Dennis Olsen

This is an interview with Dennis Olsen on July 14, 2006, at the Centers for Disease Control and Prevention in Atlanta, Georgia, about his involvement with the West African Smallpox Eradication Project. The interview is being conducted as part of a reunion marking the 40th anniversary of the launch of the program. The interviewer's name is Diane Drew.

Drew: Could you start by telling me a little bit about your background- where you grew up, your schooling, and how you got headed into whatever career decisions you made?

Olsen: I was born in 1939. I grew up in Danville, Oregon. My folks moved there in '41. All my schooling through high school was there. Then I went off to the University of Oregon and got a degree in science.

And as part of the college leaving process, I went over to the placement office. I was thinking, "I know I'm going into the military, but I'll talk to some folks who are here talking about their companies and organizations." I'd never given public health a thought. And a gentleman by the name of E. J. Spyke, Jerry Spyke, was there representing the Centers for Disease Control. I was quite intrigued and thought, "Well, this would be maybe a good starting point." Government service had never really crossed my mind, but I didn't have any money whatsoever and knew I wouldn't have any coming out of the military. I accepted the position that was offered and thought, "Well, I'll do that for a while and see what it's like, and then probably go back to school to get a graduate degree," as people were doing in those days as a matter of course rather than desire, and I stayed with CDC for 32 years.

Drew: Wow!

Olsen: Never did go back to school. Whatever other education I got was through the organization both in formal education and working in the field.

Drew: And when you came to CDC, did you come to headquarters right at the beginning?

Olsen: No. My assignment was the first trainee public health advisor

to be assigned to the State of Washington, in Seattle. And I was in Seattle for I think 6 months, and then the second co-op (cooperative agreement) came, and I was transferred over to Tacoma, Pierce County. This was all working with the Venereal Disease Eradication Program.

And I was there for 6 months. Then I was contacted by the regional office folks in San Francisco, CDC people. They asked if I was interested in becoming a recruiter for CDC, much the same as E. J. Spyke had recruited me. So I agreed to do that and was transferred down to Los Angeles because that was the base of operation for that.

And for a while, I was the only one there doing that. Traveled in, I think, it was 9 Western states at the time, going to college campuses and, if there weren't college campuses, running ads in newspapers. Then I was joined by another fellow. And I think I did that for 3 years.

Then I was asked if I was interested in going with a program that CDC was taking command of, to a certain degree, the Malaria Eradication Program. So I came back to Atlanta and was in training status. But as it worked out, there were differences of opinion as to who would really have control-USAID [U.S. Agency for International Development], who held the purse strings, or CDC, who had operational responsibility. And because they didn't agree, most of us in that training program never did see work in the field. I was to go to Costa Rica, but in the meantime was contacted by Billy Griggs to see if I wanted to go to West Africa and join the smallpox program.

I agreed then to go and take that up as an assignment. I asked what country. It was either going to be Sierra Leone or Liberia, but I requested Liberia, and that's what happened. Carol and I got married just before going over.

Drew: So you'd known each other before.

Olsen: We'd known each other about a year.

Drew: Did she come from Oregon originally, too?

Olsen: Wyoming, Cheyenne, Wyoming. She was a civil sanitary engineer. She worked with the city of Los Angeles, CA.

We did our training here in Atlanta in the months of July, August, and September, and we were happy to get to West Africa and Liberia.

Drew: Was that a Francophone country?

Olsen: Anglophone country.

Olsen: I think there was Sierra Leone, Guinea, Liberia, and there must have been one other.

Drew: Nigeria?

Olsen: Nigeria, they were already had public health advisors and physicians. But they may have been training some others to go. It's just too long ago for me to remember who all was there. But I do remember those other countries because I was selecting between Liberia and Sierra Leone.

Drew: Was there a program already in operation by the time you got there?
Olsen: No.

Drew: You were basically sort of starting.

Olsen: We were.

Drew: Was your program like some of them, working with both measles control and smallpox eradication?

Olsen: To my knowledge, at least for the group that went over at the time we did in '67, that was always the intention. Smallpox was the overriding issue and disease we were dealing with, but since we were there and giving vaccinations, the measles vaccine was provided, and that was also then administered.

Drew: Tell me a bit, if you would, about traveling to Liberia and maybe the first few weeks or months there, both from your point of view and maybe about you and your wife in terms of kind of the cultural differences, who was setting up the program, any of that.

