

CDC Ebola Response Oral History Project

The Reminiscences of

Mylene Faikai

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

2017

Mylene Faikai

Interviewed by Samuel Robson

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Monrovia, Liberia

Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson on March 14th, 2017. I'm doing this interview here today in the Redemption Hospital in Monrovia, Liberia, and I'm pleased to have with me Mrs. Mylene Faikai. This is part of our CDC Ebola Response Oral History Project, but Mylene is a counselor for the Men's Health Screening Program here and I just look forward to hearing about her own personal experiences with Ebola and her own life. Thank you for being part of this project, Mrs. Faikai.

Faikai: Thank you very much. I'm so happy to be part of this interview.

Q: Could I ask you to just say, "my name is," and then your full name?

Faikai: Okay. My name is Mylene Faikai, RN [registered nurse] and mental health clinician, and also counselor for the Men's Health Screening Program.

Q: Thank you. If you were to tell someone in just a couple of sentences, like two sentences, what that means to be the counselor, what would you say?

Faikai: To be the counselor for the program? I'm there to get support of people, educate them, encourage them, and help them all to make decisions with their [unclear] and not to make decisions for them.

Q: Thank you very much. Can you tell me where and when you were born?

Faikai: I was born in Nimba County. My parents' names are Mr. and Mrs. [Sam] Gonkardoe, Mr. and Mrs. Gonkardoe.

Q: Did you grow up in Nimba?

Faikai: I grew up in Nimba and I came to Monrovia in 2003.

Q: How did you get involved in health, in counseling, this kind of thing?

Faikai: When I was coming up, it was my plan, it was my goal to be a health worker when I was coming up because I really have passion to help others and to encourage them. It was my plan when I was coming up.

Q: Sure. How did you first get involved with that kind of work?

Faikai: [unclear] After I graduated from high school, I came, I was working in a five-person office, Joseph [N.] Boakai. I was there, and at that time I was just a high school

graduate, and he asked whether I want to go to school. I said, “Yes, I want to go to school.” He asked me, “What do you want to do?” I explained to him that I wanted to be a health worker, and he asked me to go and enter any school that I want to attend and carry the document to him back, which I did. [unclear] I started [unclear] school. When I graduated, I applied at the Redemption Hospital that I want to work and my application was accepted. Yes.

Q: What were you going to school for?

Faikai: I was going to school at Smart Institute, 16th Street.

Q: What year was that?

Faikai: I started 2007 to 2010. I graduated 2010.

Q: What did you think of the program?

Faikai: The Men’s Health Screening Program?

Q: No, your time in the Smart Institute. How did you feel about your time there?

Faikai: Hmm, it was not easy but it was challenging. But so long as you have passion to do something, you have to be focused. I was there and the support was coming from the

vice president, Joseph Boakai, who sent me to school, and I was there for a reason. I was focused at it. It was not easy, but some people went and they passed through it, so why not? I was having to stay focused that I could go through it and pass, and I studied hard. This is how I made my grade and I studied well and I was able to graduate.

Q: Can you explain to me again what specific area of health this was?

Faikai: Professional nursing.

Q: Professional nursing?

Faikai: Yes, RN. Studied biology.

Q: What did you do in 2010 after graduating?

Faikai: After graduating in 2010, I said I applied at Redemption. I worked at Redemption from 2010 to 2011 as a volunteer nurse. I was not employed, but because I wanted to serve my nation, I was waiting voluntarily to serve and work a year, like one year, before I got employed. Yeah, 2012.

[break]

In 2011 I went, and I started work as a mental health clinician in 2012.

[break]

Q: How did you get involved in the Men's Health Screening Program?

