

Canadian Forces staff Ebola workers' unit

The 37 Canadian Forces health professionals now working at a Sierra Leone treatment unit for health care workers infected with Ebola have allowed the unit to increase its beds from 12 to 20. However, whether the Kerry Town Ebola Treatment Unit accepts both local and international health care personnel on an equal basis has been questioned.

Local health workers at hospitals, clinics and Ebola treatment units have an incidence of Ebola 103 times greater than the general Sierra Leone population, according to the United States Centers for Disease Control and Prevention. As of Jan. 14, 221 Sierra Leonean health workers had died of the virus. These losses are felt deeply in a small country with relatively few trained professionals.

Early in December 2014, after 10 local doctors had died from Ebola, the Junior Doctors Association of Sierra Leone organized a strike to pressure the government into providing better care for local health workers.

The British-built and -run Kerry Town unit had previously come under fire from the junior doctors' group, amid revelations that it was offering preferential treatment to international volunteers over local health care workers. The British said that to recruit volunteers they had to be able to assure them of treatment if infected. The Sierra Leone Medical and Dental Association President Dr. Eva Hanciles called the Kerry Town unit "discriminatory" on Dec. 8.

A spokesperson for the British government later told *CMAJ* that the unit accepts local health workers if space is available and "the majority of cases treated in the facility so far have been Sierra Leone nationals."

But the junior doctors were more reassured when the Italian nongovernment organization Emergency agreed to offer high-level care at a new Ebola treatment centre, and they returned to work soon after it opened Dec. 13, 2014.

The Canadian Forces doctors, nurses, physicians' assistants, medics and support staff arrived in Sierra Leone Dec. 20. Sub-Lieutenant Jaime Vickers, a nursing officer with Canadian Field Hospital 1, described the training as "top-



Captain Carly Montpellier, Canadian Forces

Despite extensive training, Canadian Forces nurse Jaime Vickers said it was "nerve-wracking" the first time she entered the area housing Ebola patients.

level" and "extensive," yet, "It was quite nerve-wracking the first time we entered the area containing Ebola patients."

Vickers said her heart was racing and she was afraid to touch anything on her first day at the unit, but British counterparts reminded her "that we are very well-protected, and touching patients was important to providing compassionate nursing care."

The dedicated unit at Kerry Town has several advantages over most Ebola treatment centres in the country, including a higher staff-to-patient ratio, a broader range of specialists, greater availability of diagnostic testing, direct monitoring of patients through closed-circuit TV and the ability to provide central venous access.

However, the unit cannot offer dialysis and mechanical ventilation, which have proved crucial for some patients with Ebola in North America and Europe. The intensive care unit run by Emergency has a dialysis machine and a ventilator on site, though it is unclear if the equipment is being used.

Dr. Robert Fowler, a University of Toronto physician leading a World Health Organization Ebola team, toured Kerry Town in December 2014 and told *CMAJ* it will play a role for months to come. "Sierra Leone continues to have the greatest burden of illness, so the support of the ... Canadian military to that effort is enormously important and Canada should be proud." — Miriam Shuchman MD, Toronto, Ont.

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