

**CDC Ebola Response Oral History Project**

The Reminiscences of

Andrew M. Bangalie

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

2017

Andrew M. Bangalie

Interviewed by Samuel Robson

March 17<sup>th</sup>, 2017

Freetown, Sierra Leone

Interview 1 of 1

CDC Ebola Response Oral History Project

Robson: This is Sam Robson. It is March 17<sup>th</sup>, 2017, and I'm here with Mr. Andrew Bangalie in the emergency operations center, EOC, in Freetown, Sierra Leone. I'm interviewing Mr. Bangalie as part of our CDC [United States Centers for Disease Control and Prevention] Ebola Response Oral History Project, which is a project of the David J. Sencer CDC Museum. Thank you so much, Mr. Bangalie, for being here and for giving me your time. I appreciate it.

Bangalie: You're welcome. Thank you for having me also.

Robson: Of course. Can we start out, would you mind just saying "my name is," and then pronouncing your full name for me?

Bangalie: My name is Andrew Bangalie.

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

Bangalie: I was working in the Ebola response as a support officer. I was supporting more the CDC team and other partners that were receiving funds from the CDC Foundation.

Robson: Where did you work in the country?

Bangalie: I worked in Koinadugu and Kambia and now in Freetown, but I came to Freetown after the response.

Robson: Thank you very much. I'm going to back up just a little bit and get a little context about who you are. Would you mind telling me when and where you were born?

Bangalie: I was born in 1979 in Freetown. Did my primary education in Freetown and then secondary education in Bo, southern Sierra Leone, and then the university in Freetown, university education in Freetown, Njala University to be precise.

Robson: What did you study at university?

Bangalie: I studied agriculture administration.

Robson: Why? Why did you study that?

Bangalie: I liked the course [unclear] because it broadened my horizons. I can work as an administrator, agriculturalist, yeah. I actually liked the course when I was in college. And I'm applying it.

Robson: What did you do after graduation?

Bangalie: After graduation, I taught for like two years, and I joined a field of research with research institutions like statistics, Sierra Leone Innovations for Poverty Action. I later worked with WHO [World Health Organization] as regional coordinator in one of their research [programs] which lasted for like six months, and then from there I joined e-Health [Africa] and I started working with the CDC team.

Robson: What year was it that you joined e-Health and started working with the CDC team?

Bangalie: Pardon?

Robson: What year was it that you started working with the CDC team? What year was it?

Bangalie: 2014.

Robson: Were you already working on Ebola-related things when you joined?

Bangalie: No, no, no. My last job stopped after the Ebola incident started. So that was my first involvement in the Ebola work when I started working with the CDC team.

Robson: Can you tell me just a bit about what it was like for you in the early days of Ebola, when Ebola first came to Sierra Leone?

Bangalie: It was horrible because when it started, my job was going up-country, visiting health facilities, doing some investigations, and when the Ebola started, the job was off. That's one bad thing. I was even scared of going out after reading about this thing. Touching, no touching, and you know in our society we use the public transport system to travel. You don't have to screen somebody before you get into that vehicle, so I was then scared of even going out.

Robson: How did it come about that you joined the CDC team?

Bangalie: I saw the job in the newspaper. It was not like walking to the office and applying. I did it on the internet. So I didn't walk on the street to get a job. [laughs] I applied through the internet.

Robson: What job was it and what attracted you to it?

Bangalie: They were asking for district coordinators, CDC district coordinators, people in the district that would coordinate the activities, activities of the CDC team. That is what I applied for.

Robson: Tell me about your first few days of getting the job and what happened.

Bangalie: I was called for an interview. I went to the interview, and they called me, told me I've got a job. But my family was not happy when I told them I was going out of Freetown, more places like Kabala. Yeah, and that was at the peak of Ebola time. There were cases coming from all over. My wife was telling me, it's better to stay alive than you go out there, maybe you might get infected. I told her, no. I might be going for the money, but maybe there is something I need to do to save some other lives.

Robson: So what happened then?

Bangalie: I had to go. And I went there. What I saw there was not what we were thinking of here because the stories were so bad. That you can see people, sick people, coming from the villages, and it was not like that. I met the CDC team there, we were working together. I met some other colleagues. Because I was really scared, I'm going to a place where I've never been to, because that was my first time going to that district. But the first day I arrived, I met some colleagues there, schoolmates, college people, so I had some life back. [laughs]

Robson: I'm sorry, what month was it that you first went out there? What month was it that you went out?

Bangalie: November 2014.

Robson: And you said the experience, what you saw on the ground, was far different from what you had expected.

Bangalie: It was quite different, yeah, because people were very active. The first day I went to the office, the CDC guy that was there, Colin Basler, I met him there. He actually gave me courage. "Man, you can do it. You just have to be careful." Yeah. And the first week he never allowed me to go out because I think he noticed that I was then scared. Yeah. I was in the office, he would go, "Come the next day," he explained to me. But after like a week I asked to be going out. [laughs]

Robson: Why? Why did you ask to go out?