Faikai: Okay, thank you very much for that question. As I explained that I was working with the Ebola unit before, and I dealt with the survivors, and I dealt with those that were sick, and I already know what they've been through. When I heard about the Men's Health Screening Program, that they were about to have semen testing for them. One doctor, the Dr. Moses [J.] Soka, he walked to my office and asked me, "Mylene, I want to know—you're dealing with people's minds. I want to know your experience. You ever dealing with the survivors?" He asked me, and I said, "Yes, I'm dealing with survivors, even male and female and children. He said, "How many you see a day?" I said, "Sometimes five, sometimes six. They can come with conditions and I provide counseling for them." He said, "Is your workload high?" I said, "Yes, it's high, but I enjoy doing the job." When I explained to him, he said, "We would like for you to help us to be a counselor for our program." I asked him, he explained everything, and I said yes, I would be so happy. Because I'm also always dealing with the survivors, and I know how some of them are feeling, how some of them are rejected from their community, how some of them are rejected from their family, how some of them are going through stress; everything they ask me [unclear]. So if I be a counselor for them, it would be a great job. He said, "Okay, I am so happy. We'll be starting next week for

training” at such-and-such time. He asked me everything. I was happy, I was so happy to work with survivors.

When the time reaches, we went for the workshop. Everything after the workshop, we started dealing with them. We started providing counseling for them. Like I said before, we already know their behavior. If they come, we don’t just ask them, “We want for you to produce semen.” No. When they come for their visit, their first time, we call it the “baseline.” When they come, they have to go through a counseling session. You have to explain to them the importance of the program, the purpose of the program. We explain to them because of the lab [laboratory] kits that came out in March, when a survivor had sex with another survivor, and she came down with the virus; unfortunately, she died. Because of this, we want to serve Liberia. We want to prevent our people from getting a further Ebola outbreak. We explain to them everything, and we encourage them that this program is confidential, it’s privacy. We’re doing it not to carry your information out there, we’re doing it to keep your record. The only people who will be aware of this is the Ministry of Health. Why will they be aware of it? Because they are responsible for our health problems in Liberia. We explain everything. We explain to them, we give them a chance to ask if they have any further questions. If they will have questions, we will answer. We explain everything. From there, we ask them to make their own decision whether they want to be part of the program. If they make a decision, yes, I want to be part of the program, they sign a consent form before joining the program. When they sign the consent form, we can’t just take them to send them for semen collection. We also provide counseling for them, the importance of using condoms, because we ask them if

you join the program, you have to abstain from sex or you use a condom. We also explain to them—they make their own decision, yes, I want to use a condom. We explain to them the importance of a condom, not only because they're in the program, but it also prevents you from getting sexually transmitted diseases. We explain everything. If someone would say, I don't want to use it or my partner don't want to use it, we also encourage them for couple consulting. If they agree to bring their partner for consulting also, we ask them whether they have any family problems, whether they have any condition that they trust or they want for us to [unclear]. Some will go as far as explaining their [unclear]. Since they came from the ETU, their family rejected them, and they have to relocate in another community. Some say, "My wife died. I [unclear]. When I go to sleep, no way." Some, we diagnose them with mental health conditions. Epilepsy, some psychosis, and some PTSD. We also refer them to the mental health unit and put some of them on treatment. Those that needed treatment. Because in some cases the mental health doesn't require treatment, it only requires counseling, it only requires talk therapy, it only requires CBT. Cognitive behavioral therapy, like someone believes that something negative is right. You have to change the behavior to positive behavior. So we also conduct all that. We're always dealing with them not because we want to collect semen from them but we deal with their mind also.

Q: It's like as full human beings.

Faikai: Yes. And we also treat them for medical conditions. For the medical condition, we have the survivor clinic. If someone comes and explain to her that they're going

through a medical condition, they explain to us, we refer them. We have a referral letter. We carry them to the PO, the doctor, and they will be able to assess them for that condition. Because we noticed that after the Ebola crisis, half of the survivors are coming down with eye problems, some are coming down with weak [unclear] problems, some are coming down with different medical conditions. So we make sure and give care to them to be able to [unclear].

Q: Do you remember one person in particular who you counseled before they joined the program and what kind of questions, what kind of doubts they had about joining?

