

A FEW DAYS IN JULY

26 July 2014 – Monrovia, Liberia

The dial tone sounds repeatedly. Reminiscent of church bells, my heart beat seems to be as long as every dial tone. . As usual, it is raining – it rains every damned day – and I am soaked to the skin. I am standing outside, because I do not want anyone to listen to my conversation.

Finally, Marie-Christine, head of the MSF Emergency Pool in distant Belgium, answers. It is Saturday evening and I can hear from her voice that she is expecting bad news, like every time I call. Every day since I arrived four weeks ago has contained bad news. This time, however, the news is worse than ever. “Marie-Christine, Dr. Kent has tested positive for Ebola.” “Oh no.” Not much more needed to be said to express the despair this information provoked; we both knew instantly this would have a huge impact on our operations here. In her usual comforting and calm way, she urged me to investigate how this could have happened and if any in our team could have been exposed to the virus as well. She ended the call by affirming we are ready to do everything we can to help evacuate him home

I have just returned from the office of Samaritan’s Purse, where Kendall, the head of its operations in Liberia, let me know that Kent has contracted Ebola. Kendall must be well over six feet tall. His hair and his well-groomed beard are both grey, and he speaks with the kind of serene baritone voice I’m thinking you often hear in people who are very strong in their belief in Jesus. His demeanour was calm when we spoke, but the knuckles on his folded hands were white and I could see that he had been crying.

Lance, the project manager Samaritan’s Purse flew in from Texas when we decided to work together to build and run a new and bigger Ebola-centre, keeps taking his black baseball cap off and putting it on again, as if he’s struggling to make it fit properly on his head. He is rubbing his hands – his eyes are red too – before he finally sits down, his head hanging heavy from his shoulders as if it were a lead ball on a pendulum. I want to give them a hug, but I cannot. Touching one another on an Ebola mission is forbidden.

Our collaboration with Samaritan's Purse is a rather peculiar one. It is an American organization with a strong religious foundation and are politically conservative; MSF is religiously neutral and fiercely politically independent. We find ourselves on the opposite ends of the spectrum of aid organisations, but we have found common ground in our shared commitment to stop Ebola. We share both humanitarian principles and a self-proclaimed mandate to help individuals in need. It is also an improbable collaboration, in the sense that MSF normally doesn't collaborate this closely with anyone; we stubbornly prefer to do everything ourselves, as this is usually faster and we can operate exactly the way we want. Other organisations, sometimes justly, perceive us as a rather arrogant organisation. Samaritan's Purse shared this opinion, until we issued a desperate call for help in June, as we had no more resources ourselves to fight the virus. The people at Samaritan's Purse were the only ones to resolutely raise their hand and declare their willingness to help. "We have never worked with Ebola, but we are willing to help if you hold our hands and guide us through it". It was a courageous offer we could not refuse, and since then we have tried to work hand in hand, albeit with protective gloves, in the fight against Ebola.

Samaritan's Purse has been working in Liberia for over fifteen years. Among other projects, it has been a faithful supporter of the private missionary hospital 'Eternal Love Winning Africa', or ELWA (as it is more commonly referred to). We have no more doctors to send, but they do. We train their staff and draw the blueprints for a new Ebola treatment center according to our standards; they send more people, they provide additional funds and together we start construction. Different forces drive us, but that doesn't matter because our motivations are strong enough to compel both of our organisations to go far beyond our comfort zones. They are pleasantly surprised by how agreeable we can be in person, and we equally surprised by how many dirty jokes they find funny. We make fun of each other while we build a small team bridging the gap between godliness and secularism bound together in our work to save the people of Monrovia from Ebola. Dr. Kent bravely ran a small Ebola-clinic in the chapel belonging to Samaritan's Purse when we arrived in June after having received training from a small MSF team in April. He followed the rules to the letter and knew the guidelines by heart. We have recently moved the patients to a bigger building that was supposed to become a new kitchen and laundry room for the hospital, which now has been turned into a reception centre for Ebola patients instead. Dr. Kent is

one of the key people in the running of what we call ELWA 2: an Ebola treatment center run in collaboration between the Ministry of Health, Samaritan's Purse and MSF. Alone, none of us has the resources to operate an Ebola centre, but together we are able to make it work.

