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Harrell, Zainabu

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Transcriber- Andrea Benintendi

Mark Naison (MN)- Today is July 21st, 2010, we're here with Zainabu Sesay-Harrell, who is the head of the Sierra Leone Nurses Association in New York City. And this is the Bronx African American History Project, with us today are Dr. Jane Edward, Dr. Bernard Hayford, and Kojo Happa, and I am Dr. Mark Naison, and we will be doing the interview. So we always begin our interviews by asking the people we're talking to to first spell their name.

Zainabu Harrell (ZH)- Hello everyone, my name is Z-a-i-n-a-b-u S-e-s-a-y- H-a-r-r-e-l-l.

MN- And tell us a little bit about your family background and how that shaped the person you have become.

ZH- Okay, well, I am originally from Sierra Leone, Western Africa. I am also, what you could say, how we call sometimes a half-and-half, because my mother's from Sierra Leone, my father's African American from the South, and they met in the 70s when my mom came to America, she was about 18 years old, and she kind of came here by mistake- she got off the wrong flight and then her life just, from then, so she has a life story on her own. But she came here as a young mom, left her kids in Africa, came to America, met my dad, and from there, you know, he just fell in love with her, I was born. So I was born in Sierra-Leone in 1977 and then from there, I came back to America with my family, we lived in Long Island, my mom had another child, my brother Alpha, and from then, my life, I would say, has been amazing since then because of both cultures, but especially because of the African culture because, as a child, my mom used to take me to Sierra Leone all the time, you know, when I was 2 years old, 4 years old. My grandmother was there, she brought my grandmother to America a couple of times (inaudible). And then, from there, growing up, I was always into the culture, I think it was just, I

don't know if it was her or more or less me because she used to, you know, speak the language to us, to meet people from Sierra Leone which is one of the biggest tribes in Sierra Leone, and she used to speak the language to us growing up and eat the food which is-

MN- Describe the food to us, I always like to-

ZH- People will always tell you, in the West African culture, food is a little different than the rest of Africa. It's more rich, more starchy. But it's similar to Ghanaian food. But Sierra Leone people are notorious for cooking, and some of our favorite dishes have a lot of, people know Palm Oil. Palm Oil, we use a lot, Coconut oil- but we have one dish that is very famous in our country, it's called Cassava Leaf, and I think we're just about the only people who cook it and it's everyone's favorite.

Jane Edward (JE)- We cook it in Sudan.

ZH- You cook it in Sudan?

JE- In Congo, all over.

ZH- Okay. So usually people who come in Sierra Leone who live, we have a lot of Lebanese, and different Europeans who live there, everyone loves Cassava Leaf. So, our food is very rich, we eat full food, lots of rice, and a lot of that is to sustain life. You know, Africans, we don't really, I mean, eating is an enjoyment, but we really do it because we do a lot of hard work in the country so I grew up eating.

MN- Now, does your family live near the coast or inland?

ZH- Well, my family is not really from the coast, my family came from the provinces, from the village. I'm born in the city, but my mom is from the village, my grandparents, and then my grandfather's father, they're from Guinea, up. And our village is like on the borderline of Guinea

because we're so, we're between Guinea and Liberia, so you will have a lot of Sierra Leoneans who are part Guinea, who are, some of them are part Nigerian, too, because we have a lot of people in the 40s, 50s, 60s, and 70s, a lot of Sierra Leoneans go back and forth from Nigeria, a lot of people from Guinea now live in our country, Liberians too, so that's my grandfather's side. And my grandmother's side, they're all from Sierra Leone.

MN- Now, was your family Muslim or Christian, or something different?

ZH- In Sierra Leone, we're very mixed. In Sierra Leone, you will have, I would say, about half the country Muslim, but then the other half, they are Christian, Catholic, lots of Methodists, African Methodists, that's big in our culture, so you would have, you even have people who are Baptist. My family, my mom was born Muslim, but she was raised Methodist. So she was born a Timney, but she was raised by Creoles.

MN- Now Creoles are-

ZH- Creoles are the people, like there are, we call them Westernized Natives, because these are the people that were returned from slavery.

MN- Oh okay.

ZH- So they adapted the Westernized culture, the Westernized way of doing things. She always says 'that's what makes me kind of sophisticated, that I'm raised by Creoles.' She always says that. So she was raised by Creoles so she was, and her name was Elizabeth, but her Muslim name is Maite, so my family was always mixed so me being Zainabu, that's a very Muslim name, very respected name in the country, but then I was born Methodist, and then I became Muslim again after, but then I went back to Methodist.

JE- So when did you become Muslim?

ZH- When I got married. I got married, my husband, I was still in Kojo, is from Sierra Leone. I brought him to America myself in 2005. I was telling him I did all the filing and everything by myself and brought him from Sierra Leone, he's from the same village area we're from, and that's when I, he's Muslim, his mom and dad are Muslim, so I thought out of respect, (inaudible), let me become Muslim. But then I converted back, for personal reasons (inaudible).

JE- So it was your decision to convert or your husband asked you to convert?

ZH- No, my decision. The Sierra Leone culture, they don't really enforce religion on you like that, it's like different in other countries, more lenient with stuff like, I tell people if you go to Sierra Leone and you expect that rural African experience, wrong country, you know, you gotta go to the East Coast for that. Sierra Leone is more beachy, parties, relax, you know, (inaudible). But they don't enforce things like that. Even people talk about how they have many wives, and that's big in the Muslim culture, they still do that in Sierra Leone but it's very rare. Cause I think the women really don't stand for that too much. Very rare. You would find them more in the rural areas and the provinces, but they're not big on that now.