Olsen: CDC was really thorough, I thought, and had experienced people to try to prepare us for the differences that we would find culturally and environmentally. And I don't remember that we had much of a cultural shock. We always say we had more coming home after 3 years than we did going. The States were overwhelming

again with all the things available to you. You no longer could even make a decision on which tie to select because the selections were too great.

But when we arrived in Liberia, I think the first thing that struck us was the architectural development, if you will, which was limited and so different, and just the tropical rainforest itself. You can only imagine these things and see pictures in books. But seeing it, I thought, yes, this is quite different than what we would have been thinking about.

We were, of course, well taken care of by representatives from USAID. They were very kind to us and had housing available-not staffed or anything, but with a guest kit to get started. Dr. Shalimar [sp.] was the health officer for USAID; he and his wife were very gracious people. So it was an easy transition.

Drew: Did they have a medical officer from CDC?

Olsen: Not then. That came later. The issue around that was that a Dr. Pifer [John Pifer] was supposed to come. But there was an outbreak of war, in Benin, Nigeria, and so CDC had to make some staffing changes because the people in Benin, including Dr. Foege [William H. Foege], all had to leave. So Dr. Thompson [David M. Thompson] and his wife-I think they had one child at that time-came to Liberia, and Dr. Pifer eventually went off to Nigeria. But the Thompsons didn't show up for maybe 3 months or longer after we were already in country.

For housing, they put us into a compound that had 2 duplexes. There were 2 other Americans there, a fellow with the Geologic Survey, Jim Sites, and Dorothy Deloof, who was a nurse for the Kennedy Hospital that was being built. And I guess they were both up-country or something. So Carolyn and I are there all alone. We have no phone, no outside road, no car. We're just there. The curtains on the windows were actually sheets. And we were then thinking, "All right, it's time to sleep," and then there's a huge thunder and lightning storm, and rain, which, coming off the ocean onto these corrugated tin roofs was extremely loud.. . And all of a sudden, there was a huge bright light and a big bang, and we pulled one of these curtain things back and looked out, and the lightning had hit a transformer on the pole just adjacent to the house. Fire was coming down the line toward the house and all we could do was sit there and watch it. It went out before it got particularly far.

I guess one of us turned to the other one and said, "Let's go

out to dinner." But we didn't even know where dinner was. We had been dropped off; we didn't know which direction was what, except the road to get back to the airport.

The next day, life started to look more normal as we were introduced to the people at USAID. We started hiring staff for the house, which I'm sure Carolyn will be telling more about that than me. The way this usually happened was that some of the Liberian staff at USAID, knowing that you were new, would send their relatives over to see if they could be employed as staff. And there were little financial kickbacks for this.

Well, one man showed up to be our houseboy. His name was Timma. He was a nice, gentle, older man. Carolyn hired him, and he was quite willing to work. But he did the laundry one day shortly thereafter, and we noticed that all of our clothing, our whites particularly, were sort of grayish-blue. He was hanging them on the leaves and things; he was seemingly ignoring the clothesline. Well, it turns out that Timma had on a country shirt, and the dyes in it, as he would wring these things out, were coming off on our clothes. So Timma got another job as our gardener. Then we were introduced to a young man by the name of David Parker, who stayed with us for 3 years, which was unusual because most people have several houseboys. But David and Carolyn and I hit it off.

Then, work-wise, we were introduced to the Liberian public health system. It was, I think it's fair to say, primitive. It existed in Monrovia, the capital, but there's no infrastructure up-country for public health beyond some dilapidated buildingsand very poorly trained staff, who are not supervised and not really provided with medical supplies.
One author wrote that,"Liberia never suffered the benefits of colonialism." Most of the other countries had been colonized and had developed infrastructure outside the capitol city. Liberia was proud that it had never been colonized

Drew: I if I remember correctly, Liberia has ties to the United States in a sense, don't they?

Olsen: Yes. Back in the 1800s, the 1840s maybe, there was this whole plan to move freed slaves back to the areas in from which they had originally come. This was most likely guess work for the most part.

Drew: Sure.

Olsen: The capital of Liberia is Monrovia. The then President was W.V.S Tubman. And their government is made up pretty much like the United States. It's a bicameral system, and their flag is a star and red and white stripes, things like that, so a lot of connection.

