Interview with Marion Subah conducted by Dan Kaplan, Creative Producer at MICRO

Dan: Please introduce yourself to the visitor.

Marion: I am Marion Suba from Liberia in west Africa. I am a nurse midwife. I have been a nurse for over 40 years. And a nurse midwife for like 30 of those. I enjoy working in reproductive maternal and newborn health, taking care of mothers and their newborn babies, whether they are well, or they are healthy most times they are well.

And so if it's a good thing of trying to make sure that they stay well and other times when they are not well, what can you do to help them to be well. I have also been working in healthcare in Liberia and also in the US. I work at John Hopkins hospital, in Liberia here, I work at JFK or the hospitals around the country as a nurse.

And. Over 40 years, I have now become more of a nurse leader looking at the whole health system in terms of a health system leader and presently I'm the country director for last mile health in Liberia, where I lead a team of people dedicated to bringing healthcare within reach of everyone everywhere. So we work in remote communities, making sure that we have healthcare health services for especially children under five.

And for me, I like, I love plants I like flowers. I like trees. I like bodies of water. They are, me make my day and I liked being children. I like going to church. Sometimes I do more than one service. I like gospel music, but in terms of my first love, it's everything of looking at how we can do healthcare for, women and their newborns.

Dan: Could you please tell me a little bit about how you grew up?

Marion: Okay. Thank you for the question. Like I said earlier, uh, I grew up in Liberia in west Africa.

I am the oldest sister. If you are the oldest sister, you are the caregiver. You start from very early learning to do different things of caring for people. Look here, right? In terms of helping people to eat, helping the younger ones to be clean, looking around for what needs to do. So you grew up almost like a caregiver.

You start looking out for people and trying to make sure they are fine. You may start with your siblings and then you get to your schoolmates and your community people. But also I was named after my grandmother, my grandmother Will Flow. We'll call a traditional midwife she did during a time, like when our, when I was born, when I was growing up like elementary school and things like that.
She led a group of women in, in our city that work, she, well, we live rather, she led this group of women in taking care of women who were pregnant, or she did all the deliveries of everybody that’s my age group. She was the one that did the delivery and she was this kind of caring person. And everybody thought low Marianne is like home, like the grandmother.

And so that’s how we grew up and taking care and taking care. So of course, when I graduated from high school, it was like, caring was more like nursing, you know so, so I decided to go into nursing. And then of course in nursing, I wanted to, to really take care of children. But early on in my career, I found out that it’s really the mothers that take care of children, you know?

And so then I decided, well, then I should go to midwifing school and be a midwife so that I’ll be able to take care of the mothers and take care of them well enough for them to be able to take care of the children as I helped them in providing them the kind of guidance that they needed. But it really comes from growing up in terms of, it’s almost like what’s an expectation as your older sister, you will be doing that.

You know, like I tell people that even after I graduated from college, in Liberia, if that way you take the youngest siblings. So I have two of my siblings, and we always laugh and say the day we got married, we have four children because my husband had two of his siblings and I have two of mine. But that’s how it is that you grew up asking will this of being a caregiver.

Dan: Can you tell me about the community that you work with every day?

Marion: Okay. So like I was saying it’s mainly mothers and children, newborns, and then under five for me, principally, as the leader of last mile health in Liberia is really trying to make sure that people who are providing healthcare direct healthcare, are well-trained so they are able to be their patient. They can do an assessment. That’s what I would do when I’m doing patients. I do the assessment, whether I’m talking with them, whether I’m looking or whether I’m touching, it’s like to find out what’s going on. And then based upon what’s going on, you may have to do some other tests, some other diagnosis, no things that will help you to find out what actually going on with this patient.

And a lot depends upon the interaction. And for me, as I take care of children, you have a lot of interaction with the mothers because sometimes you have a baby and they don’t speak. They cannot tell you what is wrong with them. So you have to do a very good examination and then whatever it is we discuss with the, with the mother.

To say, this is what is happening with this child. This is what we going to do. And then this is what you will as the mother we have to do when you get the child home, but that’s what is concerned about. Or if it’s connected to the, to the mother, then you are like really trying to make sure that you can get them.