MN- Now, was there a history of people going into healthcare in your family or were you the first?

ZH- It really started with my mom. My mom, growing up in Africa, she worked in education and she came here, she used to work in (inaudible) as a secretary for a school, and she came here so they sent her for a program to Canada to do secretarial training and then she ended up in America by mistake so over the years, she got into healthcare, she was CNA-ing, home attendant, and then she started working for a Nigerian physician Icaan Phillips, who's now passed, and his wife who was a nurse, I call her Auntie Sola, but her grandfather is a Sierra Leonean also so she

always found a connection to my mom in Long Island, and where we lived in Long Island, there weren't too many Africans.

MN- Now, what town did you live in in Long Island?

ZH- I lived in Roosevelt.

MN- In Roosevelt. Okay, did you go to Roosevelt public schools?

ZH- Yeah, I went to Centennial Avenue School and I went to Roosevelt Junior/Senior High School for a couple months but I spent a lot of my time in private schools, and then I went to a boarding school in Pennsylvania.

MN- Oh wow. What boarding school?

ZH- Milton Hershey School, like Hershey Chocolate I went to that school and I graduated.

MN- How did you, did they find you, the prep school? How did you get involved with private schools and prep schools?

ZH- My mom, she's a go-getter and she knew about one of my aunts who's husband worked for the UN because my mom kinda worked with the United Nations for a little bit too and she knew that she had, that her friend had children in a boarding school in Pennsylvania and no one knew where and that was then, Milton Hershey didn't have a large African immigrant population.

Now, we make up a lot of the immigrants in the school now.

MN- Now, okay, Roosevelt, Long Island is a very notorious school district. Believe it or not, Howard Stern went to Roosevelt High School.

ZH- Howard Stern?

MN- Right, the crazy radio announcer.

ZH- Yeah.

MN- But, what were the relationships between the Africans and African Americans in the Roosevelt Schools and the Roosevelt community? Was this a source of tension or did everybody get along?

ZH- No. I mean, really, my mom, in that area, she was the only Sierra Leone family, other than Harrison Tucker, who was the head of the African Studies at Baruch College, there were no Sierra Leone. My mom is like, she's almost like the Harriet Tucker, I mean, Harriet Tubman, I'm sorry, because she brought a large amount of the Sierra Leone community to Long Island, to Hempstead and Roosevelt. So, she was notorious for that in the 70s and 80s.

MN- So this is the 70s. Did you experience the Roosevelt Schools as dangerous when you went there, or was it a different time?

ZH- They weren't. When I was younger, they were transitioning from being really good to becoming bad. And I don't know if it's because of who was head of the district, but Roosevelt was known for being a pretty affluent area because my dad worked on Wall Street and for IBM, and Dr. Phillips, when you lived in Roosevelt, you were either a physician, a lawyer, a professor, so that was the kind of community I lived in. And it still is around that area from the older families. And then, I don't know, over time, between city programs and local programs, and people moving from the city to Long Island, it changed. But, I mean, we had a good relationship with the African community and the American community, but there weren't many of us, you know. And then, even growing up, people didn't know I was African till they hear my name, you know, and my mom was very Western, but they loved it because people would come to my house, I was known for throwing great parties in my neighborhood and everything, so, they loved Africans, you know, we liked to feed people, they loved us. And now, there's a big African

community in that area of Long Island, in the Hempstead, Roosevelt areas, big African community, so we get along, and then you have a lot of Caribbeans and other people come, they wanna learn about the culture so, there was never any tension, but I mean, Roosevelt was a popular place, Eddie Murphy went to school there, a lot of people went to school there. And now, it's a little different so, I'm praying it gets back to the way it used to be. It's trying to get better.

MN- Now, do you still have family who lives in the Roosevelt-

ZH- Yeah, I do. Tons of my family live in Hempstead, a lot of old friends live in Roosevelt, but a lot of my family lives in Hempstead, West Hempstead, and that's all the family that my mom brought to America.

JE- And where do you live now?

ZH- I live in the Bronx.

JE- Oh okay.

Kojo Happa (KH)- So, when did you move to the Bronx?

ZH- I moved to the Bronx in, officially, 2006, February, but I've had my house here since '05, of April, so I was still a resident of Brooklyn. I moved from Long Island to Queens to Brooklyn and now, final destination, is the Bronx and I'm learning to adjust to the Bronx. I like it, has a lot of diversity. So I've been here about 5 years now.

MN- And which neighborhood do you live in?

ZH- I live in Kingsbridge Heights, Van Cortland Manor area.

MN- Oh okay.

ZH- By the reservoir.

MN- By the reservoir, okay, yeah that's a very diverse neighborhood and it's a very nice place.

ZH- Yeah, so-

MN- You have a lot of parks near by.

ZH- Yeah, people told me I lucked out when I moved over there. You know, I didn't know the Bronx. That was like, the first house I looked at in New York and I took it.

KH- So you own the house?

ZH- Yeah. Only house I've ever owned. So if I leave there, the only other place I'll be is maybe Georgia. And that's where I was headed to before I found that house. My cousin found that house, who was a real estate agent and my heart was in it. I think the Bronx has a lot to offer.

The Bronx, their homes are bigger, you know, it's nice, spacious, and it is quite quiet over there compared to where I lived in Brooklyn, very quiet.

MN- Where did you live in Brooklyn?