Now, there was a lot of American money that went in to make sure that they had an opportunity to survive . . They were going to farm, but farming never really took hold. For awhile, they lived on the ships that they arrived on. Many people died from tropical diseases, etc. But, overtime survivors and new arrivals settled and developed what is now Liberia.

In any event, we then were introduced to the public health system, and I was to have a counterpart, Dr. Thomas, a Liberian doctor. We were to report to a naturalized Liberian, a Haitian doctor, Dr. Titus. As CDC assignees we reported to, and received administrative assistance from, USAID.

It all seemed to work reasonably well. It was hard to get things started. Dr. Thomas wasn't particularly insistent. We tried to move things from the training to go up-country, but there was always a little problem with getting gasoline for the vehicles and getting the teams organized. It was just slow-going. I think we were all just feeling each other out.

I spent a lot of time in training programs because we were using Ped-O-Jet equipment, and so we spent a lot of classroom time in operations maintenance of it. And, of course, we had to wait for supplies to come in. There was always something in the early days that was keeping us from going up-country.

Drew: That must have been kind of frustrating in terms of developing a program.

Olsen: Yes. Since there wasn't really anything there, there wasn't a system that you could just tie into and say, "When these other things come, then we will make the changes and augment your program. Or we'll use some of your materials and supplies; we will then supplement that." There was just nothing. So we had to wait for the vehicles; we had to wait for the parts for the vehicles. Things broke down pretty easily.

Drew: What was the prevalence of smallpox or measles?

Olsen: It was pretty much unknown because the infrastructure wasn't

there. There was no reporting system.

Drew: So it wasn't that it didn't exist. It was just that you really didn't have any data to know?

Olsen: I'm pretty sure that there wasn't much in the way of smallpox that I have heard about. We made early inquiries with the population up-country-the mining organizations and what health services existed (missionary hospitals)-to see, just as a quasi-surveillance system, what was going on. And I'm pretty sure that there wasn't any smallpox at that time. There had been a previous vaccination program run by an organization called Brothers Brothers that had gone through; I forget what years they conducted a program there. I heard varying reports as to how they were managed and what you could anticipate.

Measles is a rash illness, and you would hear about it from folks who were coming down from up-country. So what I planned is that, number one, we needed to get the vaccination teams trained and up and running in the field. Surveillance had to sort of take care of itself.

We knew there was smallpox in neighboring Sierra Leone, and so our plan was that it was the border that was most likely going to be impacted. We knew that there was an up-and-running program in the Ivory Coast, which was on the southeastern side of Liberia. That border would be much harder to get to logistically; we probably wouldn't leave for there until we could learn more as to where the prevalence of the disease was, if there was any. And as for the Guinea border up north, a couple of mining organizations weren't seeing any rash like illnesses so we weren't planning to go up that way initially. And once we got up and running and got supplies, it worked reasonably well. We had some good teams. We had 5 or 6 actual vaccination teams, 2 assessment teams.

Olsen: These team members had to be pulled from other kinds of projects. That's the way it works in these countries where there are a limited number of resources.

We established the logistics system to receive the goods and housed them at Mambo Point, which is where the "preventive health services" was. I had to set up a warehouse inside the building and train someone to do the warehousing and keep track of this and that.

Vaccines were stored at the American Embassy-they had a

huge freezer storage facility-because there was nothing, initially, in Monrovia that we could find. We eventually moved the vaccine supply out of there to a Montserado Fishing Company, which had freezer facilities. So when I went in to get the vaccines-the Liberians wouldn't go into those buildings - it was too cold for them. I had to go in.

Drew: Really?

Olsen: All the boxes and so forth smelled like fish. But that's where we stored the vaccines.

Drew: Apparently, that was one of the difficulties that some folks faced when trying to deal with the measles vaccine, in particular, was…

Olsen: Cold, always cold.

Drew: Yes.

Olsen: We helped solve the cold-chain problem, and I'll get to that.

But one of the more difficult parts of distribution of the vaccines was lack of communications with the hinterland, no infrastructure, and then getting to and from these places. The road networks were poorly maintained dirt roads. And we had these big Dodge power wagons that were provided. They were far too big for what we needed. They were fine on for paved roads, but we only had like 50 miles of paved roads. So it was difficult to transport things, and a lot of walking was involved. And, of course, there's this cold-chain issue then, getting the ice. We would have been better off had we been able to negotiate for the kinds of vehicles that were going in because we could have used Toyota Land Cruisers, which were smaller. They were not the things that people run around in today with all the plushness and all the comfort]. They were much smaller. And, there was a Toyota dealership with a service department in Monrovia.