You know, the, the, let’s say for example, a mother that needs family planning services, or a woman who needs for you to assess her because she’s pregnant. You want to make sure that things are normal or you want to detect if things are not normal. So for me, in terms of direct providing care, those are the things that I do, but I also try to make sure as a nurse leader, midwife leader, to make sure that others are also doing that.

That’d be able to provide quality care but also that they have the materials that they need to work with. You know, like in Liberia, we have a lot of children come in, sick with fever, so we need to make sure to check them and to make sure that they do not have malaria or if they have malaria.

We also need to have the tests to do the malaria smear to make sure we do a test called the rapid diagnostic tests. In here, in country to decide whether, if it has malaria, if it’s positive for malaria, then we do, we have a standard malaria treatment, depending upon age and weight. If it is not malaria, it may be pneumonia, we’ll also need to check.
Those are common things that happen with children. So I have to make sure that whether, if the tests kits they need, or if the actual treatment for the malaria that they need. Or things for a fever or antibiotics all have to supply things, have to work. And then we have to make sure that those people or that are also providing this care, they are supervised by people. We can’t get data from them so that we know how to get supplies. We know how to train them. If you can observe them, you know, whether they are doing something correct or not. And if they are not doing it correctly, you want to make sure that they get it correct. So those are the things that we do but it’s merely in terms of providing services.

So for me, it’s actually at two levels actual provision of the services, whether it’s checking the pregnant woman to make sure that her baby is lying down correctly and that the heart is beating well, that’s that you would do and then also a ______ and provide guidance to if it’s like a child, we want to really check that child.

At that level of providing direct services and the whole interaction with the parents, especially if you’re doing maternal child, like I was saying, children cannot speak. So you have to speak for them for that level of providing direct services is what I do. But also in terms of making sure that others, as the as the, as the leader of last mile health, making sure that people who are providing services in remote communities have the correct training have the materials that they need to work with they are supervised to get reports and make good decisions on what needs to happen.

Dan: What are the qualities of leadership you think are unique to healthcare?

Marion: Okay. Thank you very much. So few years ago, I realized that leadership was very essential to making sure that we get quality care. We needed nurses who knew exactly what they were doing, but we also needed leaders who will make sure that those things were happening. And for me as a leader, I emphasize the whole thing about effective communication.

You must be able to communicate effectively. You must have that thing of promoting a learning culture in terms of in last mile health we feel we are all teachers and learners. So you have to know that if you have to find the health services, you cannot learn something now and go on with it forever. We learn new things.

And so you want for people to realize that it is a lifelong learning experience as a leader, you need to know that. Besides effective communication, you need to be an assertive person, not in terms of aggressive for really making sure that things get done. You have to be very firm, but you also want to be adaptive.

You know? So the main thing I like about leaders, our leaders are people in healthcare who use data. You must have decision-making based upon data based upon evidence, both quantitative and qualitative. You cannot just, you know come and guess that this is happening. You need that data. We also talk about effectively solving problems.

You, you know, you come in and you meet a woman today and she looks fine and then she done everything that she should do. And you get into to the delivery room. And after the delivery, you have something that no one expected to happen happens. You have to be very fast, very effective in solving that, that problem.

Another maybe thing that I really like to consider about leaders is that you have to be able to manage resources. You have to be able to be good stewards. You have to be someone who will be able to also assist in getting resources it’s not just, you know, that you, you, you are just like managing resources. And when we talk about resources, that’s true.

Got this capital thing. While we’re talking about people and we’re talking about time. Those are resources that are very important that you need to know really as a good leader, especially in health service delivery, you cannot do it without being a good leader. And you have to use all of those things that we just talk about.
Whether it's learning from routine learning, doing communications, whether if we're using data, you know, solving problems, looking for and managing resources, all of those things have to come together for you to be able to be a good leader.

Dan: Great. Thank you. Could you tell me a story about when you used leadership to provide care to someone?

Marion: Okay. You have to use it all the time. If you are providing care and maybe I'll just do a simple example. I say for, for, for a mother that comes in labor at the health facility, as soon as she comes, you have to communicate with her. Well, she you, you have to ask her questions, you know, that she's into a situation and she's trying to cope.