ZH- I lived in Crown Heights.

MN- Which part? Because I grew up in Crown Heights.

ZH- Sterling.

MN- Sterling and where?

ZH- Between Schenectady and Troy.

MN- Oh God, I grew up about 4 blocks from there. I lived in Brooklyn (inaudible) and Kingston in Crown Heights.

ZH- Oh. It's so- I love Brooklyn. My heart is really there but you know, I sleep in the Bronx. It's quiet, I'm a nurse, get off of work, I like it.

MN- Now, how far do you have to commute to your job now?

ZH- Well, my new job- two blocks.

MN- Wow! Oh so you're at the Veteran's Hospital?

ZH- Yeah. I'm a V.A. nurse now. Work for the Federal Government and my old job, is New York Presbyterian Hospital.

MN- So that isn't that far from there.

ZH- No, that's still not far. Train is not far, driving is about 18 minutes, not far.

KH- Do you have any kids?

ZH- Yeah. I have two children. My son is Amad who's 4 years old, and my daughter is Amani, Amad and Amani Dowe, she is two and a half years old.

MN- Now, are they being brought up Muslim?

ZH- No. Even when they were named, we had an official naming ceremony, Muslim, I recently, they're Methodist now. And we go to church here on Concourse Village at Epworth United Methodist Church. Wonderful church.

KH- Do you live with them? You live with your two kids?

ZH- I live with my two kids but now, my kids, I have sent them for the past, going on, it'll be a year, to Africa to live.

MN- Wow.

ZH- Yeah.

JE- To Sierra Leone?

ZH- Yeah. My mom has a house there and she's always back and forth so when she does business in Sierra Leone, she sells land and just tries to develop the community so, for me, it was my, what I owed to the country, of helping put back into the system, to get Sierra Leone where it

needs to be, so they have one of the top schools in her area in Godrich, which is Western Sierra Leone, it's equivalent to like, Long Island, of a New York City, say like that.

MN- Now, what's the recent political history of Sierra Leone, is it fairly stable now? Or did it go through a period of instability?

ZH- Yes, it did. Right now, our president is President Ernest Bai Koroma and he's part of the APC, All People's Congress political party, which is, we look at him as kinda like our Obama of Sierra Leone, our next hope, because Sierra Leone had a lot of instability. And we're really not a violent country, we weren't known for that, but when that, we had a ten year civil war, which, it trickled down from country to country and there was fighting in Ivory Coast, went to the next country. When they got to Liberia, that's when all Hell broke loose.

JE- It was terrible.

ZH- Liberia went through this for twelve years, vicious war, and when they got to Sierra Leone, it was horrible, I mean, amputating children.

JE- Yeah, I watched a documentary done by a British, or somebody, who is with the BBC. Yeah, it was really horrible.

ZH- It was really an unnecessary war, because they weren't fighting over anything but diamonds and resources, and I mean, resources that, I don't know, the natives-

MN- Now, is the movie *Blood Diamond* that's set in Sierra Leone-

ZH- Yeah, I don't think they filmed it in Sierra Leone, though.

MN- But the story is set in there.

ZH- Yeah, the story is set- yeah. But, whatever you saw in *Blood Diamond*, ten times worse than that, it was very, very brutal.

KH- The wife of the President has been in the news quite recently, can you talk about that a little bit?

ZH- Oh, well that's Sia Koroma, who is a fellow nurse, so she's very active. I personally, I know her, and she was a nurse in England and well, we talk about nursing. I was telling Dr. Naison that nursing is an opportunity for us to get the country back to where it needs to be, so she's very proactive in health, you know, proactive in repairing the country, so, she really does her part as a first lady. She is like our own Michelle Obama, she really does her job. She goes around, she comes from the states to Africa, she talks about health care, you know, Sierra Leone, we have the highest infant mortality rate in the world. I mean, it's not uncommon when you find a, you know, you'll go to a clinic, you'll find a woman, 8-9 months pregnant get in the front. You know, if you see how they're delivering children, it's horrible. So, she really does her part, she has her own organization which she goes and advocates for. But she also speaks on behalf of women, human rights, health rights, nursing, so she's very proactive, and I really respect her for what she's doing. And she's aware of our organizations and what we're doing, and they come to America and they have town hall forums to bring our community out to speak, they went to Staten Island College. I mean, if Fordham invited them, they would come here too. What they can do to get Sierra Leone to know what's going on in the country and how people can help. Their whole thing is they want the Diaspora to get involved in fixing the country. And I think we really take that model from Ghana, because they're very good with that. They get their people who are in Europe, in America, in Canada, Australia, wherever you are, to come and give back to the country. So if we do that, the country will turn around. Sierra Leone is only 6 million people. Such a small country, why is it so backwards, why can't it be fixed, and Ghana is a big country,

and Nigeria, these are big countries, but we do have affluent people like that also, and we have doctors and lawyers so we want them- I think that's one of the main reasons I started the Nurses Association, so people can have some pride.

JE- Could you tell us more about the Nursing Association that you developed? Like when did you start the organization, the activities that you do.