And we solved, to the best we could, our cold-chain problems because there was a wide distribution of Lebanese merchants in our area. Wherever you'd go, to a village of any size or along the road, there would be a Lebanese merchant. And all of these merchants had functioning refrigerators.

Drew: That's interesting.

Olsen: And they'd keep them maintained for the goods that they would sell. They acted as the bankers for the locals and any number of different things, and this was all surely in agreement with the government so that they could stay in business. And the Lebanese merchants were kind enough to house the vaccines and give us ice for the chests and all that sort of thing, so that worked out reasonably well.

Drew: Because they were sort of dispersed around the area.

Olsen: They were dispersed all over the country.

Drew: So it would almost be comparable to like being able to go to a bank that was located near where you were working and get what you needed?

Olsen: Near enough that you could keep the vaccines cold and make the ice used when transporting the vaccines to the vaccination sites.. And then come back at another time, when appropriate, and get the vaccines and start all over again. Now, it worked as well as it could.

There were also missionaries in areas with refrigeration, and they would allow the vaccines to be stored. It never worked very well trying to transport and use the kerosene operated refrigerators that were provided. We did not use them. Maintenance was a problem. If no one was around, the kerosene was stolen, and if you hired someone it just did not work out well.

I remember we had a regional project meeting, in Abidjan I believe. Dr. Foege and the regional staff were interviewing us about our programs. And I mentioned to the group that we had this kind of cold-chain system, and Dr. Foege leaned over to someone and said, "Well, Liberia doesn't need more refrigerators. They need more Lebanese."

We had our systematic way of covering the country. We had a public health education unit-not that we organized, that was provided through the Ministry of Health. They assisted us from time to time, with a great deal of our encouragement. They would go ahead to the villages and prepare them for our being in the neighborhoods. They would get the people in a central place so it would be easier for us logistically to maintain the vaccines, get there, and vaccinate. And invariably, the local chief didn't

want to go to another chief's area: "Come to my area. I'm the chief." Politics works the same way everywhere. So we had a very difficult time getting people to congregate in large numbers so you could use the Ped-O-Jet most efficiently. But you just had to work with those things.

Drew: And at that point in the program, wasn't the approach still to just do mass vaccinations?

Olsen: Almost all of the time that I was there, 3 years, it was the mass vaccination approach. Just as I was leaving, the search-and-containment approach was, I think, being at least talked about, if not being implemented in some places. I didn't get involved with that until I went to India for the same purposes. There it was all search and containment.

Drew: But you were saying that you did have a fairly systematic way of determining where you would go and what you would do?

Olsen: Right, we'd sit down and work with our teams. We had 9 counties, if I remember the count. Some of which bordered Sierra Leone, Guinea, and the Ivory Coast And at that time, a good portion of Liberia hadn't been mapped. It was tropical rainforest. So the teams, knowing their areas, would say, "Well, we know that such-and-such exists out here, so here's how we would cover it." And, of course, we had to rely on them. We couldn't be making these plans on our own. So one team would go out in advance to let the folks know that we were coming and try to do these things I just discussed with you, and then also map out where the villages were for sure. Small villages would move when an area had been farmed out.

Drew: Why was that happening?

Olsen: Farming. They would just move. If it was a sizable place that would be somewhat stable. If the villages were smaller-fewer huts and so forth, and they were temporary-then the people would go off and go somewhere else. But generally they were stable.

We would supply the teams based on the teams' knowledge. I would go and do assessments myself. And if we ever had reports of rashlike illness, Dr. Thompson and or I would go, sometimes with a WHO [World Health Organization] assignee, and investigate. It was harder to get the Liberian senior medical

personnel to go. They didn't like to leave Monrovia.

Drew: I know in some countries that part of the mode of operating was to deal with the village chief or whoever the leader was. Did you pretty much have that type of introduction into the various developed areas?

Olsen: Occasionally, if I went to a bigger place, I might see the paramount chief, or stay with the paramount chief, because there was no housing anywhere else. Quite often the teams would visit with the village elders because we couldn't be with the teams all the time. But, yes, the politics all had to be attended to. You didn't just show up and then say, "This is going to happen." You had to let them know that you were coming and let them make the decision. Then they would get their populations organized and motivate them, to the extent that they chose to do that. But that whole network, with the paramount chief down to the village chief, to then get down to Charley Brown's town, as one of them was called.

