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Combating the Ebola Threat

This Ebola outbreak in Liberia has exposed the country's inherently weak health system. Over the past few years I have spent three to four months per year in Liberia working in the health care sector. I have had the opportunity to visit most of the counties and tour the hospitals and medical establishments there. In every case the hospitals and clinics were understaffed and lacking in basic medical supplies and pharmaceuticals. Less than 200 doctors existed in this country of four million people prior to this epidemic. After the outbreak that number went down to about 50 doctors involved in clinical care. This occurred after the exodus of 95% of the expatriate doctors. To make matters worse, the nurses had not been paid in six months and were striking or "going slow" in counties throughout the country. This was true in Lofa, Bong, Bomi, and Montserrado counties which are the hardest hit by the Ebola outbreak. These nurses were convinced to return to work after negotiations with the Ministry of Health and Social Welfare in February of this year. After the outbreak began claiming the lives of the nurses, who did not have adequate protective gear, the nurses fled the hospitals. Once a couple of doctors died from Ebola, all of the government hospitals essentially closed. Patients refused to enter the buildings. The nurses have stated that they will only return to work if they receive adequate protection including gloves, gowns, and goggles.

At the ELWA hospital in conjunction with Samaritan's Purse, doctors continue to treat Ebola patients. There are five African doctors and 77 nurses and aides. This is the only place in Monrovia where treatment for Ebola can be obtained. There is only enough space for 25 patients. Attempts to expand the capacity to treat Ebola patients were resisted by the local community which feared having Ebola patients from around the country in their community. Protests began and health workers were assaulted. The case fatality rate is 80-90 percent owing in part to the delays in presenting for treatment. Everyday Ebola patients are turned away simply because the capacity has been exceeded. As a result of limited protective gear at ELWA the hospital emergency room has been shut down. Only obstetrical emergencies are handled currently.

Most patients are dying with Ebola in their communities because there is simply no where to go. This creates problems because whole families are getting sick and dying. There is no way to count all of the people dying in the villages and in remote areas. The cause of death is often unknown and there exists a lot of suspicion toward western and government health workers. As a result, information is often withheld from the health workers. Advice on safe burial practices and avoidance of eating bats and monkey meat oftentimes is met with hostility from those in the affected communities. Whole communities are being quarantined by police and military personnel. This inflames hostilities further.

Many dead bodies lie in the streets for days as the Ministry of Health does not have the capacity to dispose of all of the bodies in a timely manner. Those who are to dispose of the bodies complain that they are not being paid. During this rainy season the decomposition of the bodies and contamination of the environment becomes a concern. Communities are refusing to allow bodies to be buried in their communities fearing contamination of their water supply. There are reports of bodies being thrown into wetland areas as well as being partially buried in mass, shallow graves of up to 47 persons.

To complicate matters further, usual illnesses such as malaria, typhoid, pneumonia, and surgical illnesses result in death as there are no facilities functioning at

this time due to the fear and lack of protective gear for health workers. I believe the death toll will reach the thousands in Liberia unless immediate action is taken to provide protective gear to the healthcare workers. Monrovia has a population of nearly a million people. Basic sanitation and potable water does not exist for most people living in this densely populated city. Given the episodic nature of Ebola, we must begin looking at healthcare system strengthening as we prepare to deal with future outbreaks. Education to produce African health professionals must be an essential part of this solution.