ZH- Okay. Well, I am the President and the Founder of the Sierra Leone Nurses Association, which you can visit us online at <http://www.sierraleonenursesassociation.org/>, we are the New York/Tri-State chapter, we are the first chapter and the only to have a website out of all. The Sierra Leone Nurses Association was not started in America. We have a chapter who originated in 1961 in Sierra Leone. They started with a couple of members, and now they have over 600 members in Africa. And what they do is they get a lot of their graduates from the local universities, Njala University, Sierra Leone, and they offer them free membership for a year. So, from that, it was about 2008, in the beginning of the year, where I just said, you know, 'I'm so passionate about the country, and everyone says, you know, they always tease me in our language, 'oh this American child but she's so passionate about Africa, and you know, she went and married an African, and her kids are African''. So, I, seeing where Sierra Leone is at, I felt like it was only my duty, it's my job to see what I can offer back to the country. So, I decided to see if we had a nurses association, because I'm a member of more than one nurses association. I'm a member of New York Black Nurses, which is a part of National Black Nurses Association, NYSNA, New York State Nurses Association, so I said okay, you know, I know that they have the Nigerian Nurses Association that they have here in Queens, the Ghanaian Nurses Association, which they have here in the Bronx. So I said, oh, you know what, you wanna be

able to rub elbows with your colleagues, let me see if they have one for Sierra Leone. So I googled, yahooed, and I found one on the internet. And I found that they were located in California. So, I reached out to the founder, which is Mr. Abdu Koroma, who is one of their founders of the Sierra Leone Nurses Association, California Branch. And then I found our mother chapter in Sierra Leone. So I reached out to him, and I said I was always interested in doing the same thing, and I don't think they ever planned on just taking it outside of California like that. So I reached out to him and I said, "hey, what can we do to bring it to the East Coast" you know. And then, I was on a mission to find as many Sierra Leone physicians and nurses. And in my years of searching, we have a lot, but they are hidden. And it's almost like this thing, we're not like the Ghanaian culture, the Nigerian where you can see the physicians and nurses all over the place. You know, a lot of time, when we're in the workplace, people, Sierra Leone nurses you meet, you think that they're Caribbean, because of the Creole names. Or we're just, you know, African American. They won't even know we're from Sierra Leone till someone hears us speak Creole or sees the name Zainabu Sesay, so they'll say 'oh, you're from [inaudible]' and then, boom, they'll let you know they're from Sierra Leone. So, my mission was to find all these Sierra Leone nurses and in my search I found 60 one day, just 60 off of the- and I didn't go, I didn't call anyone, I found it off of public website because we're all public servants, like public workers, so our licenses are there publicly for the community. So, I just started looking up the typical names, boom, boom, boom- 60. Boom, boom, boom- then people, when I reached contact them, people started giving me names and names. The Bronx alone may have had 70 or 80 nurses, off the bat, and people in nursing school. So, I reached out to the guy in California, and we talked of how we could bring it to the East Coast and really, our chapter in

California did all of the major work, came up with the bylaws, everything already. They said, 'here's the information to start a chapter.' So, I researched on how to start a chapter, a Nurses Association, Organization, and we're a non-for-profit organization, in the process. And from there, I started finding nurses and people know me, I will facebook you a lot, I will text you a lot, I will call you a lot. And it's only out of networking, you know. So, from there, I decided to have our first meeting last year, November. And in our community, to get things out there in the public, you guys know, you have to go to a local dance, baby shower, wedding, call, you know, some people are not computer savvy, internet, phone call, some people, because of culture, they want to be personally invited, so that's what I did. So we had our first meeting in the Bronx. We pulled out about 13 people to that meeting, about 13 people. And they came from Brooklyn, Upper Westchester, and the criteria for them to join us was they had to be a licensed professional, because we're not a social group, you know, you had to be a registered nurse, LPN, or certified nurse's assistant, or home attendant. So, people came to the meeting, I provided them plenty of food, people got to see the other nurses, and really, this was the only club, or organization, Sierra Leone has a lot of clubs and organizations and groups and (inaudible) but they're all social groups. So we were the only professional group, really I wanna say in its history. Even the one in California, the one in Freetown, we don't have a Sierra Leone Physicians Association. A lot of other cultures do. Ghana, I mean, Haitians who have, you know, Nurses Association of 25 years, Physicians Association of 15 years. So, I said it was imperative that we needed to do this.

JE- So, how many members do you have?

ZH- Right now, we have about 17 members. And it's hard because you gotta get people- because of the schedules, it's very hard for the meetings, but we do a lot of, we have a website, we do conference calls, we do in-person meetings, and a lot of meetings we do at festivals, or events that we all plan to go to, we'll pull members out here and there, and I update them a lot through email, through our email address, we just, slnanyt@yahoo.com. And so then, we have our online groups so, from that, we have, the Sierra Leone Nurses Association that was in Sierra Leone, Freetown, then we had California chapter, then New York was number three. From New York, New Jersey started to develop.

JE- Oh okay.

ZH- They're still in the progress. Then they had Sierra Leone Nurses Association D.C., Maryland, Virginia, they're still trying to make it established. And then we have our chapter in Texas, which is, the president and founder is a man named Abbal Seasay Jawandor, and he's the president of SLNA Texas, and which, that was really started by two women who were interested and then, he just took the info like I did and was persistent about starting a chapter and he started a chapter which he recently just came back from Sierra Leone and donated a generator and some plies to our Freetown chapter. We donated money to them so they can rent an office space, cause they had nowhere to have meetings in Sierra Leone. So, from that, you know, we have people in Ohio, who possibly want a chapter, I've been out to Georgia twice to help them start a chapter. And we also have nurses in Norway, we have a lot of people in Australia who are interested, so we kind of give them the tools and see, you know, what they wanna do with it and where they can go. Every chapter's unique, we do all our things basically individualized but the goal is to volunteer and send stuff to Sierra Leone. What I think makes New York a little bit more unique