Bangalie: Because my other colleagues were going there and I think they were doing something, contributing. I was getting reports from them, working in the office, providing them with support from the field. So I said, I need to go out there and see what is happening. Maybe I have some way to contribute. And then that was when I started [unclear], that was where the CDC started supporting the issue of social mobilization. These were the people who were going out to the communities talking to people, and this

was really, really important for the district because Koinadugu is a district that lacks radio and telephone coverage, it's like fifteen percent of the district have access to radio and telephone. So the CDC provided some support. We brought together the social mobilization, they were reaching the people in the communities, giving them messages on prevention and control.

Robson: Can you kind of take me through a typical day when you were there in Koinadugu, what your activities would involve?

Bangalie: My activities were actually involved with providing guidance because CDC people, most of them were new in the district. I had to organize meetings with stakeholders in that district, tell them the type of projects that had been going on, and how to continue with work because there were a number of TDYers [people on temporary duty assignment] coming for like six weeks and then going back. So I had to take any new personnel, I had to take that person through things.

Robson: Can you tell me about some of those CDC people you met originally?

Bangalie: I can't remember. There are too many of them. One is sitting by you there [note: Daniel Martin], the other names that are called—Tushar [Singh]. I was in Koinadugu, but I was communicating with almost [all] the CDC people in Sierra Leone on email, giving updates on what is happening. At some point in time I was the only one



now in Koinadugu with no CDC person, but I was actually linking them with whatever was going on in the district. I can't remember the names, so many people.

Robson: You mentioned one, Colin Basler?

Bangalie: Yeah, Colin, and then—was it Nicolas Burton? Yeah. In Koinadugu. We have not gone to Kambia yet, we are still in Koinadugu. [laughs]

Robson: How long did you stay in Koinadugu?

Bangalie: Koinadugu I stayed five months, I went there in November and I left that place March 2015.

Robson: Can you describe Colin a little bit? Did you work with him a lot?

Bangalie: Yeah, for like a month before he left Sierra Leone. I worked with him a lot.

Robson: What kind of person was he? When you look back, what kind of memories do you have of him?

Bangalie: He's like a teacher because I was then scared of the whole situation and he was telling me, this is what—because I was just on the job for like three days and I went down. So he was telling me, this is how you should do it, this is what you should do. He

was on the ground for like one week before I went there. So he was like a mentor to me. I worked with him for like a week in Koinadugu, and he then moved to Bombali. So I was alone then in Koinadugu, getting instructions from him.

Robson: When you look back, are there certain turning points that you can identify of your time in Koinadugu, or times when you had to make a difficult decision or an important decision that you could give me an example of?

Bangalie: Yeah. Because the district was actually relying on CDC for support. A lot of logistic support was given to the district, for the DHMT [District Health Management Team] to operate. Sometimes, people might want to use certain things beyond the normal thing, and these were people that were hierarchy people, but I was given the responsibility to take care of those properties within. So I have a timeline, from this time to this time. Like the generator would work for about eight hours, you give it some cooling time. Somebody might come, “I’m just coming from the field, I have to”—I said, “No. Let’s wait a little bit.” “We want this.” Said, “No.” We have to go through the due process, we have to give some request, ask for [unclear] and then there are people above me who can approve before we go ahead with a lot of things. Because CDC was providing vehicles for people to be travelling. I was in charge of that, and anybody can request, I want to go. So I need to know why you want to use it. Is it for the specific purpose?

Robson: Can you tell me about how you transitioned, how you moved over to Kambia?

Bangalie: Yeah. I went to Koinadugu when there were cases coming up in Koinadugu, Ebola cases. Stayed there for like five months, and then the situation actually got better in Koinadugu. So we were just doing some follow-up activities in the chiefdoms. I never knew there were more activities in Kambia. It was not my decision. It was a request from the CDC team to e-Health that I should move over to start the CDC office also in Kambia. That was how I moved to Kambia. It was not my decision.

Robson: Can you tell me what happens then?

Bangalie: I went to Kambia in March, but by then I've got used to the provincial life, the way things are going on in the districts. It was different, better, than when I was going to Koinadugu because now I was more confident. I thought I knew most of the preventive with the dos and the don'ts. So I was in Kambia doing the same job but on a bigger scale because I was having more CDC people in this Kambia office than anywhere. I think after Freetown, Kambia was having a bigger number of CDC people, because there were a lot of activities. Cross-border activities, the district activities. And these were all the responsibility of the CDC people.

Robson: What months were you in Kambia, again? March to—

Bangalie: June 2016. March 2015 and I moved from Kambia in June 2016.

Robson: When you look back at that time, are there moments that stand out to you in your memory?

