World News: Ebola Worsens for Lack of Global Aid

By Drew Hinshaw in Monrovia, Liberia, and Betsy McKay in Atlanta
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Kadiatu Barry was dying in her home in Monrovia, Liberia, with her daughter nearby as a local aid worker called 4455 for the country's Ebola hotline.

Five days later, Ms. Barry's ride arrived: a makeshift coroner's truck. Her final days and fate are emblematic of why West Africa's Ebola crisis is forcing a major reconsideration of how the world handles public-health emergencies.

Eight months after the deadly epidemic began in a forested corner of Guinea, there still aren't enough doctors, nurses, and epidemiologists to keep it from spinning out of control. The World Health Organization said Thursday that more than 40% of the 3,069 cases reported since the outbreak began in December 2013 have occurred in the past 21 days. At least 1,552 people have died. The WHO says more than 20,000 people could be infected before the outbreak can be brought under control.

The rapid expansion of the Ebola epidemic offers a shrill wake-up call for the global health community and the governments that often provide aid in crises -- because so far the nations with the funds and medical resources to help deal with this scourge have offered only a trickle of aid.

"Ebola is moving at the speed of sound and the aid organizations are moving at the speed of a snail," said the national coordinator of Liberia's Ebola Task Force, James Dorbor Jallah. He pulled out a piece of notebook paper labeled "BLEAK!!"

It was the government's forecast of the monthly death toll. "Hundreds now," he said. "By October, we're talking about thousands."

Some officials involved in the Ebola response say overcoming the outbreak will require the sort of large cadres of foreign aid workers and disaster-assistance experts that dealt with disaster zones such as the tsunami in Southeast Asia.

In a road map released Thursday, the WHO called for a scale-up of medical staff, hospital beds, laboratories and other services to reverse the epidemic within three months and end it within six to nine months. The United Nations public-health agency estimated the effort would cost $490 million, to be funded by national governments, some U.N. agencies and other partners.

Aid experts say that will involve government organizations that are used to managing disasters rather than just nongovernmental and health-focused groups.

"We have learned an uncomfortable lesson over the past six months," said Brice de le Vingne, director of the operational center in Brussels for Doctors Without Borders, the nonprofit organization that is leading the international effort to isolate and treat Ebola patients. "None of the organizations in the most affected countries -- the U.N., WHO, local governments, NGOs [including Doctors Without Borders] -- currently have the proper setup to respond at the scale necessary to make a serious impact on the spread of the outbreak."
The stricken nations are starting to draw help from some unusual actors. The U.S. Office of Foreign Disaster Assistance, part of the Agency for International Development, normally delivers humanitarian aid following typhoons, drought and conflict. But this month it deployed a team to the region and airlifted 16 tons of protective medical clothing, plastic sheeting and other supplies. It is working with U.N. agencies to add several hundred treatment beds in Liberia and to train additional staff, said Jeremy Konyndyk, the OFDA director, on a stopover Thursday as he returned from a trip to Liberia.

"We would not typically get involved in an infectious disease outbreak," he said. But "this is all hands on deck."

Mr. de le Vingne says the aid effort is now in a dangerous race against time. "We need a much stronger mobilization to help with the situation in Monrovia," he said. "We are late."

How late became agonizing clear in the case of Ms. Barry, the Liberian woman who died of Ebola days ago.

Amos Constant, a health worker, found Ms. Barry too gravely ill to move when he dropped into her house as he made the rounds this past Saturday in West Point, a densely packed neighborhood of 75,000, looking for sick people.

He called the Ebola hotline to summon an ambulance and reached one of 90 operators who handle some 3,000 calls a day, supervisors say.

Monrovia, a city of more than one million people, has only six ambulances. And even when one comes, there is often nowhere to go. The only Ebola treatment center, run by Doctors Without Borders, has 120 beds, and they have been consistently full.

At least 1,000 hospital beds are needed in Monrovia to isolate Ebola patients, Mr. de le Vingne said.

There are also only six coroner's trucks and just one crematorium in the country, belonging to Liberia's Hindu community.

Back in quarantined West Point, Ebola is sparking another health crisis: hunger. All over West Point, crowds follow foreigners, begging for food and hand sanitizer.

Pharmacies are out of medicine at the height of malaria season. Shelves at FFF Medical Supplies are bare, excluding a variety of condoms, cough syrups and vitamins.

Sick people are a common sight: "This man is in a bad condition," said a young boy, walking an older man by the hand. "Excuse me!" shouted another boy, pointing at a man lying on a step. "He is very ill."

Health workers are overwhelmed at the only clinic left open in West Point.

Ms. Barry, who was in her 20s, never made it that far. She raised a daughter in the sandy alleyway where she cooked the porridge she sold by the road. On Sunday, she died.

On Thursday afternoon, a truck finally carried her away. Nobody knows where her husband is.

He vanished into the city, carrying the little girl and probably, health workers say, the virus.

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