is we focus on Africa and here, because we know that it's not just Africans, it's the diaspora period, or whoever we can help. So, we focus on if we can do programs here in the city, not only to get your name out there, but to show how effective we are in healthcare, and how we can, if we can convince someone to get blood pressure screening. Sometimes, people feel that if they have a brother or sister who looks like you, who can take a blood pressure, or convince them to do HIV screening, they'll be more receptive to doing it, versus someone who may not look like them, or, you know, they feel that they don't have much in common. So, you know, with that, when we go in the community, we encourage people to go for different organizations. We work with African Services Committee, where we started their first flu program in their 25-year history in Harlem. We did flu vaccines for them. You know, we participated in the health fair here at Fordham University. We participate in local walks. We're part of the Sickle Cell Thalassemia Patient Network Walk that they do every September. They're based out of Brooklyn, their organization is about 15 years old. And a lot of those people who participate in those walks are especially African. So we encourage people to come out and participate, learn about the organization, what services are here for you, whether it's in Brooklyn, if it's in Montefiore in the Bronx, different services, because we find that our people as a whole are just effected by so many illnesses but they're not proactive about getting treatment or diagnoses.

JE- And why do you think they're not proactive? Because of language and culture?

ZH- Culture and language. Some people feel ashamed, like what I learned at the Sickle Cell walk, they have a lot of black men who die from sickle cell, most of their family don't know they have sickle cell. A lot of them die because of heart attacks from the sickle cell, cause they hide it. So they tell me that they meet so many men in the hospitals that have sickle cell, they're afraid to

tell people they have sickle cell. From there, they develop a crisis; from there, they have a heart attack. Another thing is, you know, some people feel that when they come from wherever they come from, they're too busy. And I always feel that you can never be too busy to socialize, network, because from there, you don't know what services you can get offered. We have a lot of people in our community that have renal disease, and a lot of that is genetic. So we want people to go out, even genetic testing and counseling, and I am a patient of that myself because my child has, I recently found out, a genetic illness, which is rare, but may be common in Africa. So, my daughter's physician may wanna travel to Africa to do some research on this, in our village. So the thing is, sometimes, when you open your mouth and shake your hand, you never know what will come out of it. So, we want people, we do the breast cancer walk annually at Orchid Beach in October, we participate in the AIDS walk, there's only about 2 or 3 African groups that participate in that, and I think about we're the only nurses association that participates in that, out of all the nurses associations in New York. And there are a lot here in New York: Filipino American Nurses Association, they have the Hispanic Nurses, Black Nurses, different ones. So, we feel that if we get our name out there through community service, people will kind of understand who we are as a people, what we have to offer, what services, and what people can offer us also.

Bernard Hayford (BH)- So basically, over here, you were doing more awareness programs- (inaudible). Apart from supporting those at home with, say, a generator, (inaudible), what else do you do specifically for them that is so critical?

ZH- Well, what we do is all of us, since our inception, a lot of us collect donations, supplies. We collect anything, used or functional to send to Africa. Unfortunately, we haven't been able to

send a container because it's quite costly and we're trying to get a non for profit, that's about \$7,000 a container but, what we do is, and I on my own before I was in the Nurses Association, I used to send supplies to Sierra Leone with my mom, out of my own pocket I would. I would send \$1,000. We would collect, pack the container with old stuff, junk-

BH- American junk.

ZH- Whatever's American's junk is our gold. Couches, clothes, cribs, whatever, and all that stuff is to send. Just to give away. My mom is almost like a missionary in her own right, too; she does the same thing. Since the war, that's what we do, we just give stuff away and send stuff and send stuff. You know, when she was in Africa, she was paying for a lot of people to get surgery, \$6, \$7 surgeries, you know, that couldn't afford it. So that's what we do: we collect supplies. We also have a program called Better with Bed nets, that we've been doing. We always launch it, and push it out there every April, cause April 25th is Africa Malaria Day, which all the heads of state in Africa formed a couple of years ago to get awareness out about Malaria and how they can try to reduce Malaria in Africa. And you see how President Clinton has a campaign to try to reduce Malaria by 2020, or something like that. I even donate to that, you know, any way possible. So we have a bed net program, we collect donations and supplies, and individually, our members, when we go to Sierra Leone, I ask people if you've ever spent a two week vacation there, spend one or two days to go work at the community hospital, whatever place it is. See what needs they have, bring it back to us, see how we can help. So, I try to focus on not a lot of people like to go back and, like I told him, reinvent the wheel. If it's, an establishment is already there, and it needs help, figure out how you can focus on helping that clinic, or that hospital, or that facility, instead of just saying 'oh, they don't have this', boom, 'I'll go build a new one'.

That's not the point. We do want things like that, but we need to work on the things that are already there. So, Connaught Hospital is one of our oldest hospitals in Sierra Leone. Recently got renovated, but they just, they don't have a lot. So when I was in Sierra Leone in September, what I did was I volunteered about two days there. And I just did whatever I would do as a nurse here. But, the thing is, you can't do whatever you do as a nurse here, because they don't have it. So I was on working on Ward 9, which is a female medical/surgical unit. So I went there to go assess patients, to see what goes on, and you can't assess them because there's no blood pressure cuffs, there's no stethoscopes, there's no thermometers, there's no anything.

BH- There's basic things.