Bangalie: Yeah, because in life when you do something, you see the impact, you felt so good about it. A lot of things happened in Kambia that up to now, people can call me to say thank you. Through the CDC? Yeah. There was one major thing, these cross-border activities, it was really lacking in Kambia. When I was there with initiatives like the cross-border collaboration between Kambia and the other country, Guinea, and I was moving there from Kambia to Forécariah, that is Guinea, to collaborate with people there. Meeting, getting ideas from there and then bringing it back to Kambia. We were able to set up the cross-border team for Kambia District, which is up to now operating. They called me yesterday that they were extending similar things to—they were having a meeting in Bombali, Makeni. They called me to let me know.

Robson: Can you give me a little more detail about that, about setting up the cross-border team?

Bangalie: The cross-border? The cross border is like, Kambia is a land border really between Kambia and Guinea, a vast land. There are some villages, they don't even know they are on the border. People can cross in and out at any time. We tried to create some communication—bridge communication between people, health personnel in Kambia and those in Guinea along the border, so they can share information. It was difficult because I don't speak French and most of them don't speak English, but no matter when I'm going

there, I will go with people who can interact with them. Yeah. So I was able to communicate with them.

Robson: Can you tell me about some of the people, CDC or not CDC, who you worked most closely with in Kambia?

Bangalie: The CDC?

Robson: Either one. Anybody.

Bangalie: Yeah. Started with, it was two of the CDC people that actually laid the foundation. But at some point in time, there were other people working for CDC, like we have the organizing—like IOM [International Organization for Migration], ACF [Action contre la Faim], we were all receiving funds from USAID [United States Agency for International Development]. And then WHO. I was really working with these people because sometimes I would be the only person in the district for CDC and e-Health. So all these activities I have to go work with them. Because we started it, I can tell them this is where we are now and this is where we shall go.

Robson: But can you tell me about some individuals? Describe some people you met with whom you worked most closely.

Bangalie: Like the district medical officer?

Robson: Do you remember his or her name?

Bangalie: Foday Sesay, Dr. Foday Sesay. And then the WHO people have Dr. Patrick. One funny thing about me, I always remember people's first names. Dr. Patrick [Otim] and Dr. Reta [Angessa]. Dr. John [Ndyahikayo]. These are WHO. And then for IOM, I can remember Dr. Garza. Sylvester [Deane]. ACF, they have Matthew [Atkins]. I can't remember everybody. A lot of them. [laughs]

Robson: That's okay. What I'm interested in is what you remember, not just the name. So Foday Sesay, for example, Dr. Foday Sesay.

Bangalie: Yeah, he was—is the DMO [district medical officer], okay. And the DERC coordinator, Dr. Kamara, Alfred Kamara. DERC means District Ebola Response Center. He was the coordinator for all Ebola response activities in the district. So this was one person I have to meet every day. Every day, two or three times.

Robson: Can you describe them? What kind of person they were like, and—

Bangalie: They were nice people. Nice people. Although some people can get stressed because of work, but they were nice people. I know I was disturbing people because I would come to the office three, four times a day to schedule meetings. Sometimes I offend them because they already see me more often, so they can be angry with me. And

I will go back, resolve their emotions. I have to come back because I have people who want to talk to them.

Robson: Was there anyone you developed a friendship with that you would still say lasts today?

Bangalie: Yeah. Yeah. I just told you some of them are moving to Kambia yesterday for a meeting, a cross-border meeting. They called me. I moved to Bombali from Kambia, to Bombali, which is Makeni. They called me. I have friends there. Dr. Foday Sesay, yesterday he was talking to me about sending participants for FETP [Field Epidemiology Training Program]. I told him, yeah, you can send at least to Dr. Fodae Dafaе and then just copy me, because he was using the base that I know most of the people he will be sending. And I told him, just send at least to Dr. Dafaе, you can go ahead with that. And some other DMOs had been talking on the phone or emails. Dr. Sesay was very close to me. I go to his office every day, three, four times knocking, and sometimes when he hears the footsteps, he can say, “Is that Andrew again?” I said, “Yeah.” “What do you want this time around?” [laughter]

Robson: Are there certain challenges that you overcame, or not, in Kambia that you haven't talked about that you could describe?

Bangalie: Everywhere you have success, you have challenges, yeah. One was working with a lot of professionals, a lot of professionals from different backgrounds, yeah. You have to meet their demands. Different, different demands, yeah.

Robson: Can you give me an example?

Bangalie: Yeah. Let's assume this guy comes around, he is an epi. He is just coming like for one month, okay? He got a pile of tasks and he wants to get that accomplished within that one month, and I have to take him through. There are four or five of such people, just for Andrew to take them through, linking this one to this person, linking this other person to this person, making meeting schedules, travel schedules. But I thank God I was able to overcome them. I didn't think I had any major problem with any one of them throughout. I don't think. [laughter]

Robson: Did you say it was June or July when you moved away from Kambia?