Faikai: Yes. I counseled one guard. When he joined the program, you know very well in your mind that I am free. “Why you are free?” “Because I was in the ETU, they tested me and they said I’m free, so I know that I’m free of Ebola. So why would you want to test me?” They like challenging. Someone who already believes that they are free from Ebola, you come and ask them that, oh, you are free from Ebola but I want to do a test, and the person is still confused that I am free, I don’t want to do it. You know what, some of them [unclear] before they prepare that if you test them and they test positive, you will admit them again or you will put them in the ETU. So when he came, he said, “I don’t have Ebola, I don’t have Ebola, I don’t even want to do the test. Why would I want to do the test? You are taking the semen from us to go make money, the people doing that.” [laughter] I have to go through an explanation encouraging that when you are in the ETU, although you are right, they did test, they conducted a test on your blood. They tested your blood, and your blood was free from Ebola. But this test we are about to do is your

semen test. We are only dealing with males because females receive from males. So we are dealing with males for now. The test they are going to do not your blood but your semen test. And when we do this test and we find out that you are positive of Ebola, we will not go out there to say, “John Paul, this guy has Ebola.” We explain that it will be confidential, it will be private except for you. You will want for someone to know, to go and explain to them that, oh, this is my status. But for all, we will keep it as a secret, everything confidentiality. The person will trust you and you will be able to go through it. And he was willing, he accepted willingly with his whole mind. He was able to join in the program. And when he joined in the program, he gave his first specimen. When we tested him, he was positive. So it was challenging. How we are going to get this result to this guy? Because he already has in mind that he’s free, and now he is positive. So it was a little bit challenging to me, but I used my telling to do that when he came. Before you get the result, you have to do post-counseling before giving the result. I did post-counseling, encouraged him. Like, “Your test result is positive, but it don’t mean that you are positive, you are going to die, or you are going to get another Ebola. But I will teach you what to do to prevent other people from encountering this, because who knows, someone will be out there and you will go to go have sex with them, now your wife that’s in the house, another person you don’t know how they are [unclear], and you have sex with them, they will be able to come down with the virus. So you have to use your condom. Condom use is important.” I explained to him everything. What we do for this [unclear] to go away. “You have to give me treatment, you have to give me medicine.” And I encouraged him. I said, “You have to know that when you are in the ETU, the Ebola don’t have medicine. The only way they can give you medicine for Ebola is when

you are presenting with signs and symptoms, but now you are not presenting with signs and symptoms. Although you carry the virus and you are still positive in your semen, but it don't mean that we should give you treatment. But gradually we will be testing you, testing you, until you get two negative semen results in a row and you graduate." I encourage him, "Eat your good food, drink lots of water, enough water, you will be able to go through your process and one day, one day, you will graduate," until he was in the program and he graduated.

Q: I love hearing about that.

Faikai: Thank you.

Q: Thank you very much. Sorry to ask this. Is there anyone else who stands out in your mind for any reason who you counseled, maybe who had a problem or a doubt that you were able to work through?

Faikai: Problem with what?

Q: They had a problem or a doubt or something. Like, what was another common doubt that people had? So this man, he thought he was free, why would he want to participate. What were some of the other common concerns people had about the program?

Faikai: They had a lot of things to say about the program. People had to say, as I explained from the previous thing, “They are taking our specimen to go make money out of it if it doesn’t have the virus.” Some say that, “I came from the ETU one year ago, and I’ve been having sex. If I had Ebola—I’ve been having sex with a condom. Why now would my woman get sick?” And sometimes we explain to them that maybe at the time, you were sick with this Ebola, you had sex with your wife, and when you came, you had with sex with her, and the virus built resistance. Because some were actually sick and they had sex with their wives, you know that? I have a friend nurse that was sick and she and her husband were in the house for three days before she [unclear]. And today-today, they quarantine her for twenty-one days. No signs or symptoms. She was not sick. So we also let them know that you know very well that some people were even sick with Ebola but they built resistance. They never come down with the Ebola, no signs or symptoms. So for that, we will not say that you’re free because you had sex with your girlfriend, you had sex with your partner, if they don’t get sick, it means that you are free. The only way we prove to all that you are free from Ebola in your semen is to go through the testing. So long as you have this doubt that you had sex with three or four persons, why are not they sick, and I want to do you test, this and that. Just go ahead and do the testing. If you do the testing, you will find result negative, your second result negative, we will be able to give you a certificate and you’re free. So I encouraged him to do it and he was willing. He said, “For that, I will do it,” and he went ahead and agreed. He produced a first specimen, he was negative, and the second one was negative. He was able to enroll with two negative results in a row. And he graduated.