ZH- Basic things that you said, 'okay, well', you find out this ward doesn't have it. Why don't me and my friends, just everybody, donate one blood pressure cuff to this facility, you know what I'm saying? \$30 cuff you can get at Duane Reade. \$40 cuff you can get. Donate to them. If it's your stethoscope, you know I walk around all day and I see people throwing them in the garbage. I go and collect them. I sterilize them. I pack them, I take them home, to give away to them. Even recently, we did a big donation. We gave to the Haitian American Nurses Association here, three chapters in New York. We gave them supplies cause we know what they're going through. Whatever they gave us a list of stuff, they're taking people to Haiti. That's the same thing we want people to do for countries like Sierra Leone. If it's on your trip and you just want to collect a whole bunch of gauze or, you know new gauze, or ace bandages, or hospital skid socks, or whatever it is, just to give them, they will take it, cause they don't have it. They don't have stretchers. They have one defibrillating resuscitation kit in the whole facility,

in the ICU. So, if someone is, what we call 'coding', having a heart attack on this unit, by the time they take them to the ICU, they're dead.

JE- It's too late.

ZH- Too late.

BH- I know that they're apart from the supplies, (inaudible), are you doing anything to help training out the CNA equivalents, like the very basic floor nurses, and the RNs, and the senior nurses, and the midwives, (inaudible), are you figuring out what you can do to train the, even kids in high school-

ZH- We talked about that. We're finding that a lot of our nurses who are trained in Sierra Leone, like, they have a three year program which is equivalent to a BSN nurse here, they need to revamp their programs, so we can all be, like the nurses are very good, but so we can all have the same training because we're finding like, for instance, a nurse can be trained in the Philippines, can come to America, work as a nurse.

BH- Just like that.

ZH- A nurse can be trained in Africa, cannot come to America and work as a nurse. Why is that? So we talked to, for instance, I talked to one of my sisters from my New York Black Nurses, which is the head of Lehman College, Doctor C. Alicia Georges, how we can-

BH- She's (inaudible), right?

ZH- No, she's American. But we talked about, she helped incorporate a program to bring to, I think, St. Lucia, the Caribbean? So, the nurses can graduate from there, that's equivalent from graduating Lehman, how can we bring that program to Sierra Leone? So I was talking about that over here cause I do, I met a young lady who works for the city, for international programs, and

her name was Joy. We talked about, how can we bring this to Sierra Leone? Her boss was interested in it also. So, in speaking with Dr. Georges, she basically said that programs like that, to bring to these countries, they almost have to see a benefit, they have to see what kind of benefit can they get off of it. Almost like, not really profit, but I wanna say profit. What kind of benefit will they get investing in this. So I guess maybe there's not so much of a benefit from Africa. So then we have to say, 'okay, well, we have this African who's a professor at this school. This African who's a professor, how can we bring your programs to Ghana, to Sierra Leone, to Uganda, to Kenya, and make it equivalent?' Because nursing is nursing across the board. A nurse who sticks her needle in Uganda is the same way you stick a needle here in New York. No different. But to make sure the education and the training is the same, so can we take all nursing books, take those books which are only maybe 3, 4 years old, send them to Africa, see if we can incorporate it in their training, breakdown their curriculum for their university, compare it to Lehman, or Hunter, or New Rochelle, and see how we can make these comparisons the same. How can we get their professors, I mean, you have African lecturers who are not getting paid for years, I'm not talking months, I'm talking about 2, 3, 4 years. Nurses who are working absolutely free, going to school programs, working for the city for free for 3, 4 years. So if we can say school is out for 3, 4 months, how can we get this professor to go to Africa and maybe 2 months volunteer and go teach at this school. A lot of Africans, Sierra Leoneans, go and retire in Africa. A lot of them have great jobs here in the states. Why don't you, while you're doing your time there, volunteer and see how you can work in this program here in this school to teach this, whatever they're lacking. Use your time, even if it's 1, 2 classes a week, to teach them this. And this will kind of get us on the track where we need to be to have, because I think if we,

nursing is how Philippines turned their country around, and I learned that at my conference, my Black Nurses Conference. They had a couple of schools, then they built 400 nursing schools. So that's why you see them in the workplace, even India. So-

BH- All over the world.

ZH- Yeah. So, we can recruit nurses from Asia, you're telling me we can't recruit nurses from Africa? Those nurses will then, whatever little earnings they have, not only they're putting it into the system here, they can help fix their country. They can help build better facilities, help go back with training and teach, cause most people come and they do wanna go back home and retire. So you can say, you know, a lot of people can go there and work in the schools, work in the nurse's schools, to make it equivalent. Then see whatever you collaborate with people in different programs, then they'll be able to bring supplies here, whether someone has a connection at Johnson & Johnson, maybe Johnson & Johnson can donate these supplies, maybe Johnson & Johnson will wanna build a clinic or help renovate this facility, you know, there's a lot of-

JE- But sometimes, when we want to coordinate this kind of work we have to connect with the government in Sierra Leone. So how is your experience with connecting with people in the government in Sierra Leone? Because, sometimes, you face resistance from the people in the government.