Bangalie: In June.

Robson: June. What happened then?

Bangalie: That I moved over here? Yeah. I was moved above to work for another project, still for the CDC team. I moved over here as project coordinator for the Field Epidemiology Training Program.



Robson: Can you describe starting that work?

Bangalie: Starting that work was—[laughs]—that was one interesting thing. I was never told, Andrew, you are going for this job, okay? I was in Kambia doing my own things because I got a lot of training. You know, the CDC office was like a classroom for me now. Anybody comes who wants to teach Andrew some things, new things. Any epi [epidemiology], any health promotion people, IPC [infection prevention and control], anyone coming would like to teach Andrew something. So my office was a classroom and I learned so much. I was recommended to come over to coordinate the Field Epidemiology Training Program. You know about the Field Epidemiology Training Program, right?

Robson: I do, but could you tell me just a little bit, a couple sentences?

Bangalie: This is not the first place this project is operating, okay? It is in too many countries in Africa. It started in Sierra Leone in June last year, 2016. It is training district surveillance officers on an improved way of performing their surveillance duties, the frontline epidemiology, frontline work. Participants are selected by the Ministry of Health and Sanitation within the Ministry who come for like three months. Within these three months there are three workshops. The first workshop, workshop one, is the basic introduction, teaching the participants the same thing they are doing, but how to do it in a more improved manner. And then they go out, after the workshop, they will go to the

field under supervision of their mentors. Each participant will be assigned to a mentor for supervision and they will do the fieldwork for four to five weeks, and then come back for a second workshop. We just completed the second workshop three weeks ago, and they are now—we are on fieldwork too. The next workshop will be workshop three, will lead to certification ceremony, completion of the frontline Field Epidemiology Training Program. But the participants are not taken away from their normal duties. Within the course of the training, the fieldwork, they will be still performing their normal duties but in a supervised manner, under the supervision of mentors. Upon fulfillment of the criteria, like completion of your field projects, having satisfied your mentor and the FETP team, you're bound to graduate. You'll be given the full certificate. For now, we have twenty-one participants in this third cohort. This is the third cohort.

[interruption]

Robson: Mr. Andrew Bangalie, can you tell me about becoming a student in FETP yourself?

Bangalie: [laughs] The life I spent with the CDC people, and I feel, I started developing an interest in epidemiology, actually, because I was always going out with them. Sometimes they would send me, go and investigate. I began to like the job. It's like I'm doing well here. [laughs] When we started this program, I was always in the class with the participants, and I developed an interest, actually.

Robson: Have you started as a student?

Bangalie: Yeah.

Robson: What is it like so far?

Bangalie: It's challenging but it's good.

Robson: What's challenging about it?

Bangalie: The activities within the—not within investigating certain things. The “why” behind everything that happens. You have to bring that out. That is—I think that is the base of epidemiology, the why behind the situation. You have to go for that. Get it out. You don't go halfway. You have to complete it. And I like it, actually. I like it.

Robson: Good to hear. We are privileged to have Mr. Dan Martin here with us today who has been recording this interview and who worked with you, right, Mr. Andrew Bangalie? At least in Kambia, but I don't know elsewhere. In Kambia. I just want to take advantage of his own experience and his own expertise and offer him the mic [microphone] and see if he has anything to share with you or any questions for you.

[interruption]

Martin: Okay, so Andrew, you and I only worked together for a very short period of time.

Bangalie: Yeah.

Martin: I'm not going to put you on the spot and ask you how it was to have one more CDCer out of the hundreds suddenly show up in Kambia, but it was a crazy time there in January of '16. Would you tell us a little bit about what happened, because if I recall correctly, you told me that before we got there, there was nobody for a while but you, right? There were no CDCers in the office.

Bangalie: In Kambia.

Martin: In Kambia.

Bangalie: No, it was in Koinadugu. In Kambia, there were some CDC people staying in Port Loko, going to work there.

Martin: Okay, but not living in town.

Bangalie: Yeah. So when I was not in Kambia, people stay around. But there were CDC people working in Kambia.

Martin: So then things got real quiet for, I don't know—

Bangalie: A while.

Martin: A while. So right before the January time when things blew up, I remember we had gotten close to the forty-two-day declaration, right?

Bangalie: Yes.

Martin: In fact, did they do it or were they almost ready to do it?

Bangalie: We did it—no, we set a time to do it.

Martin: Right, okay, yeah. And in that time right before the forty-two-day, what was your activity in Kambia like during those days? I'm talking the end of December.

Bangalie: It was more on like, health promotion activities, more on health promotion. Like going to communities, seeking the view of people about Ebola, what lessons they have learned, and then what preventive measures are they taking to avoid the reoccurrence of the situation. That was more of the activities we were having in the district, with the district—with the personnel of the MOHS [Ministry of Health and Sanitation].