Dr. Kent is the kind of blond-haired and bearded guy you can easily imagine trekking for miles in the mountains without tiring. He is just lanky enough to give me the urge to serve him doughnuts and hot chocolate every time I see him. He is a part of our team now, and he spends every day working with our Dr. Sarah from Belgium, who arrived here recently as a much-needed reinforcement.

Now he is locked away in his small house, with only the fever and a bolted door to keep him company. Ebola.

A few hours later, Kendall calls again to tell me that Nancy has contracted Ebola too. Nancy is an older woman who helps out at ELWA 2, mainly with sterilising the equipment we re-use, such as boots and protective goggles. For the first time in history, two Americans have been infected with Ebola. I know this will change everything.

27 July 2014

The atmosphere in the room was thick as porridge during this morning's meeting in the Ministry of Health. The news about Kent and Nancy was received with bewildered uneasiness. For a while, no one spoke. Empty speech bubbles as in a cartoon were floating around the room, and I tried to fill it with the cold facts of the case: we were not able to evacuate them from the country because no insurance companies would take on the task. In a neutral voice, I inform those present that Kent and Nancy's conditions have worsened during the course of the night, Samaritan's Purse has pulled all its staff from ELWA2 until we can ascertain whether anyone else has been infected, and the centre is now severely understaffed, as we still only have one doctor and two sanitation experts from MSF. I rub my aching neck with my hand – the same hand with which I had promised to hold Kent's – and I add that nothing like this has ever happened in our organisation, despite having worked with Ebola for over twenty years.

The Secretary of Health asks us whether the equipment we use is truly safe. He questions whether our 'golden guidelines' are actually good enough. My gaze wanders, and finds the ice-blue eyes of Kevin from CDC. He saves me by asserting that if it were so, we would have a lot more cases on our hands. "A human error has probably occurred." I certainly feel like a human error.

Before we have time to dwell on what has happened, I receive a phone call from the staff of our Ebola center in the north, close to the Guinean border, which we also run in collaboration with Samaritan's Purse. They call to inform us that they are in the process of evacuating across the river to our project in the neighbouring country. One of their teams has been attacked not far from their clinic. They were on their way to pick up an Ebola patient when an angry mob set fire to the ambulance and assaulted the driver with a hammer. They are now surrounded by the mob, who refuse to allow them to pass. The mob believes that we, the white people, have brought Ebola to their country. There appears to be no limit to how much bad news a single day can bring.

28 July.

"In 48 hours there will be no place left for Liberia to send their Ebola patients," I inform Dr. Nestor from WHO. He is only there because, after some effort, I managed to persuade him to attend an emergency meeting with Kevin, Kendall and myself. We are almost alone in the cafeteria of the Health Ministry. We drink bitter coffee, and Nestor has helped himself to a piece of cake with an overly sweet pink glazing. He looks at me and nods. Not one muscle in his face stirs. I lean in, as close as I can get without actually touching him, and repeat: "Do you understand what I'm telling you? In 48 hours, there will be no isolation centre for Ebola in the entire country. Not a single one. Zero." He pulls out a notepad and writes "48 hrs. SP leaving". He thanks us for the information. For a split second, I imagine my hands encircling his thick neck and squeezing. Instead, I ask him what he is planning to do about it.

Kevin makes an effort to explain, expressing himself in a different way in order to make him comprehend the gravity of the situation. "After the last couple of day's tragic occurrences, Samaritan's Purse has decided to evacuate its entire staff, completely withdrawing from the country. MSF still does not have the capacity to run an Ebola center all

by itself, and without support from SP, it is far too dangerous to be at ELWA2, which is drowning in patients. In the morgue, the body bags are piling up in stacks.” I add that if none of us are there to ensure safe patient care and sufficient supplies of protective equipment, it is likely that many of the public health workers will not dare to show up for work. Far too risky. From Wednesday, the patients may therefore be left to fend for themselves. Kevin and I request that Dr. Nestor take responsibility and tell his superiors in Geneva that I am right when I say that things are already out of control, that the time for the WHO to sound the alarm is far overdue. This is not something Liberia can handle by itself. WHO needs to take the lead now. His response is a shrug of his shoulders as he rises and leaves the cafeteria. If I were to sum up WHO’s involvement in this crisis so far, this would be it: a shrug.