So you have to make sure, and in maternity care we call it respectful maternity care. So you have to communicate with them. You know that this is an issue. So automatically they have things there that she has to learn to do. She has to, I mean, simple things like learning how to breathe so that she will be able to breathe, right.

So that she will be having more control over her contractions, she will have to learn that you have to make sure that you teach that well. We've also seen that you have to look at data. What if this one day she start contraction? What, you know, what, what is, what is learned of those contractions, how strong they are, that's the data. How far she's, you know, she is going into labor. What's her past history? How is she, is she, if, is this a first pregnancy? It's this her second or third pregnancy, you need to know that. And if. You know, so that you be able to plan her care. That's the one thing of getting the data so that you will be able to plan again, make good decisions, you have resources, you got to make sure that you are ready for her to have this baby.

And if she's ready to have this baby, you have to make sure that you have everything that you need. You know, you can, with them, with their, the baby is coming for you think, oh, we need something to cut the cord. What I need clothes to be? What, I need covers or blankets or a place for the baby to be warm, you must have those resources available, you know, and the whole thing of interacting and communicating, you can actually, like I said earlier, where you have a problem developing with this mother, you may have to make sure that you handle that problem based upon the data and your experience.

So you. All of the time you are using these as your skills, as you care for patients. And it's the same. If you have a new baby coming, the person brings, it brings their child in maybe it's for a well-child check. You know, you got to communicate with them properly. You got to check this child and find out exactly what the child weigh. How tall is this child? What kind of developmental phase the child is in, should this child be talking, should this child be sitting, you know, looking at all of those milestones, that's the data, and you use that to plan your care and decide what the best thing to do for the patient. So all of the time you are using leadership skills, you know, and like for us, if you are not even providing direct care, you have to make sure that you use all of those skills to make sure that people who are providing direct care, like, you know, organization have those skills and they are also using them.

Dan: Great. Thank you. What do you see as big challenges to your work today? How would you like healthcare to improve in the future?

Marion: Challenge today? Today, healthcare is, you know, like everything else it's getting to be very techno technology influenced. You also have patients who are also. Getting more experience and more exposure to things you have internet with this technology that can explain things to them. You would now have people who I'm not like depending upon the doctor and things that a doctor knows everything, or the nurse knows everything.
You have to use people. You still have people who need that kind of information who may be technology savvy, but it don’t have the content, exact content that they need. The challenge we have today is really in terms of qualify us like to emphasize the qualify more resources. In the right numbers. So you may have midwives or you may have nurses, but you they not be as qualified as they should be.

Or if the person is qualified, you do not have the right numbers. You know, like if you are doing a, a clinic where sick babies are coming in, you have to like to take the temperature, make sure you do that, that test but there are like 6 or 8 of them at the same time. So some babies have very high fever. You want to make sure that they don’t come forth, you know, or some children come in for immunization and they’re standing on line.

You have to have the right number of people to take care of them. Expeditiously. So for me, my number one challenge in terms of healthcare, it comes to this whole thing of qualify, resources, qualify human resources, you know, nurses, doctors, physician assistants, to take care of people. The other challenge we also have is having the resources like you come and you see a child needs immunization, but then you don’t have enough of these immunizations or you don’t have enough needles to be able to give, use a clean sterile one for each child.

Those resources and how they’re supply and how they’re taking care of. But also a lot of times we’ll talk about money because money can get to those two things, I would definitely have to add funding there, you know, but I really think that if people have qualified people, wouldn’t do exactly what they were doing and they have the related things to work with would do a long way in meeting the challenges.

And also like to emphasize the challenge of leadership, you know, in some of the developing countries like Liberia, somebody is a good nurse and they are doing very well. Then we tend to promote them to that, supervisor, now you are supposed to banish the flu. You are supposed to make sure you order the equipment, you have things ready.

You make sure that you have staff working, but that banishment thing, you don’t have it. Or at least not to the extent that you needed and that leadership skill that you need. So if we can get really good qualified human resources, qualified leadership, we have the supplies we need and the money, you know, to do different things.

I think those challenges are things that we need to, to look at. And I will say that the way that healthcare is going in terms of technology, we’re looking more at, and for me, which I want to emphasize and which our thing is, what we emphasize a lot incremental help, which we do our last mile health is the one thing about self care and lack of care depends upon the person.