Q: How did people feel when they got two negative results in a row?

Faikai: They feel so happy to get two negative results in a row because some who are afraid, as I said, they believe that when they have Ebola back, they think on the first part that happened to them, or if I have Ebola again, what next is going to happen to me? Some will be afraid when they produce their specimen. They say, “I pray that my result be negative.” When the results come, you call them to give them the results, some say, “Oh, thank God I am negative.” They can be so happy. Some, if you give them a positive result, they feel sad, but we also provide counseling for them, and they’re still waiting to produce. We have some participants that produce up to sixteen semen. So just imagine, [unclear], not counseling. Maybe some will be tired. For someone to produce semen for up to sixteen, not easy. But they are so willing. They are really, really eager to know their status, yes.

Q: So even when they get multiple positive results, positive result after positive result, do they get discouraged ever?

Faikai: Sometimes, some people get discouraged. But due to counseling, they feel release and are willing to continue the program, mm-hmm, yeah. A participant I have, when he came for the thirteenth specimen to produce, he said, “I’m getting tired now. I don’t know why [unclear]. I’m still coming positive, positive.” I say, “No. Don’t be discouraged. Keep moving, keep strong. One day, one day, you will become negative,” and he accepted it. He’s still in the program.

Q: Did you ever speak to someone, or did you ever work with someone, who did graduate—that got the two negative results—but you felt, this person really could use more counseling? Even though they won't be part of this program anymore, it seems like they could use more time to work out their difficulties?

Faikai: I had called [unclear]. He came in the program, and he had two negative in a row, but he was having PTSD [post-traumatic stress disorder]. Like for all, we don't just leave our participants even when they graduate from our program. We're always in touch with them, yes, because if they graduate and go, we give our number so in case you go, you need any help—mental problems, medical conditions—you need someone to really talk to and you don't have that person, we are always willing to listen to your cry. We give our number to them when they go. We're always calling, and they're always calling us. We're always in communication. We don't just leave our patients to go. Because at the time, I believe, he was to go longer time, but he resulted two times negative in a row, so he couldn't stay long. But he was having another problem like he needs to go through counseling. So I use that, through phone, follow-up calls, for us to be able to talk, and today-today we're still talking. When you have a problem, you can call me and say, "Oh sis, Mylene, [unclear]." He will explain to me, then I will be there. [unclear] Whatsoever like when you do it, you feel fine. Like sometimes if you listen to music, [unclear], do something that will make you relax and sleep will carry you slowly. I teach him and [unclear]. We're always in communication.

Q: What are mental health services like here in Monrovia more generally? Like, if someone wanted—would you ever be able to refer someone to another program? I know you keep in touch with people and everything, but does that even exist? Would it be a possibility to refer someone to an existing mental health program for counseling?

Faikai: Yes. Like yeah, we're always referring in Redemption, because why? We treat people at OPD [outpatient department] level. We don't have admission. We treat people at OPD level. Like to say if I conduct screening for you and I notice that you need admission, which means you need attention, that indicates a suicide. Someone admitted to me that, "My wife died, my sister died, I have no hope, I don't even want to have sex, I even want for everything to finish." They person said such things. I can't just let you go. I have to refer you. We have grants [unclear], mental health. We have JFK [John F. Kennedy Medical Center], but usually we use grants to refer them. If I know that the case needs attention and needs closer monitoring, I have to refer that person for another treatment because we don't have admission, able to admit them to closer monitoring. And you know the person has dangerous signs, we also refer them. If we have cases of psychosis, the person is very aggressive, they aren't able to monitor their home, threatening their own wives, their own children, you have to separate them for a certain time. They undergo treatment, you calm them down, before you put their own OPD treatment. We have ambulances here. We also write a referral letter, we refer them for another service to [unclear]. But the cases that they just need OPD level, they just need a follow-up visit, they just need counseling, they just need psychosocial interventions, we go ahead and do it here.