Kendall tells me he is filled with guilt, but headquarters has ordered them home. His fingers hammer at the table. I look at the freckles on his hand, the hand I promised to hold.

This was but a few hours ago, and now I have just met with my little team consisting of two doctors and two water and sanitation experts, plus the two new arrivals of today - one administrator to help with salaries and recruitment and an anthropologist who will be in charge of health promotion, working on how to change attitudes in the local population.

Even before sitting down, Dr. Sarah declared that this is by far the worst scenario she has ever seen— and this is her third Ebola project. She likens ELWA2 to the gates of hell; there are dying patients lying side by side with the deceased that no one has taken care of. There is no room for more people, living or dead. Outside, people are lying under the trees, waiting to be admitted. Other patients let them in when the guards are not looking. There is a desperate lack of experienced health personnel now that Samaritan’s Purse has left. Sara doesn’t feel safe. We are struggling to respect our own rules, as we are overworked and short on staff.

I listen to Cokie, the experienced British water and sanitation expert, describing the horrific scenario, telling us that it is pure hell. She is normally witty and fun, now she looks grey and pale, completely exhausted. I am forced to make their day even worse; I have to tell them that Kent has started bleeding and has become weaker, that the chances of evacuating the two are slim. No countries will permit them to transit or even let them into their airspace. Irrational, global panic. Kent and Nancy have both accepted that they will die

here. Sara and Cokie are crying. I gaze at our small team and think how insignificant we are in comparison with the slow, viral tsunami descending upon us. We might have managed to run a small clinic, but a centre with 120 beds, like the one we are building now, is impossible. It is too dangerous. We always have to weigh our safety against the actual possibility of making a real difference, of saving lives. I ask my team what they want to do: Should we remain, capable only of advising the authorities, or should we too leave, believing the danger to our lives is greater than our ability to make a difference?

It feels like the virus is everywhere, surrounding us, an invisible enemy threatening us no matter where we are. It is an impossible choice, but we agree to leave. Could we perhaps mobilise more personnel so that we can return soon? Maybe our cries for help will be better heard from Brussels? Marie-Christine says what I knew she would say – that it is my choice and that she supports me no matter what. “Always the right to go home if you want, never the right to remain if told to leave” is our carved-in-stone, most fundamental safety principle.

29 July 2014.

The Secretary of Health is a former surgeon in his 70s. When he was appointed, he had probably had set his mind on a quiet and comfortable end to his career, filled with public receptions and a decent salary. I bet he feels cheated now that the laurels have been replaced with the responsibility of stopping a raging, deadly virus. His demeanour towards me has been pleasant ever since he received me in the leather sofa in his large office on my first day here, July 1st. In this first meeting a few weeks ago, he informed me that he placed his trust in me, in MSF. He spoke with great warmth about everything we did during the years of war and conflict: that we were the only ones who did not go back home, and that once again, we are their saviours.

Now he is punching the table, repeatedly, standing up and yelling at me with such force that pearls of spit fall on the polished table between us. “If you have decided to leave, do so at once. Get out, we don’t need you anyway!” He is right. I’m useless. I feel my neck burning, a deep red patch of shame.

A few hours later, the car drops me off right outside the entrance of the Department of Internal Affairs. I wash my hands in chlorine and send my handbag through the security; my temperature is measured with a temperature gun held against my temple. I think the people who invented this instrument should have created a design that does not evoke associations of being shot. But even a plastic gun pointed to my head has become routine now. Over the last weeks, everything has become routine. I am operating on autopilot. I have never washed my hands this often or this thoroughly. It is like a fixation, paired with an obsession to avoid all bodily contact. For a month I have not given nor received a single hug, shaken a single hand or held a single person in my arms. The speed with which that rule became an internalised reflex perplexes me. It is odd how it is possible to get used to avoiding the touch of fellow human beings. Fearing other people's skin. Frightened of a hug.

The great, marbled-floored hall is nearly empty. I am late. A guard pulls aside the massive, moss green curtains covering the doors to the conference room. Behind them, a layer of red velvet drapes the room, where a large assembly is seated. There must be several hundred in attendance; they are tightly packed around the tables arranged in a horseshoe pattern. I recognise the American ambassador, the head of the UN forces, heads of departments and other people with position and power within the country. They are all recently appointed members of the president's new Ebola Task force. This is their first meeting, and any illusions I harboured that this was to be a smaller, more efficient working group are immediately shattered. This is as official and inefficient as it gets.