Drew: Generally, were you fairly well received?

Olsen: Always, always. I cannot remember a contentious time, a real problem that we couldn't overcome, working in Liberia in the villages.

Now, we had lots of hours of frustration and difficulty at the ministry level because they're being impacted by any number of things. I wouldn't even pretend to know all them. They were responsible for providing the teams, they were responsible for providing the petrol and the monies to support the teams, and it was a constant battle. Whether the resources were limited or whether it was just a lack of priority sometimes, I can't be sure.

Drew: And these would be Liberians?

Olsen: Liberians. The doctors I've mentioned. Dr. Titus was exceptionally supportive. Dr. Thomas, who was our counterpart, the one I mentioned, he soon went off to get a graduate degree at Harvard. But Dr. Barkley, the Minister of Health, was strictly at the top, a politician, and I have a couple stories about that.

I remember going to his office any number of times in a

fairly short period, trying to get the chits for the petrol. They wouldn't release money. They would release chits, and we'd give them to the teams so they could give them to the operators of the petrol stations. And Dr. Barkley missed any number of meetings and kept me waiting and waiting and waiting. One day I thought I really had it done. I went to meet with him he didn't show up. I was angry. I left his office and when I got in our truck I slammed the door. And my driver, John Massakoui, a Liberian, started laughing.

I said, "John, what is so blankety-blank-blank funny?" We knew each other quite well; we were together all the time. And he said, "Well, Dennis, this is just another one of those times when you learn that you're in Liberia, and here we beat the drums." So, okay.

Drew: He probably knew, without your even explaining, more or less what had happened.

Olsen: Yes. But it was always a fight for everything. And the team members would come to us, of course, because they couldn't get paid sometimes, and these personnel issues were very, very frustrating. You'd want to go, and you had to go, to the government and say, "You know, the teams aren't being attended to, and they need their salaries," and you wouldn't even get excuses. You would just be, more or less, ignored. It's hard to be that kind of go-between.

Drew: Was it because they had their own agendas and their own timetable, or was it a certain amount of control or passive-aggressive kind of thing? They wanted to control the resources? Or they just had different priorities?

Olsen: I think they may have had different priorities. I always felt that they wanted to support the project, but who knew what kind of influences were on them to do whatever? And I certainly wouldn't want to be accusing them of anything. We had our guesses sometimes as to how the resources were being distributed, for what purposes.

You go through these times and you had to work with them, and I think we did reasonably well. Up until the end, we didn't see any smallpox, and I think our coverage rates for measles were as good as one could expect. That was a much more difficult thing to do. You could assess smallpox because of the

vaccination scar. With measles, it was by guess and by gosh. You kept your tallies of the doses of vaccine administered, but that wasn't necessarily a true picture.

And then we did see, at the end of my 3 years, a case of probable smallpox. My replacement, Mr. Randy Moser had already come into country, and the teams were up-country. I guess it was Mr. Coleman who came down, and he said, "We've got rash illness in this particular area, and we have taken that lady and her child to the hospital."

I said, is she in quarantine?"

And he said, "Well, to the extent possible. They may be going home at night. Nobody seems to care too much."

So Randy and I jumped on a plane and went up there. The lady was there, in what served as the county hospital, and to us it looked like smallpox. So we took our samples. Got the cases properly contained in the hospital, (paid to get that done), took the samples and got them shipped back to CDC. And then, of course, we sent the teams up to start vaccinating. We thought that we had our first cases of smallpox.

Then we got either a cable or a call-probably a cable because the phone system did not work well; we didn't have some of these other things that are very available now-saying that there's something strange happening with this sample, so "Get us some more samples." Dr. Thompson had already left, so it was just Randy and I. And I think the WHO representative, Dr. Hans Mayer, was gone as well.

CDC sent another doctor from the smallpox program over, Dr. Pat Imparato and he reviewed what we had been doing, and he said, "Well, you've done pretty much all you can do from a medical standpoint. I've seen that you've sent the samples off." We got more samples. We sent them in. And it turned monkeypox.

Drew: Oh, wow!

Olsen: The transfer of another virus to humans.

Drew: Wow, interesting.

Olsen: Monkey was part of the diet.

