

## Call for Ebola medics falls on deaf ears: MSF

There's a brand new Ebola treatment centre standing empty in Monrovia, Liberia, where the disease hit hardest in its sweep across West Africa. It's not for want of patients. At other centres across the region, overwhelmed medical humanitarians are turning away all but terminal cases in a last ditch effort to quarantine bodies at their most infectious – three days before or after death.

There's no one to staff the new centre, or other centres, to care for those at treatable stages of the disease. In some regions, fewer than one in five patients with Ebola receives medical care at any stage.

Staffing is an increasingly urgent challenge as the total number of Ebola cases approaches 14 000, says Dr. Tim Jagatic of Windsor, Ontario. He has volunteered twice in West Africa with the medical relief group Médecins Sans Frontières (MSF) since the outbreak began. At an Oct. 28 public presentation in Ottawa, Jagatic said the recent shift from treatment to containment is “disturbing.”

“This represents the absolute lack of ethics that we're forced to follow right now,” he said.

Although world leaders have promised more boots on the ground, it's unclear how many will be filled by medical personnel. On Oct. 28, World Bank President Jim Yong Kim said an additional 5000 health workers are needed to curb the epidemic at its source, but his pleas have met with a lacklustre response, said MSF Canada Executive Director Stephen Cornish. “We're probably at 250.”

Instead, foreign governments have invested in treatment centres, supplies and training for local health workers, said Cornish. A case in point: some 500 American military personnel are now in Liberia to build 17 treatment centres, but the United States has promised only 65 medical staff to provide direct patient care at one hospital.

“Everybody is supposedly going to



Médecins Sans Frontières

**Dr. Tim Jagatic (left) says shortages of medical workers in West Africa have forced humanitarians to shift focus from treating Ebola to isolating those they know will die.**

train the same local people who don't exist ... who have already been decimated,” said Cornish. MSF still treats more than two-thirds of all Ebola cases.

Health workers were among the first casualties of Ebola in West Africa; at least 443 have been infected, and 244 have died. Medical workers and missionaries also make up the majority of foreigners infected.

Now MSF fears it's seeing a backlash. Australia has closed its borders to travellers from West Africa. New York and New Jersey state governments have imposed mandatory quarantine on all returning medical volunteers, and the US is considering a similar national policy. Other countries, including Canada, have said they won't send health workers to West Africa without a guaranteed way to bring them home. This is complicated by news that the last airline connecting the region to Europe may cancel services.

Such hardline policies have already wreaked “complete disaster” during this epidemic, said Cornish. Earlier airline cancellations, for example, led to “panic, riots, social and economic collapse and further spread of the disease.”

Cornish also noted that there's now a “difference of opinion” about how to

combat Ebola. This includes growing support for “community containment,” during which direct medical care would be replaced by equipping families to treat their own. “By giving them some protection, then you might be able to bring the disease down to less than one transmission per person,” explained Cornish. “We can't say this wouldn't work in the big picture sense, but MSF is not willing to countenance that against people's right to care and ability to survive as individuals.”

For now, Cornish said MSF will attempt to do both. “We'll be handing out 75 000 family protection kits, but those are not instead of care; they're for people waiting for care.”

Canada's new chief public health officer, Dr. Gregory Taylor, was in the audience during the presentation. He said Canada is “doing its part to get guaranteed medical evacuation in place,” but ultimately solving the medical staff shortages in West Africa “is a question for government, as well as individual Canadians ... contributing resources to aid organizations.” — Lauren Vogel, *CMAJ*

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