I feel slightly out of place, wearing my large MSF vest over a, fortunately, clean shirt, but my trousers are covered in chlorine spots and my hair is frizzy with sweat and rain. I scan the room, find Kendall and Lance, and hurry across the room to them. I see my name on a chair, take my seat quickly and feel my hands tingle from stress, heat and raging thoughts. I try smiling at Lance; he looks down at the floor. Kendall gives a silent nod. His eyes are red, his hands folded. Lance is holding his iPhone, manically turning it on and off, making the screen image of his wife and children continually disappear and reappear. Again and again.

President Ellen Johnsen Sirleaf speaks into the microphone, hands it over to someone else, takes it back. Their voices are sombre – I register words like *serious*, *deaths*, *help*, *need*, *funerals*. However, I am unable to follow the discussion, as my mind is firmly fixed on what I am about to stand up and proclaim – that we are leaving, that MSF lacks the staff and Ebola

experts to remain here, that we cannot help them. My hands are sweaty; I rub them against my trousers, where the imprint of my hand remains clearly visible for a few seconds before disappearing into the orange linen.

Suddenly, Kendall rises. This large, white man who has been living here in Liberia for the last fourteen years gets up and speaks into a microphone someone hands him: “Monrovia is my home. You are my people. My family belongs here. Nevertheless, we have to leave.” His voice is cracking, he emits a sobbing sound and he draws his coarse hand across his eyes, but I can still see his tears. I shut my eyes to stop my own. Kendall, in an unsteady voice, explains that two of his colleagues are gravely ill from Ebola. He tells the story of his other colleagues in the north, who were attacked by angry villagers believing Samaritan’s Purse to be the cause of the virus. He says that they are in far over their heads. That they are in shock and grief. That the headquarters has requested that they go home to recover, to head home in order to return stronger. It does not sound particularly convincing.

But his thanks, his words of pain and sorrow and how much it breaks his heart to have to leave are beyond doubt. President Ellen thanks him, tells him she understands and expresses sympathy for his colleagues who have fallen ill. She says all the right words, but her face is drawn. She looks weighed down, older. She falls heavily back into her chair, her hand fleetingly touching her forehead. The room is completely quiet. It is strange how so many people can make so little noise.

I get up quickly and as I stand there, with hundreds of eyes upon me, I experience a change of heart and I hear myself saying “I am very sorry that we haven’t been able to help you more; that we don’t have more doctors or experts. I know we have far too little to offer as of now, but I promise that we will stay nonetheless. MSF stayed for the whole duration of the war; we will stay in this war too.” A shared, inaudible sigh comes from the assembly. It feels like a window has been opened and the air has become a bit lighter.

It is impossible to leave. I understood that if we leave, they will lose hope. Our mere presence – that our logo is seen on a few cars or on my chest during meetings – gives some sort of hope. Nevertheless, it also feels like a betrayal, as I know that we are not doing enough. The responsibility that comes with our logo, especially in this country, is enormous. I feel that I am letting them down with each passing day. But I have to stay. It is possible that

the others in this room are relieved by what I have said, but I feel the weight of tremendous responsibility pressing me back into the chair.

Afterwards, many approach me to express their sincere gratitude. The President thanks me, and tells me she trusts me. It is absurd – they are standing in the middle of an escalating catastrophe and are thanking me for being here, even though my contribution can do nothing to stop the imminent wave of Ebola that threatens to engulf the country, to drown us all. Do they not understand that at this very moment, the virus is looking for new, unsuspecting bodies in which it can live and thrive, while the body dies? And while the victims are dying, the virus spreads to the next of kin who love the bleeding and dying victims so deeply that they cannot resist holding and hugging them. Ebola is the mass murderer that kills through love.

I feel deceitful, and I am barely able to receive all the gratitude, repeating that I hope that we can do more soon. If I were the president, I would have reproached me, not thanked me.

Back in our house I have to tell the team that yesterday's decision no longer stands, that it is impossible for MSF to abandon the Liberians now. I tell them that everyone is free to leave, even the ones who are not at the end of their mission.

No one leaves.