Dr. Kent Brantly

House Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations

Global Efforts to Fight Ebola
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Chairman Smith, esteemed Representatives, and fellow guests of this committee, thank you for allowing me to speak here today on behalf of those suffering in West Africa as a result of the Ebola outbreak there. I would also like to take this opportunity to express my deepest gratitude to the U.S. government, particularly the State Department, and everyone else involved in my evacuation, for helping to bring me home when I was sick.

I began work as a missionary doctor at ELWA hospital in Monrovia, Liberia, in October 2013. Even before Ebola came to our area, we worked long hours in challenging conditions to provide quality healthcare and support the country's struggling medical infrastructure. Missionary facilities and faith-based facilities like ours provide between 40 and 70 percent of the healthcare in sub-Saharan Africa. Because of this, you can see why we were the first to join the fight against Ebola when it began its deadly march into Monrovia.

We had been preparing to treat Ebola patients since March after hearing that the disease was spreading quickly throughout the neighboring country of Guinea. We put an Ebola treatment protocol in place even as we prayed we would never have to use it.

In June, our first Ebola patients arrived, and the numbers increased steadily from that time on. My organization, Samaritan's Purse, took over responsibility for

direct clinical care of Ebola patients for all of Liberia the following month. I was appointed Medical Director for the only isolation unit in the Monrovia area. At the same time, we were doing our best to continue providing basic medical care for patients suffering from conditions other than Ebola.

As cases increased into the month of July, we had to build a new, larger Ebola Treatment Unit to accommodate the influx of Ebola patients that showed up at our facility each day. This 20-bed unit was quickly overwhelmed as well, housing 30 patients within days of its opening. We knew we were on the cusp of a humanitarian catastrophe and desperately needed more help from the international community. Samaritan's Purse and Doctors Without Borders sounded the alarm and called for more personnel and resources. Sadly, our pleas for assistance were seemingly ignored, and now we are months behind where we should be in containing this disease.

As Americans, we believe that our Creator endowed us with certain unalienable rights, namely life, liberty, and the pursuit of happiness. Ebola is a scourge that robs its victims of these basic human rights and does not even allow them to die with dignity. Most of them suffer a lonely, horrifying death. I came to understand the extreme physical and emotional toll that Ebola inflicts in an even more personal way after I was diagnosed with the disease on July 26.

I had isolated myself three days earlier when I first felt ill. Thankfully, my family had flown home to the U.S. several days earlier, so I knew that I had not passed the virus on to them. I also had a dedicated team of medical professionals who cared for me in Liberia, but their best efforts could not prevent the virus from

racking my body with sustained fever and excruciating pain along with vomit and diarrhea filled with blood. Like the dozens of Ebola patients I had treated, I found myself suffering alone—cared for by men and women wearing personal protective equipment that looked like “space suits,” with only their eyes visible through goggles. The only human contact I received came through double layers of medical gloves.

While in Liberia, I was the first human being to receive an experimental drug called Zmapp, and I would like to recognize Mapp Biopharmaceuticals for all of their hard work to develop this potential treatment for Ebola long before this present outbreak. While I had a dramatic and positive response to Zmapp, it is important to remember that this is still an experimental drug that requires further testing. Though possibly an effective treatment, there is no magic pharmaceutical bullet that will bring this outbreak to an end.

Drugs like Zmapp can only be given to people under close medical supervision in an Ebola Treatment Unit. While this could reduce the death rate in isolation units, it does not address the problem of disease transmission within communities. While scientists continue their hard work to find vaccines and cures for Ebola, it is our job to contain this current epidemic by ending the transmission of the virus from one innocent victim to another.

Shortly after receiving Zmapp, I was evacuated to Emory University Hospital in Atlanta. It was a relief to be back home, where I knew I would receive the highest level of care available. My heart ached, however, as I remembered all of the patients I watched suffer and die while I struggled to treat them without even basic supplies

like a blood pressure cuff. As a survivor of Ebola, it is not only my privilege, but my duty to be a voice for those in West Africa who continue to face the mounting devastation of Ebola.

When my colleague and friend, Nancy Writebol, and I were diagnosed with Ebola, the global media began feverishly reporting on the grave situation in Liberia, Sierra Leone, and Guinea—and now Nigeria and Senegal. I am grateful for the coverage because it put a spotlight on the catastrophe overtaking those countries, but it is unfortunate that thousands of African lives—and deaths—did not warrant the same global attention as two infected Americans.

Even now, the international response is woefully inadequate. My colleague, Dr. Rick Sacra, arrived back in Liberia two weeks after my diagnosis. He worked tirelessly to provide medical care for pregnant women and babies even as he was forced to scramble to find basic equipment such as gloves and rubber boots. He is now at a hospital in Nebraska struggling to recover from Ebola.

Agencies like the World Health Organization remain bound up by bureaucracy. Their speeches, proposals, and plans—though noble—have not resulted in any significant action to stop the spread of Ebola. The U.S. government must take the lead immediately to save precious African lives and protect our national security.