Martin: That was going to be my next question. Were you doing this alone or who were you doing that with?

Bangalie: Along with MOHS people, the surveillance officers, and other partners working within the Kambia district.

Martin: So, [Osman] Barrie—

Bangalie: Barrie, Samba, Wesen [Konteh], the DMO, Dr. Sesay, and then WHO, ACF. I think there was GOAL also, yeah.

Martin: So you were working with that team even though by that point in December there were no CDCers regularly coming to Kambia, right?

Bangalie: Yeah.

Martin: So then the case turns up in Tonkolili. What happened?

Bangalie: The case turned up in Tonkolili. After investigation, this case was linked with Barmoi and Kambia District. It was discovered that this lady was staying in Barmoi Luma with a relative who was also a traditional herbalist and a quack doctor, equally. [The lady] was sick in the house, traveled to Tonkolili, died, and was proven to be Ebola positive from Tonkolili. The house, the compound where it was alleged that she was

living before she traveled, everybody ran away. Everybody in that house ran away. In fact, to identify the house, that was one difficult thing. That was one magic thing. We went to this place. The next day, we couldn't say, this is the house where this person that was alleged to be the traditional healer, the quack doctor, was living. So like we were passing around because there was a name attached to this person, we saw it's written somewhere closer to the roof. Myself and one WHO guy. And I said, this is the name and this is the contact number written on the wall, maybe for visitors. It was not for us, but it was written for the good days. Maybe this is someone that's come around, didn't meet anybody in the house, who looked at that number and then called. But they either forgot to remove it, yeah, we got this, and we were able to agree that this is the compound but it was totally, totally deserted. We are not seeing anybody inside there. We stayed around for some time. Other people, we are so inquisitive to watch, and find out that there were some people hiding inside. But we were there for like three hours. They were inside that house, waiting. We were able to take some of them outside. We asked them outside because nobody got closer to them to touch, we don't know. We came out and we asked, where are the other people? They said they don't know them. Oh, yeah? They said they don't know them. But some people directed us to a [unclear] house outside the place where we went, and discovered some other people from that same house there. But up till this moment, the family head of that house was never, never discovered.

Martin: Even till now.

Bangalie: Till now. [laughter] We couldn't get him.

Martin: That was a running joke the whole time we were there, was whether we were ever going to see him again.

Bangalie: We are just going there every day looking for people. They will say, we are going to look for this person in this community, and at one point in time, somebody in the community came closer to me and said, “Young man—[unclear] somebody.” He said to me, “Young man, you might be asking the same people that you are looking for, because we are asking the community, who is this person? We don’t know them. And if somebody from the community told me you might be asking the same people you are looking for. And I said, oh, I think this will be the last day for me to come here.

[laughter]

Martin: There’s two really important things I’m going to ask you to give more detail on from that part of the story. First of all, why do you think people fled? Why was it so hard to find anybody?

Bangalie: They were afraid of being quarantined. Afraid of being quarantined, that was one. And then the head of that family, the crimes alleged against him were so much because he was treating someone in the house, being a traditional healer, which was not allowed to treat people, and then the other people are saying we will be quarantined, and they were saying, we have this Ebola thing.



[interruption]

Martin: Okay, so you were just saying one reason why the people fled the house was because they were afraid of being quarantined. A second reason was because they were afraid that our traditional healer would be found out because it was illegal for traditional healers to treat people with Ebola.

Bangalie: Illegal, and a quack doctor, also.

Martin: Right. We should also clarify, “a quack doctor” doesn’t sound quite the same to an American as it does in Sierra Leone. When we say a quack doctor in America, we mean somebody who’s actually a fake. Here, a quack doctor is what?

Bangalie: A fake, has no training. Being a doctor, you have to be certified. He has no formal training, no certificate, and he’s just doing his doctor thing, treating people undercover. Giving them medicines without prescription. Of course, he does the prescription and then administers what he feels he can get.

Martin: Okay, so the guy’s afraid he’s going to be arrested. The family is afraid they’re going to be quarantined. Let’s say a little more about what it means for a family to be quarantined. Why is that a problem?

Bangalie: One is the stigmatization in the first place. That house is an Ebola house, okay? And then secondly, you will be restricted from all other activities and we know these are other business or family communities. You have to go out, look for what you have to eat in the evening. Even though they are given food, they will be quarantined, people want to be going out for themselves. I think these are some of the reasons that people were afraid of being quarantined.

Martin: Then the one more. Tell us about why they were afraid of if they were to die while we were quarantining them, while we were observing them, what was going to happen and what was wrong with that?

Bangalie: If they die?

Martin: Yeah, if they die.