You know, maybe 80 percent of care in the world depends upon the person. And that person they are so many things because of the improvement in care and technology. You can now help people to take care of themselves. The mother herself can put the antibiotic ointment in her baby’s eye. She, herself, can even now, besides she give herself the injection, we have for family plenty. You don’t have to be there. No, she doesn’t need a nurse to do that. And for the kind of numbers of nurses in midwives are needed, the more we look towards community health, as we are finding organize my health, the more we go to self-care and I think that’s the direction that healthcare is going at is the only way we’ll really get universal coverage of people being able to meet themselves at their level.

And then they can now go out for what they need, but. It will be something that we need to work towards really emphasizing self-care for people to be able to do all of those things that it can do. And then they go to nurses and doctors for those things that they are able to do, it will make it better in terms of meeting the challenges.

Dan: What are some of the ways that you practice self-care?
Marion: So for me, for self care is that I want to do as much as I'm able, and I don't have to present in there if you want to eat right.. It’s the whole thing about nutrition. Making sure you eat the right food, the right number of times you don’t go about eating, like completely junk all the time, all the time. You don’t want to eat, but you want to eat right food. In Liberia. Yeah. Tell people that. Look, if you eat Liberian food, you’re fine. We have in Liberia where we cook, we have all the food groups into our meals. We have the protein, the minerals and vitamins into what we eat. That’s how we cook our, our issue is that we cook too much oil, but other than that is like fine.

We have things in the middle that you can eat. So I encourage people to eat good. To eat well in use the diet in nutrition is like take care of a lot of, most of the problems that we suffer. Also, you want to make sure that you get exercise and rest. That is very important. And the whole thing about being calm, you know, so for me, uh, tend to do those things as much as possible. Some days it’s very difficult to get rest or to go to bed early, especially the work that I do, but you have to make sure of that and I tell people, it’s not that you have to sleep at night or you have to sleep in the day, but you need to make sure that you get at least six hours of sleep. So what are you sleeping a day?

Other people are up and you are up at night and what other people are sleeping. You can, you can do work. Yeah. Right. But you have to make sure that you sleep sometimes. You can just stay up so long, you know, but if this thing ended, I walk also for me, I do walking and I do thinking, I think it helps me a lot. I sit by the water, watch the waters, or just like watch the sunset, or watch nature. All of those things are helpful for me.

Dan: What are some of the songs that you sing?

Marion: Some of the songs that I sing? They are all of them, I have to say are like gospel or as I tell people, they are not really gospel they’re really, they’re Christian songs, because I like both the gospel or the hymns, like I do both of them.

So I do hymns, I do gospel, I do any of them. But, uh, it’s this thing about me. If I, if I hear a gospel or a church song would you mean the hymn books song? That is in a hymn book? My friends like some people that meet me, they, they just look at me and say, gee, how did you finish all the, because I like this song and I cannot carry the hymn book with me all of the time. So then I’ll still, and, and I’ll be memorizing songs. I think I read one once when I was in third, third grade until now I still have memorized them so that I can sing them when I don’t have to the book.

You know, so, but that’s my theory. I think, I think sometimes I not even be aware that I'm singing, you know, okay, you go in, you know what, but it’s mostly stresses on whether I see more spirituals or gospel, whatever they want to call it.

Dan: Do you have, do you have a favorite musician or, um, a, uh, singer that has CDs or recordings of that type of music?

Marion: Okay. So, uh, I, I, I, I will put Tony McLaughlin up, but I'll also put Chris Tomlin. I like, like, like it. So you ended doing two different kinds of music, you know? So, yeah.

Dan: All right. Tell me, tell me more about them. Why do you like them?

Marion: Well there’s songs. Okay. So I liked, I liked the songs for the music of loss in terms of the beat of the music, you know, I'm African, African we like beat, but it’s also the words in the songs.

You will find out this song going with freshness and you can relate to it. You know, slowly it’s starts. It's almost like telling a story. Which is something that I do. That's how I learn things. Uh, like if I'm going to do
a presentation, I will have it in a story from beginning to end. So then I connecting it that, and so it's the same thing, like I would do with the song.