ZH- Right, and we understand that, so we always ask people to go through the chain of command in the country. A lot of the time, when you work with these clinics and stuff, you don't necessarily have to go through the government. To help refix somebody's facility, you don't need the government's approval, for if it's already an established facility, it's already there, it's already legal and legit, the documents are there, the proper paperwork is there, it's not much to

help. You know, you don't have to go through the government to donate 20 beds. You don't have to go through the government to go paint the facility. You don't have to go through the government to donate a computer, or help do the wiring in the building, so they can have proper light in the facility, or to donate scalpels, and surgical equipment like that. You know, it's usually, if you wanna do large programs. But, the government that we have now is more receptive to that because his wife is a nurse. And also, we know, he is now, the last president was too, we notice when they incorporate western ways, or they have a little bit of western education, not saying the African education isn't top-notch, but if they've lived in Europe or lived in America, so they understand both worlds. So they can incorporate that and say, 'okay, well this is what they have here, this is what we can try to do here, but make it accommodate Africans here.' Then it's, you know, they're less resistant, and they're more willing to cooperate. So that's why our president now, you know, I'm not saying I'm an avid supporter of him, but I appreciate his efforts because he has a diaspora initiative, to get people from outside of Sierra Leone to go back and give back. Whether it's engineering, healthcare, whatever it may be, you know, his term won't be forever, but we want people to remember not to forget, that's how you can give back. Whether it's your brain, or it's your time, so these are a lot of things, when I'm there, I volunteer at Connaught. Right now, we have the assistant matron of Connaught, which is the assistant hospital administrator, she is the treasurer of Sierra Leone Nurses Association. She's right now here in Chicago visiting, going to do some training in Chicago, I guess into public health, and then she wants to come to New York for maybe two weeks, so she'll stay with me and then, you know, see what we can- she's doing all of that to take it back to Africa. So that's what we want people to do, it's not- when you leave Africa, you leave for good. You leave

Africa to go acquire a large amount of knowledge and then bring it back. That's what people do in Asia all the time, you know, in other countries. So that's what we want people to do. How can you make it better? So that's why I feel like that's my calling. If I know I've given and I've done and I've served, I know I can go to my grave happy, and my children will know that 'at least my mom tried to leave a legacy'.

JE- What about your relations- so, do you coordinate (inaudible) other Sierra Leone organizations here in New York City area or in the U.S.?

ZH- Yeah. Okay, we have a lot of different organizations, some of them are like Tecloma, Young Boys/Young girls, Salon Charity Inc., I mean, they go down the line. We have a very popular organization called Now We Own, which just had their summer camp this weekend. They have to go into hiatus because of funding. So, we need people to know about these different programs and then reach out to them. And, like my organization will go- we volunteer as camp nurses, that's how we can collaborate together. African Services of Siena City, we volunteer with them. We have an organization called USLA, from that, the president, which is a nurse, also formed an organization called USLO, which is United Sierra Leone Organizations, so his efforts here in New York are just trying to bring all the Sierra Leone organizations together to do things in the community collectively. I think once we break down those barriers of your club, my club, okay, what can our clubs do together? You know, like, for instance, at the parade this weekend, African People Alliance, how we can all collectively come together. Same thing (inaudible) does for Ghana, how can they all come together and do something. So, we hope in due time that USLA will, you know, establish this in New York. I mean USLO will establish this in New York and then this is how we can come together and, you know, do things collectively,

initiatives because, I mean, if you talk to Sierra Leone organizations basically, a lot of them all do the same thing: volunteering, giving back. My organization alone, a lot of my members have clinics already.

JE- Clinics here in the U.S.?

ZH- In Africa.

JE- In Africa, okay.

ZH- So we already, we tell them that, like recently, last year in Sierra Leone they had 50 clinics shut down by the government because a lot of them were bogus clinics or not up to par. 50 is a lot. They're finding people coming from Middle Eastern countries and certain countries pretending to do clinics, to do stuff, you know, underhandedly in the government. So, we want people to know that instead of shutting it down, what can we do to make it right, you know, something like that, what can we do. You know, even if people have their own clinics and facilities, we always want people to remember that as a professional group, you can remember that you are a part of us and you can always use us to represent you, cause, like, I always tell people as a nurse, nurses, attorneys, accountants, teachers, we're supposed to acquire a certain amount of professional groups under our belt. That's how we get promotions. And that's how we get recognition also. So, a lot of my nurses aren't members of any professional group. So I felt that, well at least if they have a Sierra Leone Nurses Association, which we are legit in New York, we are legal, we are approved by the attorney general, we are a legit nurses association, they can have something that they can say, 'ah, I'm a member of this professional nurses association'. And I always tell them, 'put it on your resume, it's a real nurses association to be

part of. And then how can we collaborate with other groups here in the city, whether they're African or not.

BH- I'm going to suggest that in the future, in the future, maybe you could think about a, trying to have a couple of nurses here who are advanced, who may be independent, (inaudible), to try and have (inaudible) develop curriculum that can enable the girls (inaudible) to take the NCLEX exam. So while they're there, they can finish this curriculum and pass the exam and be able to work either there or here. And the reason is they become as efficient as you are and very self-confident and they can flow both places very easily. They can spend some time here to work, or (inaudible), you can get a paper to come here. Work for 2 or 3 years, go back home, support (inaudible) in the village, far from the city, bring money home, as you said, to help people, cousins, brothers, sisters. So their qualifications can uplift them, their lifestyle, their finances, their professionalism, (inaudible).

ZH- Right, that's it.

BH- And I can promise you, I can help with the curriculum development that happens in the future.

ZH- Thank you.

BH- My daughter, who just finished her masters last year, family nurse practitioner, she would be glad to do the same thing to support you in Nigeria, I mean, Sierra Leone.