I applaud President Obama's recent commitment of U.S. military support in the fight against Ebola, and I am in favor of his request for $88 million in additional funding for the Centers for Disease Control. So far, however, the only assistance to come from the president's promise is a 25-bed Ebola Treatment Unit and some

much-needed equipment. I do not believe that these small gestures accurately represent the compassion and generosity of the American people, and they will do little to reduce the suffering and death in West Africa.

Just this week, I saw reports that the 120-bed isolation unit at my hospital, ELWA, is turning away as many as 30 infectious individuals each day. Those with other life-threatening diseases are also suffering as Liberia's already substandard healthcare infrastructure continues to collapse under the weight of the epidemic. The U.S. must mobilize all necessary military assets to set up larger treatment facilities, send in skilled personnel, provide logistical support, establish mobile laboratories for Ebola testing, and ensure the safety and security of healthcare workers, patients, and local populations. It is also imperative that we provide greater resources to the non-governmental organizations who have been on the frontlines of this epidemic and to others who want to join the fight.

For too long, private aid groups have been confronting this Ebola epidemic without adequate international support. Their medical personnel have been stretched to the limit as they work day and night to care for patients while enduring the physical hardship of wearing layers of personal protective equipment in the sweltering African heat. Watching nearly all of your patients suffer an agonizing death while having to turn away others is also emotionally draining. These organizations cannot continue to go it alone. A significant surge of medical boots on the ground must happen immediately to support those already working in West Africa and care for the thousands of people expected to contract Ebola in the coming weeks.

These medical professionals will not be able to effectively do their work without the proper equipment and supplies. Right now, organizations fighting this disease are forced to rely on limited commercial airline service to transport personnel and critical resources. This is inefficient and unacceptable. U.S. military aircraft must be mobilized to provide an "air bridge" to ensure there is a reliable logistical pipeline.

We also must be willing to think beyond traditional interventions in halting the spread of the disease. Ebola outbreaks of the past have been contained through the identification and isolation of suspected cases and the tracing of contacts. The rate of transmission for the current outbreak has rendered this approach ineffective. We must think outside of the box to find complementary strategies for bringing an end to disease transmission.

A large part of the problem is that Ebola-infected people are choosing to stay home because of the overwhelming fear and superstition surrounding the disease and the isolation units. Family members, and sometimes neighbors, are caring for these sick individuals at home and therefore contracting the disease themselves. We now have to look at interventions that involve educating and equipping these home caregivers for their own protection.

Those tending to their sick loved ones must be trained in safety measures and supplied with basic protective equipment—gloves, masks, and detergent or bleach at a minimum—so that they can protect themselves. Ebola survivors can be instrumental in reaching their communities with critical information and resources. This would also give them the opportunity to combat stigma by serving their

neighbors. Right now, these fortunate survivors often are prevented from returning to their communities because of fear, stigma, and superstition. Employing them as educators and community health workers can make them champions in this fight and help restore their dignity while tearing down the walls of fear and stigma.

Admittedly, home-based care is less ideal than the treatment provided in an isolation unit. The current reality, however, is that Ebola Treatment Units are overcrowded and unable to take new patients. Even if we build bigger units, we will still lack the staff needed to care for the thousands who will undoubtedly fill these new facilities.

In some areas, entire communities have been quarantined so that they cannot reach a healthcare facility. Many individuals are choosing to die at home because of fear and superstition. All of these factors are resulting in the spread of the disease. If we do not provide education and protective equipment to caregivers, we will be condemning countless numbers of mothers, fathers, daughters, and sons to death simply because they chose not to let their loved ones die alone.

To provide the level of community intervention necessary to contain this disease will require a technical and logistical infrastructure that can only be put in place by a highly trained force such as the U.S. military. This is not an unreasonable request as it is becoming more and more obvious that the current outbreak is on the verge of becoming a significant threat to our national security.

As Ebola spreads throughout West Africa, there is increasing civil unrest that could easily lead to regional instability. I had one patient in early July who died after spending two days in our Ebola Treatment Unit. Although we tried to explain the

cause of death to her family, some of them—with the help of a witch doctor—determined that she died because of a curse placed on her by her best friend. They sought revenge, which meant taking the life of the person they thought was responsible. In societies like this, where fear and distrust of authority are the norm, many still deny that Ebola is real and actively seek other explanations for the deaths of their loved ones. There are many conspiracy theories, including the belief that Ebola is a government plot for monetary gain. You can see how this sort of thinking can easily lead to large-scale violence.

There is a palpable sense of tension on the streets that is priming the pump of society for skirmishes that could quickly lead to war. The world cannot afford to allow more conflict in this region that is home to dictators-in-hiding and terrorist groups like Boko Haram. This epidemic must be brought to a halt as soon as possible to regain order and re-establish confidence in local governments.

Since I fell sick less than two months ago, the death toll from Ebola has tripled. At that rate of growth, there will be hundreds of thousands of deaths within the next nine months. This is a global problem, and the U.S. must take the lead immediately to extinguish the hellish fire of Ebola before it consumes entire nations. We cannot wait for international agencies tied up in bureaucracy or organizations that rely on volunteers and funding from private donors.

The longer we wait, the greater the cost of the battle—in dollars and lives. We must act immediately and decisively to bring healing and stability to the people of West Africa, the African continent, the United States, and the entire world.