Bangalie: They will be buried in a bag. Yeah. If anybody dies in that house, they will just put you in a bag and take you to a place where no family member will know. And actually, these things, I was able to know most of these things when we were working with the health promotion people. You know I was on two fronts, working with the epis [epidemiologists], when it comes to health promotion we go together because we are doing—I mean, was it behavioral assessment, within the communities. We ask these questions. When someone dies in a quarantined home, they are not going to wash you, they are not going to be offered prayer. They will bury you in an unknown land.

Martin: So all of these are reasons why when someone was suspected of being in contact with someone with Ebola, they really didn't want the authorities to know.

Bangalie: Yeah.

Martin: Was this true all over the country? Was it especially true in Kambia? How was it different in different places?

Bangalie: It was all over the country. Quarantine, people were afraid of being quarantined all over the country because if you just lack for food, people would have opted, please come and quarantine us because you give us food. But restricting them of their freedom, fear of the method of burial, I think they were afraid of these things. This made them run away from being quarantined.

Robson: I have a follow-up question about that. Just because you're also from Sierra Leone—

[phone rings]

Bangalie: No, don't worry, I'm not going to answer this one.

Robson: [laughs] Okay, thank you. Were these feelings surprising to you or could you have predicted them, that yeah, you know, being buried in a bag actually is a big deal. I mean, when you learned about these things, was it familiar to you?

Bangalie: Yeah, because looking at our traditional culture of the people, they think they should respect the dead. Wash, perfume, dress, and then accompanying to the grave site. But during Ebola you don't do all these things. We don't even touch. Someone might say, that's my father, I'm going to dress him, I'm going to dress his corpse. We'll say a final goodbye. They might even keep the corpse for days so that the other family members can be around to see. So it's all these beliefs just being taken off. It's not going to be easy for people to accept it like that. And this Ebola, it was only later that people started believing that this is really, really something that is a disease. Initially, we are seeing people, "You are lying. It's all about money-making." So it's not strange to me really, the behavior of people. Although some people got convinced that it was good. They say it was good, because you can say it was good because maybe it has happened to your neighbor, not you. [laughs] But when it happens to this person who is saying it's actually good, he or she also will start denying, no, it is not Ebola, they died of headache. And we were seeing [unclear] was good when it was in the house of your neighbor. So it's like, accepting the idea, I didn't think it was genuine.

Robson: What did you think about efforts to talk to people about like basic germ theory, or efforts to counteract people's inclinations not to want to have Western-defined safe burials?

Bangalie: It was really, really difficult for people to accept that. Genuinely accept it. You might go talking to people, everybody will say, “Yes, we will not do it again. No, it is good.” To send you away. For you to go. “Let's say yes, let him go. So we stay and do our own things.” Yeah. But there are certain areas, in fact—people, they have certain societies of which of course we are not part of it. They will tell you, from the time the person is sick, they will be—not everybody will see that individual. They will have their own ceremonies. When talking to these people about safe and dignified burial, they are not going to deny you. They will say yes. And when it comes their way, they do their things, actually. Until the involvement of community stakeholders. Community stakeholders. People living within the community, being sensitized and educated, trying to convince them about this thing. Because if the community—some stakeholders within the community accept, then I think it will work. But if only for us coming from the offices and going down there, I don't think the acceptance will be genuine. They can accept when you're there because you're not going to stay there for the whole day.

Martin: Who were the important stakeholders in the community that needed to be won over like you're saying?

Bangalie: We have the chief and the women's leader, the youth leader, religious people. In most communities we have the Christian, like they call the pastor, and then the imam. For anybody in those communities, most belong to these people. And then these traditional healers. Because there are some people that are not Christians, they're not

Muslims, so they belong to other secret societies. This is where this herbalist falls. If these people [can be won] over, at least a little bit convinced, I think our message will go down. But if we just go get everybody outside there in that hall, talking to them, it's going to be a chorus, yes, yes, yes. But in the background, these guys that I'm calling, they have the voice in the community. In fact, they will tell them, answer yes. Say yes. [laughs] But if you get these guys together, those that I have just called—you want me to call their name again? The chief, the women's leader, youth leader, the herbalist, the religious leaders. They are the people to talk to the most.

Martin: So how did you engage with them?

Bangalie: In the first place, you meet them in the communities. You meet them in the communities to talk to them. Bringing them out for workshops is not going to help that much because they are coming to—you know, "We are going to get transport for you and then we can eat." But when you meet them in the communities, you sit and dialog with them, and we started that in Kambia actually, with health promotion. We are going to the communities, get these people together, talk to them. And then they tell us the reasons why they are doing this: because that is their own way of having money. [laughs] And they have been sidelined in all the response activities. "Other people are getting money, we're not getting it. So you can't stop us from doing what we are doing." Like they have the secret societies. If somebody died inside that bush, they are not going to bring him or her outside. They perform their ceremonies there. But if we try to win them over with the messages, I think even if they have to perform the ceremony, they will do it with caution.

