

Vicky Lavy shares stories from the front line



HOPE IN DARK PLACES

key points

- Ebola has claimed almost 10,000 lives in West Africa but the epidemic is at last abating
- Rebuilding health systems will require international assistance for many years to come
- National health workers continue to praise, thank and serve God in the midst of great suffering

The Ebola epidemic is now just over one year old; it was officially declared by WHO on 23 March 2014.¹ Since then almost 10,000 lives have been lost and thousands of orphans remain. The UK has been at the forefront of responding to the outbreak in Sierra Leone; hundreds of NHS volunteers went to help, coordinated by the UK International Emergency Medical Register. Among them were CMF members Rosie Brock and Andrew McArdle, who worked in Mateneh Ebola treatment centre (ETC) outside Makeni, Sierra Leone's fourth largest city.

Rosie: The strangest Christmas

'Christmas Day 2014 was the strangest one I have ever experienced. I worked the early shift at the ETC. Six days after the centre opened, our ward for confirmed cases was busy and the mood was sombre. 23-day-old twins had been brought in by their grandmother on 22 December. During the night shift, I'd held the dying baby boy and for the first time came face to face with the cruel reality of viral haemorrhagic fever. It works through whole families by the links of care – tending to the sick, paying respect to the dead, breastfeeding your children.

'On Christmas morning the first patient we'd admitted died, a 13-year-old girl called Aminata who had regarded our offers of hydration and antimalarials with terror. She was brought in by doctors and nurses dressed top to toe in yellow suits with menacing hoods, goggles and masks, so I could identify with her anxiety. But there were other reasons for her fear; the village elders had warned her that the white doctors would try to poison her. They said Ebola was not real;

it was all a fabrication made up by Westerners who wanted to steal her organs. We shouldn't be too critical of the ignorance and paranoia – after all, the record of colonial influence and current officialdom in West Africa is hardly one of transparency and altruism. Reluctance to seek help, mistrust of health promotion messages, and fear of an unknown enemy are rife and real obstacles to the on-going Ebola response.

'We certified Aminata's death and the next team continued the round of the wards – bringing painkillers, antiemetics, antidiarrhoeals, sedatives, IV fluids, antibiotics and antimalarials to treat co-infection and vitamins offered in the hope of "boosting the immune system". The weakest patients needed help even to lift their heads to drink or get out of bed to use the toilet. After a short shift, we returned to the compound to share a late lunch. Oddly, this Christmas I felt I had more to celebrate than usual. I was reminded that it's in the darkness that Christmas shines most brightly. I've never been gladder that there is a saviour, that there will be justice one day, and that redemption and restoration are possible for all nations. So we did have some pretty good celebrations – we baked mince pies, sang carols at the ETC; our hotel kitchen staff tried extremely hard to produce a Christmas dinner, which definitely contained recognisable roast potatoes and chicken legs. And to top it all off I got a personal Christmas card from Jeremy Hunt! Our pre-deployment training talked endlessly about developing "resilience" both as individuals and as a team. We all dealt differently with the stress and sadness of the epidemic – there was easy recourse to banter, alcohol, music and DVDs. All have their

place but I was thankful that as well as these gifts, as Christians we have a better comfort by far.'

Andrew: Taking up the baton

Andrew McArdle went out to Mateneh in the next deployment of volunteers, joining Rosie's team in early January.

'Ours was a time of relative calm, with declining numbers of Ebola cases nationwide. We admitted only seven patients with Ebola, all but one of whom survived. However, we looked after many sick patients who tested negative for Ebola but had to stay with us for three days awaiting a confirmatory blood test. This was a challenge as our ability to diagnose and manage non-Ebola illnesses was limited. We did our best to look after patients with malaria, pneumonia, unknown illnesses and even sometimes strokes. On several occasions fit young adults walked in, became prostrate over the next day and died.