And that’s what I like about the song is saying different things. You know, like if you'd be half a chorus, but then each verse says what that chorus was leads up to the chorus, you know? So that's what I like about, about the songs. And you feel like, like for Tony McLaughlin, he sings gospel songs in terms of what he also sings like hymn.

And so, and I liked him. I liked him, I think maybe hymns are both of my favorite, than anything else.

Dan: Why do you think you like hymns the most?

Marion: I think because of the verses, you know, let's say for example, I think maybe my, my biggest song is like it ‘How Great Thou Art’ and it starts off by talking and then if it starts off by saying, okay, God you are great. And then it says, I see you. And they talk about, see you in a, in a, in a, in nature with, of course I see.

Because I like that. I see you in people, if you feel it goes through a those verses is so that by the time I get to the end of the song, I have sung those different hymns, you know, those different verses that, that shows very holistic, you know? So I tend to, and maybe those songs are learned easier because it goes, you know, like, like that. And it's sort of like explained those first buffers, what that chorus leading up to.

I sing the other ones that go like, what they do the chorus? Where they have like 10 words songs that is saying, maybe I'll say a hundred times. They're still repeating that same verse I do too. But I like the hymns better because like have a message, all of them have messages, but those are more detailed. Hymns are more detailed messages and some of the choruses.

Dan: Okay. Thank you. Could you tell me some specific plants that you like?

Marion: I like every plant, it's such an interesting thing. Every time I meet people in new, you know, like. I keep the last mile health about two years ago, last mile health work into remote communities, real remote communities.

And so you have to travel like me a lot, a long distance on very bad roads to get to, to these communities. And everyone is complaining and they would take the pictures of the road. And I mean, like the first time I go out of town, I mean, we got up in the morning to come. We have to leave very early because the road was very bad.

They even have to bring a car from one end. Our guy is going to take us up to a sitting place because the mud is so much and wet that the car can not even pass even with even though they have a four wheel drive and a wench you can not cross. And so everybody is like preoccupied, but I'm on this road and you they whole entire road is green on both sides.

And you've got all the forest plants and they drive off everybody that goes to me for the first time. They are like, oh, but then by the time we get to the end of the chill and he did, I said he feel refreshed, so I would like say, oh, how I never saw this plant before, when I was in the last time I was on this road, what is that new flower?

And so I want to take that, that picture of the, of the flower, you know? So I tend to, I mean, if like every piece of my yard is occupied with something and I mean, at the office, I come in, uh, like I get up, I'm working and then like maybe after an hour or two or maybe two, three hours, I get up and go and walk around the office and I tell people, I can't imagine if I were in middle two buildings, then I will have like, when I was in the states, I live in an apartment and then a have all these flowerpots because I have to have plants.
So I'll get all of these flower pots and plant everything. And so when I moved to a house I was able to plant everything in, in a yard, you know? So, but looking at the plants and then the green, you get fruits from the plants, but also like water. I don't know why it's just something that is very calming to me, you know?

So like, you know what they do this, the wake a the screensaver, and then now they have these pictures and will say like, and then I will like show something else. And I would like be clicking, moving off until I get to something like a waterfall or. And the thing is, so, I mean, it's just like very soothing and calming to me, like sit by it and I'm fine.

Know, just walk to the yard and I'm fine. So what would I say? Water, the plants, all of that very good for me.

**Dan:** Are there any objects you have that you think are meaningful? Like things on your desk, or maybe something that you wear that kind of reminds you of something you feel is important.

**Marion:** Oh, oh, okay. So I must have post-it notes. I must have the post-it note. I don't know if I can work without it. Maybe it's something that I bought into, but it's like, I must have it and I have all the different colors and I use them for reminders. I use them for information, but I post-it notes are there. And I think maybe the thing that I must have on my desk are mugs.

Cause I like mugs. I don't drink coffee, but I like mugs I don't drink tea, but I like mugs. I have them on my desk, post-it notes have to be there.

**Dan:** What's your favorite mug?

**Marion:** Oh, well I have one that I was like instrumental in making so, so I did a project and so it was a human resources for help project. That was a USC ID project.

We're working with bill or fiscals. And so I haven't worked on my decks and I don't want anybody to don't break it but, you know, extra human resources for health you know project in terms of paternal child, that's things that have like children, things connected with women health, those things are important to me or things that are connected to teaching.