We'd already packed our household effects to return to the states. CDC sent people into Liberia then, searching and taking animal samples, blood samples and things, and it turned out to be monkeypox. There wasn't a widespread outbreak. I think it was

actually contained either to just that lady and the child, or maybe 2 or 3 other people. Again, I was gone to the States by this time.

But it did cause a lot of people to go in looking for a lot of things because I'm pretty sure we were considering that smallpox no longer existed in Central and West Africa. It was kind of a scary thing, thinking here we'd gone all these years, and now smallpox was cropping up.

Drew: You're at the tail end, and all of a sudden you get hit by something like that.

Olsen: Yes. And it was also at a time when we had to call the teams off of smallpox vaccination because there had been a cholera outbreak in West Africa.

I was over in the offices in Liberia one afternoon. Usually, I was the only person in the office in the afternoon. The whole building emptied out.

And Dr. Barkley, the Minister of Health, comes in, and says "There's an unusual event for you." I said, "What can I do to help you?"

And he says, "What do you know about cholera?"

And I said, "Oh, very, very little. I mean, we have some background information, of course, I've got a lot of books here. But why?"

And he said, "Well, tomorrow we're going to start a mass vaccination campaign for cholera."

I said, "What?"

He said, "Well, President Tubman has been on the phone to President Sekou Toure of Guinea, and they have cholera in Guinea.

I said, "Have they notified anyone officially?"

He said, "They notified the World Health Organization."

I said, "Is there vaccine in the country?"

He said, "I don't know. I'm going to Evans Pharmacy to find out." This was kind of a British-run pharmacy in town, a very small operation.

He said, "I want you to write a plan for the vaccination coverage."

Drew: Surely this was at 3:00 pm on a Friday. That's when most everything seems to happen.

Olsen: I don't know if it was Friday or not. But said I can write a plan and base it on our smallpox coverage. Find out who might be most at risk of cholera, knowing full well that cholera vaccine was considered by many people to be essentially worthless. But what about the other things: looking at the source; determining how many and what kind of beds the hospitals had? These kinds of things I had limited knowledge about, and nobody to contact on that particular afternoon to put this plan together.

Drew: More like you knew the questions but you didn't know the answers?

Olsen: Yes, I didn't know the answers.

So I had a formulation of a plan that had to be fleshed out later on, of course.

Well, Dr. Barkley went off and he reported back that they had 50 doses of vaccine in the country. I said, "It might not be particularly wise to mount a mass vaccination program since you've got no vaccine."

WHO sent in 500 doses of vaccine right away. In any event, we mounted a sort of mass vaccination program. The first thing we had to do was go to the executive mansion and present the program to President Tubman. So I contacted USAID saying, "I've been asked to go, but I'm not representing the United States." So they sent the deputy, Dr. James, from USAID. And on the way up in the elevator to the executive suite, Dr. Barkley punched me in the ribs and said, "You're to present the plan." Well, I knew enough that if I, as an American, presented the plan, it becomes an American plan.

Drew: So we met President Tubman. I had not had the pleasure of meeting him previously. He was an elderly gentleman in somewhat failing health, but very gracious. The first thing he did was to serve us all a scotch had.

Drew: Single malt?

Olsen: I don't remember.

He sat us all down, and I was asked then to present the program, and I started by saying that, "At Dr. Barkley's request, and with all of us involved, we-we-"have come up with this" formulation"-not my formulation." And then he looked at Dr. Barkley for funding. Dr. Barkley looked at Dr. James. And President Tubman said, "Well, I will provide $50,000 towards

this from the monies that the Congress (Liberian) has allowed for my new boat"-his new cruiser craft or something. "And, Dr. Barkley, you find the rest."

Drew: Amazing.

Olsen: Yeah.

Drew: And, of course, $50,000 was more then than it is now, but still probably not a drop in the bucket in terms of what you need for funding?

Olsen: It wasn't enough.

So we presented the plan, and the only change that the President had was that the vaccine will not simply go to the areas that we have designated as being high risk. It would be distributed throughout the country so that all paramount chiefs and politicians in the regions would know that they hadn't been forgotten. This was a decision for him to make, not for us to make.

Drew: Sure, sure.

Olsen: Shortly thereafter, either a day or 2, we had the Radio Broadcasting Company of Liberia announce that the vaccines were there. We showed up one morning, and we had hundreds and hundreds of people outside waiting impatiently. The nurses were all ready, and we had the jet injectors to use. The nurses didn't want to use the jet injectors. They said they could go just as fast with the needles and syringes. And people were clamoring over the window casings.