ZH- Great. And we have, right, over the couple of months, I've talked to University of Sierra Leone and I've talked to the head of the school and you know, I'm friends because they're also with our nurses association. They were gonna try to email it to me, their booklet, their curriculum pamphlet and I wanted to offer it to different schools here to see who can look, break

this down and see comparison and bring a pamphlet from a couple of schools here and compare it to see how we can break this down and compare it to what are they missing, what do they need in their program here. And I mean, maybe when Mary comes here in the next two weeks, maybe I can bring her to someone and ask her if there's someone who can email us that info or she would know herself, what course catalog, what are they doing. Maybe she can even sit and we can talk about what are they doing. Okay, this is what they do for the anklets, this is one of their books. Even if it means that we get people to start donating old nursing books and we give it to it, and just focus on one school first, just one school, if it's the University of Sierra Leone, which is making most of the graduates, focus on one school and see what classes we can change or to add subjects to, or add whatever information and chapters to redo that. And then see how we can get them to pass NCLEX, cause that will be history for the country if we can do that. That will make a load, so much difference if we can do that.

BH- I went to a (inaudible) about five years ago, I went to (inaudible) Hospital, I saw these Filipino nurses who were there (inaudible). They were moving back and forth-

ZH- And they're not from America, they're from, straight from Philippines.

BH- No they came from America. (Inaudible). They were different, all talking nice, professional, moving on, and people 'what are you doing here? You should go back to your country'.

(Inaudible). 'Go back to where you came from, you know. We're our own here.' It makes a big difference when we have the NCLEX (inaudible), not saying that our people are very bad, they do well. They do well only when they have a diaspora experience.

ZH- Right.

BH- It makes a difference.

ZH- It makes a difference. It really makes a difference. I don't want to knock it, it makes a difference. I don't think that maybe if I was just a Sierra Leonean, born and raised in Sierra Leone, I don't think I would be as passionate as I am.

BH- You are a blend of many wonderful things. Alabama, Bronx, Brooklyn, Sierra Leone, what, you know, very provincial for everything. And we're happy to have you.

ZH- Thank you.

BH- I'll take you back.

ZH- And you know, not only that, and then apart from nursing, education is another big thing so even my children, I put them in a school purposely to help out, support the system, the community. Because, I mean, that starts with our children, 3 years old, 2 years old, 4 years old. If we make sure the foundation is good there, only God knows what they'll be in life.

JE- Your children are now in Sierra Leone?

ZH- Yes.

JE- So you want them to continue in the schools there?

ZH- Yeah. I'm only bringing my son because I want him to do Kindergarten here. If I knew the Kindergarten, because the Kindergarten in America is tough. If I knew that the Kindergarten, they would challenge him, because, when you know, the other thing is, when you come from America, they they're going to pump him up, so I don't want them to do that. I want them to keep him challenged. So I know if I bring him to Kindergarten here, he'd do Kindergarten and 1st, 2nd you're back, gone. But he's spent Nursery School there, he's spending the Pre-K there. His sister's 2 years old in Nursery School, she's gonna be there for another 2, 3 years till it's time for Kindergarten. So, and that's all, you know, from that, I did a facebook page for the

principle, from that, I want people, if you see the school, it's very run down. If people can come there and volunteer and help them set up a playground, come paint the classroom, make mobiles, give them ABC charts, everything you can do by hand, whatever you can do for them. You know, that's how people can give back, and in any capacity. You spend your vacation there, just take 2, 3 days, a couple of hours and go home and relax. That's all.

JE- So your organization is registered with the city?

ZH- Yeah, we're registered with the state of New York. If you go up to the Department of State Organizations, you'll see Sierra Leone Nurses Association, registered here in the Bronx.

JE- Okay, and do you have an office?

ZH- We meet here in the Bronx, in the 2nd level of where I am located, that's where we normally meet as our office place for now, till we get bigger and better and have our own office. But for now, that's what we do, cause a lot of organizations, they go from home to home, but we have our official meeting place where we meet and then, when we don't meet there, it's if we're not meeting over lunch or at an event that we're doing, if it's a health fair, a festival, whatever, and then phone conferences. So that's what we do.

KH- (Inaudible). We're proud of you. Keep on doing what you're doing, and (inaudible) here at Fordham, whatever we can do to help, like if you're having an event, or any type of occasion that you will need (inaudible), we can be of help.

ZH- Thank you. Thank you so much.

BH- (inaudible), apart from the health care needs of our people back at home, education, primary education is run down. So if there's anything you can do, any supplies (inaudible), books, and story books, the computer (inaudible) because it will come naturally, but basic reading, math,

reading skills, science books, and teachers who are passionate about their work, they will meet you and interact with you and work with you, you will rub off on them. What you have will rub off on them very easily. When you go, then just (inaudible), let them know that you are here, and that you can be there all the time.

ZH- Well, that's an important thing to us to because education and health go hand in hand. My board of director is a professor. She's a professor, I forgot the school in Maryland, an associate professor, and she doesn't work in health care. So, I got her involved because of the education aspect. Because those basic things are imperative, like you can't become a nurse without learning all of these things from, you know, from 5 years old on. You know, that's the big focus the president focuses on- health and education. Those are his two biggest things. Without health and education, you can't fix the country. You gotta teach someone to wash their hands properly just like you have to teach them how to keep the gutters clean, or how to do this, how you transmit, how malaria comes because of what, because of sanitation. So these things come hand in hand. So, education is very important to us. Definitely. We always think about that.

MN- Thank you so much for coming and joining us, we look forward to working with you in the future, and your work is inspiring a great many people.

ZH- Thank you so much.

[End of Interview]