**Dan:** Are there any other, um, objects like that, that you might you just think about often or reminds you of something?

**Marion:** What, not that I bring to work that I bring to work. Not that I bring to work. Like things that I must carry with me, especially if I'm going out of town, going out of country, I must, I have these, these things, these Bibles that I read, like the yellow Bible. And so if I'm going out of town, I'm going out of country. I must carry them. I have a, a, call it, a scarf, it's a big, it's a great big scarf.

It's more like a wrap that I got in somewhere '97 or so. And what has happened, I used to use a lot of scarves but with the fighting, with the war, we had a war in country and we lost every single thing. Everything. And so this, this wrap was then given to me, my husband went to Kenya and he bought it. And so he was like, I had to carry everywhere because I was like the only wrap I had.

And I had like grown on me and like grow on me anywhere I'm going I carry it. But those things I hear, like important to me that I have to make sure that I carry.

**Dan:** Do you take the wrap with you when you're doing, um, patient visits?

**Marion:** Yes. And when I'm going, if I'm going to the community to see patients it is part of me.

No. So it's a big enough wrap that you can use it to, to tie around you. You can use it to cover whatever.
Dan: So, um, tell me more about how the wrap makes you feel.

Marion: Well, the thing about it is that is this thing of warmth, but it's also like cover, I think boys, like the cover you get, if you want to you can cover your clothes.

If you want to own, you can wrap yourself and be warm, but also you can like, hang it on your shoulder as a as part of your dress. It makes your clothes look more formal, you know? So that's why I came from with the, with the, with the wrap. So you put it on your shoulder, I don't know if you knew the, if you have seen pictures of Mrs. Sirleaf, the president, the one who, the former president of Liberia?

Dan: No, I haven't.

Marion: She also used to, oh, she always used to always have that wrap on her shoulder, like a scarf. And I remember one time we, we saw her and somebody say, somebody is fine. They say, oh, Myra, you see you always using the scarf like Mrs. Sirleaf's. And then everybody else there who knew me long ago said, no, I think that Mrs. Sirleaf is using your wrap that Marion uses, because you always have, she always have the wrap, you know, and losing all of it during the war. So when I got this one, it was like, “okay, you are with me now.” I still use it. I may have been like since 97 or so, but I still carry everywhere.

It's in my overnight bag when I'm getting on a plane anyway. So it has been almost been to maybe all of the west African countries it's been everywhere. I've been everywhere. Europe, America, Africa.

Dan: Uh, how could you tell me more, if you don't mind about kind of how it makes you feel emotionally when you wear the wrap or when it, when you take it to different places?

Marion: Yeah. You see, if you are like warm, if you have wrap, you feel protected, you feel secure.

And the whole thing about like putting it on your shoulder is that you have something very common that you have on just have on an ordinary dress and you put it on, it makes it looks nice, but it's this whole thing of covering and being protected. You know, if it's like that kind of symbol that, and then it, like, you will see out.

Sometimes I may have on something like maybe very, very, light. And, um, get to into the car. I would like tie around just so that, so this, this, this, this, this thing that I have on doesn't get dirty or something like that. So it's this whole thing of protection and covering and warmth you know, so you feel okay, you feel secure.

Dan: Right.

Marion: I think that's where it comes from. But that's what I do.

Dan: Uh, I just have a few more questions. Um, but thank you very much. It's been really great. Could you tell me about some of your biggest fears or things that you worry about?

Marion: Hmm. Oh, oh, worried about the, the whole growing up of children. That's my biggest worry if that, if we don't pay attention to children early, they grew up to not be smart, intelligent people. And it's one of the things that I really think about that, that I, I really would like that, that kinda thing to do to make sure that every parent is aware that.

From the time this child is born. It's not like you are waiting until they grow up or until they become six years, or 10 years or 14, but you really want to start at the very beginning. And you wonder whether you're talking to this child, whether you're playing with this child, whether you feeding this child, everything about it.

You want to know that if, it will be what would influence this child for the future and that you as a parent or in Liberia, you don't necessarily have to be the parent. You just have to be an adult that's providing care to,
to this child. For people to realize it early. You know, if not like after the child is already grown, but that's one of the things I worry about.