The people were required to get a form that was being run off on an old mimeograph machine. And so people were clamoring up the stairs to get their forms so they could come back and get vaccinated. It was utter chaos!

Drew: And you knew that you did have enough doses, or did not have enough doses?

Olsen: We never knew if we had enough vaccine.

Drew: So you had that tension kind of biting at your heels too.

Olsen: Yes. WHO was continuing to support the government and getting vaccine to them as quickly as it could. My only interest then was using the vaccines that we had and getting the people satisfied so that we could calm them down. And trying to reorganize at Mambo Point so that we could get the people mimeographing the forms outside of the vaccination area because the vaccinees having to come and go was just causing total chaos inside.

Drew: And, of course, back in those times, it wasn't like you could email CDC and say, "Hey, I need some backup."

Olsen: But there were cases of cholera, and it was totally out of my hands in planning the response. Thank goodness I didn't have to do any more with it. But all of the resources that were available and needed to be pressed into shape, including the staff at the hospital and the people who were there helping develop the Kennedy Hospital, they all got involved and had proper kinds of beds and so forth. And I left the country, so…

Drew: Sounds like a pretty exciting time.

Olsen: It was different. I mean, you're barely comfortable with what you've accomplished and organized in the smallpox program and the distribution of vaccines and getting people inoculated for measles and smallpox, then this happens. It was so totally disruptive. And you knew full well the limited resources. It was just going to change everything.

And had we had an outbreak of smallpox at that time, I'm not sure what would have happened. Which situation would have taken precedence? Most likely the cholera because it's more of an immediate threat, more people being affected at that point.

Drew: It must have been kind of amazing to be sort of on the line.

Olsen: It was different. But I got to meet the President.

Drew: And you got to speak to him?

Olsen: Yes. I was checking out of USAID when I met this gentleman whom I'd never seen at USAID before. He introduced himself. He said, "I understand that you were in a meeting with the President of Liberia last night ." And I said, "Yes. But I'm leaving 2 days

from now."

And he said, "Oh, damn, all my sources are leaving the country."

Drew: And now a woman is President, correct?

Olsen: Mrs. Sirleaf.

Drew: Right.

Olsen: Harvard educated, and she's got her work cut out for her. I think she's at least got a chance.

I mean, the country had so many difficulties to begin with, and then this 8 or 9 years of war. One person described Liberia as "the infrastructure was destroyed and the culture was vaporized," something like that. It was just totally devastating. Young kids running around, apparently drugged up, with big weapons, killing everybody.

But I had the good fortune of going back to Liberia before all that broke out. I mean, President Doe had already taken over, and the assassinations at that time had taken place. So I saw Liberia once again, in l980. (We had left in '70.) You couldn't see much in the way of change because there had been so little there to begin with. So you didn't see the infrastructure breaking down, but it apparently was happening. The economy was just going to pot. Although potentially it could have been a reasonably wealthy country with its rubber plantations; iron ore that was very pure; and they had this international free port, and a lot of ships sail with the Liberian flag, so there must have been some sizeable income from that.

Drew: Did you have any children born over there?

Olsen: No. My wife and I didn't. But the Thompsons, at least one of their children was born there.

They had a good medical service there with a mission hospital called ELWA:"Eternal love wins Africa," I think.

My wife Carolyn and I say that we went to Africa at the right time. The countries were gaining their independence. There was a great deal of enthusiasm for the future. They were getting to make their own decisions and realize their own successes and failures.

Drew: And I'll bet corruption hadn't gotten quite as much of a toehold at that point maybe.

Olsen: You know, it's easy to see corruption in a smaller setting than it is in a big country like this one, so you could see it happening.

There was a give-and-take there. I remember Dr. Titus commenting to me once: "The way the system works here, Dennis, is that the President allows everybody to take a little bit. But if you take too much or it gets reported to him that you're getting too much, then you are going to be jailed." And people were . . .

Drew: So it's kind of like this unwritten system.

Olsen: Yeah.

But we enjoyed our time there. We think very highly of the Liberians. And given the opportunity in a different kind of situation, with what's going on there now, we'd do it all over again if it were possible. And it enthused us so much that we've always had an interest in international work and travel. I was fortunate enough to continue my international work in Africa and Asia. And nowadays we just pick up and travel 3 months out of the year to see the world.

Drew: That's great.