actually appreciated this collaboration.

Finally, I would like to say that CDC did a great work for my country. They were able to step in, in a way that—they stepped in when our already weak health system broke down and there was total collapse and chaos around the country. CDC [unclear] stepped in along with other partners, and the US government provided a lot of funding, over one billion dollars, to this effort in the region that really helped us. We felt proud working with CDC and learning from them as well as they learned from us. We were able to make this history together and we thank God that Ebola is now a history for our country, Liberia.

Q: Thank you very much Mr. Dolo, it's been a pleasure.

Dolo: Thank you, Sam.

[break]

Q: This is Sam Robson, and I'm back with Mr. Sampson Dolo. I had one follow-up question for you, and that is: I like how you described how you provided those tips for CDC, those cultural awareness kind of tips for how to work with the community. Can you give me an example of a time when you did so?

Dolo: Okay. For example, there was a community we visited in Grand Cape Mount County—it's a farming community. There were some cases that needed follow-up. When we got into the community, we arrived, the CDC folks, we knew it was an emergency and they needed to get in quickly and isolate because some of the people that were isolated were not really following the protocol, they were leaving the little isolation center. We needed to engage them to provide more awareness and information.

When we arrived in the community, those folks started walking strictly to that point without talking or interacting with other people. I told them, "Oh no." I said, "For this, we know that this is a community entry, the first point of contact is the town chief or designee. You can't just jump over the town chief and start to work in the community.

Even if it is for one minute, we just introduce ourselves, where you're from, why you are there. Let him be aware so that if anything happens, the leadership will be able to protect you," because there was a lot of frustration in the country. The community was traumatized, so they could do anything to anybody because they were some communities in the western area that actually drove task force members from local communities that oh, they had carried Ebola, like Lofa [County]. There were some communities that prevented people from entering the community even though they were dying, but they didn't allow people to enter because the misconception was already there that it was the Americans that brought the virus into the country and now, those people, they were also Americans. You can't just come in and walk into the communities. I had to say look, every time we enter a community, before we start working, we meet the town chief or the designee or whosoever is in the town. We meet them, we introduce ourselves and tell them the purpose of our visit so that they are aware. Because there are times in the traditional settings or rural communities, people listen to their leaders. So even if the community wants to go against you and the leader said no, these people are here to work, I'm aware. They won't do anything. But if you start to work there's a reprisal, the local leaders say well, we don't know about these people. You could be at risk. These are some of the things that we taught them. And sometimes, the people had their shrine or sacred hero—we know those signs, so sometimes say okay, this place you don't go there without permission or you don't go this way without permission, so some of those local laws and things we have to kind of like tell them so they will be aware of it before they do their work. And you know, I'm glad that they were also here, but to listen to us and take those

pieces of advice that we give them and just made it work and the collaboration much smoother and very good.

Q: Perfect, thank you so much, Mr. Dolo.

Dolo: Thank you, Sam.

END