So when I see children not being taken care of then I wonder, oh gee, 20 years from now, you gonna be in trouble, you know, that's, that's one of my concerns. The other thing is about the country in terms of Liberia that like, when are we going to get out of this thing of moving forward, you know? And of course, right now, I'm sure I'm like everybody else also afraid of COVID-19. As something that's happening. So, uh, and that's the whole thing of being afraid of uncertainty being afraid of unknown as part of me. So COVID is like, we don't know too much about it. I'm not afraid of malaria, as I'm afraid of COVID. Malaria, I know exactly what to do. We have medications for aid. Do you know that if it gets people medications, so I'm not afraid of malaria, but I'm afraid of COVID because I don't exactly know what it is.

Dan: Could you describe a, uh, sort of what a typical day is like for you kind of where you go and kind of sort of a little bit hour by hour, what your day is like?

Marion: Well, if I'm looking at, in terms of the director for Last Mile Health in terms of what I'm doing, what a day would look like, I always look at everything that I'm doing, whether I'm doing a meeting, whether I'm going to find out from the operations people, whether they have picking something that it was supposed to take to the county, I find that my entire day is focusing on healthcare.

You know, whether people, uh, whether my staff, they are right team, the right document that will help us to get the right resources that will help us to make sure that the community health assistants that are in the county, they are, they really have what they need to work, or whether I'm doing a meeting with the ministry of health.

Which is sometimes too many times in a day or if I've even doing a meeting with, with, with global headquarters in Boston, it's like completely centered around how do we do the best healthcare? So I may be meeting with operations people to make sure that we get something up there. I will be meeting with a training people to make sure that the training is correct, or I may be meeting to discuss about this supply chain, but mostly like meeting for all of this center around improving healthcare.

But so I may come and I mean, work with my computer. I may go and talk to some of my staff. When I was in a hospital, it will be like more greet the patients and not in the center with my staff. Like, I think all of my life, you know, after like working in terms of providing patient services. So at least 30 of those years it's like coming mostly patients services, but it's like, coming, treating the patients and seeing what's happening to them and see how you can help them.

What things you need to give them for that to be fine, what thing you need to ask? What kind of questions, but it's the same thing here at the office. Sit at my computer and then I get up and go and talk to everybody around, see how you're doing. This is also what I do when I'm in the hospital, I get up and go to the patient's room.

And say how are you doing? Like, I'll tell you. I was mostly in obstetrics, so it's like a lot of times you have to be me and baby, go to the room and see how the mother is there some help that she needs and you come back, you get some help you documenting. That's what I do most of the day.

Dan: Okay, great. Thank you. Would you be comfortable singing some of the hymns that you like to sing now?

Marion: Oh, wow. Okay. Maybe I need to do a fun one right now with the COVID as soon that has become a very, I can do the first phase of that month. A call God bless our native land is almost like, like the the national anthem for the 450 queen, but that one is called
“God bell our native land. Long may she act and stand. Through tall and night. Long may our land be bright with freedom holy light. Protect us by the might. Great god our king.”

I could have found myself thinking you do some it's like we have to pray for COVID, so God will bless us that COVID get rid of this soon.

Well, sometimes I guess they miss stuff.

**Dan:** Thank you. That was really great. Any, any other songs that you hum or sing? Um, I'd love to hear you sing those and then you tell me kind of what you think of that.

**Marion:** Whatever they, I think they, whatever they called it, the quality “Praise God from Amen,” I sing that every day, I hum that all the time. That'd be bad. Yes. And I think it's just a habit, you know? I saw that I'm entering the office and I can't stop it. The thing that, and I think it's just like, because I'm just happy.

**Dan:** Thank you. I, I, um, I think that these are, these are really nice if there's, uh there's any other songs you, you would like to sing? Uh, I, I would love to hear it.

**Marion:** Yeah. Too many. But it is a shot. I mean, that [singing...] that is In my mind. Thank you, God. So I like that song too, because like we have all of these. “Thank you. Thank you, father. God. Thank you. Thank you my Lord. Thank you, God. Thank you. You have done so much.” I think that’s it. It's just simple.

Okay, stop it. 2:50, I have a meeting in 3 more minutes.

**Dan:** Oh, okay. Well that's um, that's all.