Q: Can you tell me about what it has felt like for you as a counselor?

Faikai: What?

Q: What it has felt like for you as a counselor. What has the experience of counseling these men been like for you? I'm sure there have been moments of difficulty, moments where you feel rewarded.

Faikai: Counseling males, I don't have a problem with that because since I've been doing it, I don't have case that they have problem with me that I'm female and they're male. They have problems with the counseling. Some are very happy. They even admitted that they even [would rather] wanted to go through counseling with female than male.

Q: Even with a sexually explicit kind of thing like this.

Faikai: Yes. They don't have a problem with that.

Q: Beyond the gender thing, what is it like for you, what are your feelings like when you talk to people?

Faikai: I feel like if I talk to people and I see quality care and I see improvement and I see good results, I feel fine. Because some that came with depression, I see them moving on

with their activities, some that came with anxiety, some improve. Like that, I feel so happy, I feel so proud of my own job because I see improvement in the job that I'm doing. You give medication, the person is on their medication regularly, improving. [unclear], they came in, they graduated from that to another stage. You feel so proud of your own job.

Q: I'm sure there have been a few individuals who don't seem to make an improvement, at least in their psychological state. How does that make you feel? How do you deal with that?

Faikai: If I'm dealing with clients who are not improving, we have a team, we connect ourselves on the Google Group. If you're alone doing an assessment—nursing work is team work, health work is team work. If I'm dealing with someone and I know that from one month to two or three months no improvement, I will not work even to three months. If I deal with you and I know that you come for the first time and I place you on medication, I give you two weeks. Even counseling, I give you two weeks to come back to review what I did. When you come back, I see no improvement, you come back again, I see no improvement, I have to go on the Google Group that we have. We have a place that's called the Google Group, you can post a case and your fellow clinicians that you work together, you explain the case to them, they will be able to give you ideas, they will be able to give you support. Then you will be able to revise your treatment that you're doing.

Q: Can you give me an example of a time when one of your fellow counselors was able to help you with a patient in the Men's Health Screening Program?

Faikai: Yes. In the Men's Health Screening Program, I was having this client, he came, but he was afraid. When he came, I counseled him, talked to him, but he was like, when you go in the specimen room, he will be unable to produce. When I talked to him, he go in the specimen room, he will be unable to produce. When he come back, I will ask him, "What happened? Can you please tell me what's your problem?" And he says, "Nothing, Auntie, nothing, Auntie." Like for me, I believe that counseling is teamwork and you have to consult your fellow colleagues. I have to call one male counselor, which is Armah Kiawu, and I say, "Since I'm doing this and I don't see results from that, I want you to please help me." Like to opposite sex, you go and counsel him for us to see whether he will be able to produce. He went in, counseled him, talked to him, everything. He left. When he went in to produce, he was unable to produce again. We tried it for the second time, he was unable to produce. Then I call him. I say, "I'll send you to him." Before saying to him, I have to consult him, and he accepted. I waited to go to him. I said, "Why? I tried and you are unable, another person tried and you were unable. What is the reason?" People will tell me, don't be afraid, I'm here to help you. He was like, "I'm not used to the video that's in there." He said, "I want to tell you the truth today, I'm not used to the video that's in there. It doesn't encourage me, no feeling for me to produce. So will you please let me to produce?" I have to find solution to the problem, so I asked the same male counselor, Armah, to help with the mobile team to be able to go at

home to him to collect the specimen, and today-today he produced two specimen. They test it, negative two times in a row. He graduated.

Q: You have a mobile team?

Faikai: Yes, we have a mobile team. He will come to do and interview with you too.

They call him Armah Kiawu. He is the supervisor for the counselors on the mobile team.

Q: I look forward to talking with him, too. Can you describe some of your coworkers who you have worked most closely with, what they are like?

Faikai: Yes. I worked with one Mary Jarara. She's a counselor. I worked with one Armah Kiawu, as I said, the mobile team counselor. I worked with one Edna Freeman, the data manager.