Martin: Backing up, you mentioned that the herbalist that we dealt with that we never found lived in Barmoi. Now, Barmoi is a fairly important town in Kambia District.

Bangalie: Yes.

Martin: Tell us a little bit about Barmoi and Barmoi Luma.

Bangalie: I think life in Barmoi is even more active than Kambia. More social activities take place in Barmoi. This is a business community. People from all other villages come in there to exchange their goods. So you have people coming from Guinea, other districts, to meet in this place. So it's really, really an important community in that district. I took note, local people would be traveling from Bombali, Tonkolili, to come to Barmoi to trade. And if you can remember when we went to the vehicle park, we were doing some investigation there. You actually see that the people are networked. We were asking for one particular car that was so—[laughter] It was so difficult.

Martin: That was an adventure.

Bangalie: Yes. You will be looking for me. We're sitting together. You will ask them all day. I'll be talking to you, in fact you will not see me. They are so networked. They know themselves so much. It's really, really an important community in that district, or that region.

Martin: So on the luma, the market days—luma is the word for market, right?

Bangalie: Yeah.

Martin: Barmoi, B-A-R-M-O-I, was the town. Barmoi Luma was the market that happened in Barmoi several days a week, right?

Bangalie: No, one day a week.

Martin: One day a week, okay. And that day—because we drove through once. You were with me. We drove through on a market day and it was packed with people. So I know what you're talking about, about them coming from a long distance. That leads to the story of what happened—you know where I'm going with this—regarding Barmoi Luma. That's a story that needs to be told.

Bangalie: [laughs] We went there, there was this—this park. That was the day, the market day, in fact. There were a lot of people around. We were looking for a particular vehicle that this sick person used to travel to Tonkolili District. There were other passengers inside the car. They told us there is a park where they take inventory of people boarding a vehicle to any destination. They have their own list where they write the names of people. We went there in the first place to ask for this thing, this manifest, that's what they call it. Ask for this manifest. It wasn't there. They said it is with the chairman, or whatever. We



promised to come back. Okay, and the other day, they gave us one with a vehicle number and only the driver's name was on it. But somebody told us that the people in the vehicle were recorded, including this lady. And the other day, an order was presented to us with the lady's name on it, that the lady traveled with this car. Was it only the lady and the driver who were in this car? They said no, but only this lady and the driver's names are on this manifest. So we were not able to know the other people, the other passengers that were in the car. So even if they were infected, they were not going to be identified. So they came all the way from Tonkolili, the vehicle, from Tonkolili, bring passengers, took other passengers from Barmoi to Bombali and Tonkolili, and dropping people on the way. Can you imagine, if these people were infected, how it would look like?

Martin: And just to be clear, this trip that Andrew is talking about, by this point our patient who eventually died was sick. She was symptomatic and she got in a little Peugeot 505 wagon it was, right?

Bangalie: That's it.

Martin: And traveled from Barmoi Luma—

Bangalie: To Magburaka.

Martin: —to Bombali, and then on to Magburaka. A total what, probably a four-hour drive, maybe five, because they'd be stopping.

Bangalie: Yeah. Four, five hours.

Martin: And during this whole time, she's in the vehicle with we believe four other passengers and the driver.

Bangalie: Picking and dropping on the way.

Martin: And none of the people were ever identified.

Bangalie: Only her and the driver.

Martin: And then we have another story from Barmoi Luma. The time when the army came in. No, the police, I'm sorry. Not the army, the police. Remember when it was the local commander of—was it RSLAF [Republic of Sierra Leone Armed Forces]? No, it wasn't RSLAF, it was the national police who said, okay, if you're not going to turn herbalist over, we're going to shut down Barmoi Luma.

Bangalie: Oh. That was the other [unclear]. And the police station was burned down.

Martin: They rioted.

Bangalie: They—rioted. They were fighting the police. And you know, within this course, some of the youth set the police station ablaze. It was burned down. So the police were not able to quell the situation. The only people that forced us—because during my stay in Kambia—[power goes out] Are you connected to power?

[interruption]

Bangalie: Because we were having another incident which regards quarantine before that one in January. The military commander there, Major Brewa [Conteh], a friend of mine, of course he used to go to the office there, decided to help the police. The first time the police went there, they threw stones at them. He decided to go there with his team. He drove his vehicle to the park and parked the vehicle there, called the chief, “Tell your boys to throw stones on this vehicle because I’m not going to leave anybody waiting here. I will take all of you to Kambia and you will pay for this three times.” That was the vehicle for the military. It was there, they went there and quarantined the homes that were supposed to be quarantined. They never touched that vehicle. But when it comes to the police, they were not having guns, so the people will fight them. But Barmoi really is one interesting community. [laughter] Very interesting. Because you have so different, different people coming from different backgrounds. Guinea, other districts.

