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Written Testimony

House of the Representatives – COMMITTEE ON FOREIGN AFFAIRS  
Subcommittee on Africa, Global Health, Global Human Rights, and  
International Organizations

Sep. 17<sup>th</sup>, 2014

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Member of the United States Congress, it is my deepest honor and privilege to come before you, in order to share what I know and what needs to be done to assist Ebola Affected nations in West Africa.

I first would like to express my sincere gratitude to you, Member of Congress, and to the entire Government of the United States for giving the fullest attention possible for this deadly crisis.

I would also like to express my sincere gratitude to Dr. Kent Brantly for his extraordinary service to the people of Africa. We are grateful to see him alive and doing well.

Mr. Chairman, members of the committee, I have come before you this morning as the SON of Africa and a Proud citizen of the United States.

As a SON of Africa, I am deeply concerned and heart-broken to see my people yet-again suffer from another DEADLY virus. As you may recall, the HIV/AIDS Virus has murdered millions of people across the African Continent...I am terribly SCARED, and TERRIFIED as to what could happen if we do not act RAPIDLY and decisively to stop the spread of this DEADLY virus.

Mr. Chairman, The Ebola virus does NOT discriminate...it is KILLING Babies, Mothers, Fathers, Doctors, Nurses, and anyone else that is in its way.



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The World Health Organization reports that over 2000 of my fellow Africans have been murdered by this virus thus far. If we do not act rapidly and decisively, we could potentially witness tens-of-thousands more dead bodies across West Africa and beyond....

Mr. Chairman, Members of the Committee, what is happening on the ground, particularly in The Republic of Liberia, Sierra-Leone and Guinea is simply heart-breaking!

The Governments of these nations are screaming for **HELP** and we must respond to their call **UNCONDITIONALLY**.

We must start deploying some of the basic but most important healthcare accessories and supplies immediately.

Items such as **PROTECTIVE GEARS, HOSPITAL BEDS, GLOVES, MASKS, and GOWNS** are in **DIRE-NEED**.

Local healthcare workers have threatened to quit their services if their safety is not ensured with the delivery of these items. And who could blame them...? Almost half of the 300-plus health-care workers who have developed the disease have lost their lives.

There is a severe shortage of healthcare professionals in all of Ebola Affected nations....some averaging 1-Doctors per 50,000 people. This is a perfect remedy for a real disaster.

In order to fulfil this massive shortage of medical manpower, we must start deploying our Volunteer healthcare personnel in order to **FIGHT** the virus and to ultimately **STOP** it from further spreading across the African continent and beyond.



The World Health Organization has called for additional 500 healthcare professionals to be deployed in order to effectively deal with the crisis.

Mr. Chairman, US Doctors for Africa and its partners are ready to HELP! In partnership with the AFYA Foundation of America, and many other strategic partners, our organization is able to secure several containers of healthcare accessories and supplies that is ready for shipment.

Our organization is also actively recruiting volunteer Doctors, Nurses, and other healthcare professionals to be deployed to Liberia, Sierra Leone, and Guinea as well as to Nigeria.

Joining the men and women healthcare professionals from the WHO, the CDC, and many other supporting institutions, our volunteers Doctors and Nurses could make some substantial difference on the ground.

US Doctors for Africa has access to additional resources such as Mobile Clinics, Tele-medicine technology, Emergency care units and personnel to treat patients and to also train local care providers.

In order to ensure the delivery of the healthcare supplies and materials, as well as the deployment of our volunteer medical forces, we must seek strategic financial partners that would make the delivery of such vital resource possible.



### Cultural challenges in dealing with the Ebola Virus

Ebola virus cases in West Africa are rising faster than the ability to contain them, the World Health Organization says, as experts warn that the exponential rise could become a worldwide disaster.

The death toll has risen to more than 2,400 out of 4,784 cases. Health-care workers have been infected with the virus while treating patients. Almost half of the 301 health-care workers who have developed the disease have died.

Among the many challenges is contributing to the spread of the virus is that of certain cultural rituals and practices in rural communities and densely populated capital cities where strong cultural practices and traditional beliefs come into play.

Some of the reports suggests that in some of the Ebola affected nations, there seem to be a denial and panic and that has triggered myths and misconceptions surrounding treatment and control efforts. This happens to be true, particularly in Kailahun and nearby districts that border Liberia and Guinea.

In some instances, members of the public have stoned medical staff working the treatment centers. Some patients have left treatment facilities against medical advice. They are being harboured in private homes, amplifying the infection risk and making it nearly impossible for outbreak responders to trace contacts.

Sierra Leone health officials estimate that at least 57 confirmed or suspected Ebola patients have fled or gone into hiding, as referrers reported.

Confronting fear, misperceptions

Misconceptions about the disease need to be addressed and people from the affected communities need to accept that Ebola is the cause of the unusual illnesses and deaths.

Certain steps to communicate key messages through radio discussions and dissemination of jingles, posters, and fact sheets needs to be considered.

Traditional leaders and politicians needs to be mobilized to help spread the messages, and community health workers needs to be trained to conduct house-to-house and village-to-village sensitization.

Additionally a clearer understanding of the disease and handling of the dead (which is one of the most imp't means of transmission prevention) needs to be effectively communicated across the board.

It is imperative to provide specific guidelines for how to safely transport and Bury Ebola victims. It should include instructions and to be aware of the [victim's] family's cultural practices and religious beliefs, and to help the family understand why some practices should be done because they place the family or others at risk for exposure.

Among the traditional practices involving the handling of the dead, such as family-led body preparation and religious rituals that require direct contact with the corpse must be eliminated.