Q: What is Mary like? When you think of Mary, what do you think of?

Faikai: [laughs] When you think about Mary, you think about Jesus. [laughs]

Q: Why?

Faikai: She's easy, down-to-Earth. You don't have problems. We work together as a team. We do everything that's supposed to be confidential. We love one another. We

believe in teamwork because teamwork is the goal. If you work together as a team, you get your goal. But if people apart working, they don't share ideas, they are not working together, I don't think we will get successful results. So we love working with one another in this office. We support one another, we give care to one another. Even if someone here is having some problem and they need assistance from another person, they need counseling, I'm always waiting to provide that counseling service for them.

Q: I know that stigma has been a big issue of people in the community. Is that something that a lot of people come to you with who are members of this program, people who tell you about issues they're having with stigma?

Faikai: Yeah. I have so many people that have stigma that I explained from the previous thing when we started. Some people will be living in another community like for example, New Kru Town. Some people are living in New Kru Town and they have Ebola. After that Ebola crisis, when the Ebola survivors came home, people in the community even rejected them not to take water from their pump, not to even live in their house, they give them notice. And they find it difficult to even relocate to find another area. We find people that when they come in the session, they say, "For now I don't even have place to live. I was living in New Kru Town, but when I came, [unclear] say I'm still having Ebola, and they put me out and now I'm going [unclear] with my auntie, looking for a place, I find it difficult." Some people, "My wife died." Say, "My wife died. People know me in the community with my [unclear] children. If I go around there again and say "I want you," the [unclear] will be running away. They don't want to come

around me.” Some say, “I have my friends, we used to play together and we used to [unclear] together, but this time when I come around them, they don’t even want to be open to me.” Some explain [unclear], when I came my friend work on me good, we play together, they’re happy with me. So explain that. But some say it will happen newly after the Ebola crisis for now. People [unclear] to understand now that oh, they don’t have Ebola again because if they have doubt, they’re afraid that the people still have Ebola. When they show their certificate to them, some care, hope that, okay, they’re free from Ebola for true. Then we also encourage them, if you have someone that still believes that you have Ebola, don’t isolate yourself from them. Isolation will make them to believe that, oh, you’re still sick. If you have a friend that you used to go to play football, you do things together, you see them avoiding you, you go to them and educate them. They don’t know. They are afraid. Keep going around them, keep carrying on your daily activity and don’t avoid them because isolation can cause stigma. We also advise them on that.

Q: This is in a different direction a little bit, but could you tell me a little bit about working with CDC, people from CDC?

Faikai: Working with people from CDC, very encouraging. Mm-hmm, because even as we’re working with them, we work with them [unclear] always around her. They’re always giving us new knowledge, like especially Mary [J.] Choi. She’s there for all. And some of us, we don’t even know about computers. But since she came, she’s having classes for us everyday teaching us about computers, teaching us about new knowledge, teaching us what to do. And sometimes, even if you work, you work, she’s there. She will

look into your eyes and appreciate you and say thank you for the good job. That alone can encourage you. There are other CDC people coming in the office. They've been coming for one month, they go, they come for another month, they go. When you do wrong, they don't tell you, say "You're wrong." They don't talk to you harsh. They call you, they advise you, "You have to do this, you have to do this, be serious, do your job." If you make a mistake, they have to call you and teach you, say, "This one don't have to be like that." Mm-hmm. So I love working with them. Their working relationship is very good.

Q: That's good to hear. Thank you. Is there anything else that you would like to describe about your work with the Men's Health Screening Program or anything else before we finish the interview?

Faikai: I'm so happy to do the work that I am doing, and I will continue to do the job because the job that I'm doing, it will help to prevent Liberia from getting further Ebola outbreaks. And even as we're doing it, even if another outbreak is there tomorrow, in the future, we will know what to do. So I'm happy, and happy to continue the job I am doing.

Q: Thank you so much for your time, Mylene. It's been a real privilege listening to you. Thank you.

Faikai: Thank you, too. You are welcome.

END