'For both Rosie and I, working in a cross-cultural team was sometimes frustrating, hectic and stressful but full of joy and fun. Despite ostensibly being a country in crisis, we experienced warmth, hope and hospitality, and saw a nation largely getting on with life despite privation. The Sierra Leonian clinical staff were a continual inspiration to us. They have borne the brunt of the clinical responsibilities and risk throughout the epidemic; they have not come and gone like the majority of internationals but have had less international attention. They carry the added burden of seeing this disease harm their family, friends and country.

'In what is a broadly secular British humanitarian response, the Sierra Leonians discern the spiritual battle of the epidemic too. Their determination to try to offer compassionate, safe care in the face of overwhelming obstacles flows from their worldview; when offered encouragement to stay safe they invariably reply: "By God in power" and both Muslims and Christians publicly look to God at the start of each shift with songs and prayers.'

Sam: Building a plane while flying

Sam Dunnet went to Sierra Leone at the beginning of November to work as staff health manager for the 1,000 people working with Save the Children.²

'I arrived to find complete chaos. With such a high turnover of staff, I struggled to find someone who knew more about the situation than I did. Someone described the Ebola response program as "trying to build a plane while flying". My job, it seemed, was to provide parachutes for the builders. I had a stressful first week with an unexpected encounter with a critically ill Ebola patient in a public place and then an international staff member who became unwell with vomiting and fever – both possible signs of Ebola. By the end of that night (with little sleep) I had connected with all the key advisory contacts and become well versed in the protocols on managing a suspected Ebola case. It was definitely a baptism of fire.

'Ebola is a strange enemy because it is invisible but with many effects on daily life.

'All the schools were closed since August so we saw children aimlessly wandering the streets or working. School lessons were being aired on the radio but teenage pregnancies were soaring and all the teachers were unemployed. As cases started to rise in Freetown in December, shop opening hours were restricted, all restaurants and bars were closed and you could be arrested for hanging out on the town beach. Many roadworks were abandoned in mid-construction when the Chinese companies evacuated, which led to chaos on the roads. Hospital services were very limited – the only private hospital essentially closed to anything but chronic disease management. All the laboratories shut down because so many lab staff had died and those remaining were understandably too afraid to continue work.

'I found the sadness and scale of the situation almost overwhelming at times, especially during December when cases reached 100 new infections per day, almost all in Freetown. House-to-house searches were finding dead bodies in the parts of town that I drove through regularly. There was a sense that the epidemic was closing in around us and I often found myself on the floor before God, praying over the city. I went to a church in Freetown and it was wonderful to join with local believers who simply poured out their hearts to God and yet also found that the joy of the Lord was their strength.'

Conclusion: The work is just beginning

It seems that the end of the epidemic is at last in sight, although a sudden spike in cases in February³ showed that it's not over yet. Sierra Leone has suffered unimaginably through decades of war, poverty and disease. Ebola has shattered its fragile health service and taken the lives of over 300 health workers.⁴ But as the infection rate falls, the work of rebuilding is just beginning: restoring and strengthening health systems, training new health professionals and supporting orphans and devastated families. The Sierra Leonian people will bear the brunt of the work, but appropriate international support will be vital for many years to come.

Is there a part that you are called to play?

The following organisations are part of this support, and would welcome your help:

- **StreetChild:** Supporting vulnerable families and promoting children's return to school. bit.ly/1AQIOg1
- **SOS Children's Villages:** Caring for children orphaned by Ebola. bit.ly/1A9cpAf
- **The Welbodi Partnership:** Supporting Sierra Leone's paediatric hospital and training paediatricians. bit.ly/1NAMjR0
- **King's Health Partners:** Supporting Connaught Hospital in Freetown since 2012 and working on health system strengthening. bit.ly/1Fr8bKx

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Photos: Rosie Brock

references

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3. Sierra Leone locks down part of capital after spike in Ebola cases. Reuters, 13 Feb 2015 bit.ly/1MJJ9Hd
4. Lako S. The impact of Ebola in Sierra Leone. BMJ blogs 14 January 2015 bmj.co/1bdGvhl