Martin: And the riots lasted, what, about two days?

Bangalie: Two days.

Martin: They required all of us to stay in the compound and not go out.

Bangalie: To stay. Yeah, and some of us who were in Kambia, we were supposed to stay in Kambia. Not come out. And I was in Kambia. [laughs]

Martin: I know you were. And then when it was over, the youth leader said, oh, we didn't know we were causing you any trouble, it was only the police we were angry with.

Bangalie: That was exactly what he said. He said they were having some issues with the police because the police always want them to be quarantined. They don't want them to do their training. They were lying, there was no Ebola, nothing like Ebola. It's the response people that want to make money. That is why they are saying they have Ebola. People want to make money. It's an interesting community, anyway. [unclear] about Ebola. People were thinking of it as something like business money-making. Never believed that this was a disease killing people. They say you are just building stories.

Robson: Dan, did you have any other—

Martin: I have one more question to ask you about because this one I think leads into why you are now an FETP. Your job mostly [during] the brief time I was in Kambia was supporting us, as you said, making sure we get to the right places, booking our meetings. But then when we were having trouble getting through to the driver and the motorcycle

rider and a couple other people, you came along with me and helped interpret and helped do some investigations. Tell us a little about your investigation work in that time and how maybe that ties to your getting into FETP now.

Bangalie: I was like the interpreter. Sometimes the note-taker. Because they're going in the communities. I don't speak too many, but I know ninety percent of the community people will speak the language that I can speak better, clearer. I can interact with them. So if an epi is going to do the investigation, the question that person would ask is the same question I'm going to translate to this person. Why did this happen? On several occasions, I have been doing this. That is the reason I said, the why behind the incidents is always what we are looking for. Why did this happen? So we start from somewhere. How are you? What's your name? What are you doing here? How long have you been here? Do you know this person? How? We can't just come and say, "Who is this person to you?" The answer will be, "I don't know him or her." So I was taking them through, we all go together, introduce them, be friendly to them. Tell them we are not coming here as like, policing the people. Seeking their welfare, that was exactly what we are doing. So I will talk to them in their own language in a way they can understand, and then they start asking the epi questions. I interact with them. I think that was where I started loving this whole stuff, because sometimes I will go alone.

Martin: You went alone for me a couple times. I know you did.

Bangalie: I will go do the investigations, come back, and he will edit. And then some other people. Yeah. It was good. I hope you are satisfied with me. Because nobody—

Martin: Satisfied is not the word for it. I was very happy. [laughter] That's why I'm so elated when you told me just now that you're now in FETP. I was jumping for joy. It's because I know you've got it in you. I saw you do it so I'm really happy to hear that you're now taking the next step in the training.

Bangalie: Yeah. I'm telling you again, I'm really liking it.

Martin: Good. Good.

Bangalie: I'm liking it. And you know the guy I'm with, Tushar, he's a very good teacher. He would never allow me to rest if I didn't do what I have to do. He don't mind telling me ten times, this is the way you do this. Go back and do it. Go back and do it. I like him for that, actually. So when he is not around, I miss him. [laughs] Because I feel bored sometimes when he's not around. I'll say, today, there is nobody who will tell me, "Andrew, how have you done this?" [laughter] He is a very good teacher. But if—some people don't understand him, maybe you will think the other way. But it's good. Once, I told him, "Thank God I was undergoing this teaching. Somewhere else? What? This is good. I'm actually liking it. And I will continue with it with your support."

Martin: I'm proud to have seen your development as an epidemiologist. I know you're going to do important work. It was a pleasure working with you when I did and I'm really glad to see you're keeping it on. I don't have any more questions so I'll pass the microphone back to you.

Robson: Thanks. That sounds good. My last question really is just, Andrew, do you have any other memories or reflections that you'd like to share for the historical record before we end the interview?

Bangalie: Yeah. Like lessons learned [unclear]. I think the reason why a lot of people initially were afraid of being quarantined up to now is because one, the stigmatization, and then that sound of the ambulance was one people were telling us, keep them away. If you went, someone was like to run away. That sound of the ambulance. So I was thinking, how important is this sound in the response, actually? "Wowowow." How important is it? Because if an ambulance comes with that sound, parked in any house, the other community people will be counting that house as an Ebola house. The stigmatization. But I think we can go there to that house in an unbranded vehicle, talk to the people. I think some homes within the community can even be quarantined without the notice of other people. They will stay within, but it will be so alarming that the people will feel stigmatized. I think that should be one lesson for us. The next time, we don't do that. If we do it, people will still continue running away with what they have to carry to other people. Yeah.

Robson: Mr. Andrew Bangalie, I just want to thank you so much for your time, for sharing your experiences with us, and thank you, too, Dan Martin. It's been a pleasure having both of you remembering together. So thank you.

Bangalie: You're welcome.

END