

THE EBOLA CRISIS IN ST. JOSEPH CATHOLIC HOSPITAL - MONROVIA, LIBERIA - AS WITNESSED

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Greater love has no one than this, that one lay down his life for his friends

As one of the biggest hospitals in Liberia, probably second only to the main government hospital, the John F. Kennedy Hospital, the St. Joseph Catholic hospital has been at the forefront of delivering quality health services to Liberia since 1963.

When I got the opportunity to work with the Brothers of St. John of God, it was in November 2012, exactly three months after I got married and already the idea of having to relocate to another country came with a mixed feeling. Predictably, my family was not particularly enthused about it, and perhaps justifiably so because of the history of Liberia. Nonetheless, I managed to convince them to stay positive and so, I arrived in Monrovia in December 2012 to a rousing welcome from the Brothers and Sisters community. At the airport were Fr. Miguel Pajares, Sr. Chantal, Sr. Patience and Mr. Valentine Bruku (Financial Controller - St. Augustine Province, Africa). That evening I experienced the warmest reception in my life and already the many questions on my mind before the journey and the fears had subsided.

Work at the hospital, with Bro. Patrick as hospital Director and life with the community was enjoyable since the day of my arrival. In all there were three Brothers (Bro. Miguel Pajares, Bro. Patrick Nshamdze, and Bro. George Combey) and three Sisters (Sr. Chantal P. Mutwameme, Sr. Patience Ronda, and Sr. Juliana).

It was somewhere in March 2014 when news about an outbreak of **Ebola viral disease (EVD)** in Guinea was received in our hospital. I recall that I received the message from Sr. Chantal, who came to my office to inform me about it. It was my first time of hearing about this disease and already there were fears that the disease could spread to Liberia since it shares a border with Guinea. In a typical African country with all the issues about border controls, porous immigration, high levels of corruption, etc. we were almost certain that the disease had probably reached Liberia before we even got the information about its outbreak in Guinea. Surely, it did

not take long before we received information from the Ministry of Health (MoH) that there had been a confirmed case in the Loffa region (this region is the closest to the Guinean border). This case in the Loffa region claimed the life of the patient who had travelled from Guinea to seek medical care, the attending nurse and her little daughter.

As a result, the need to put in place all necessary and precautionary measures became paramount. Wearing of gloves and regular hand washing with chlorine water by all clinical staffs were advised. In the ensuing panic, however, some staff at the emergency ward and even doctors in the consulting rooms began turning away patients who showed any signs of fever or vomiting. Suspected cases were also being referred to our hospital. The practice brought some minor chaos into the health system in Liberia. However, as more and more of these suspected cases were tested and confirmed negative by the MoH most hospital workers became somewhat relaxed and work continued as normal.

The calmness in the hospital grew day after day and *ebola* seemed to be a thing of the past. This continued until the end of May 2014 when we were informed of a fresh case and this time, in one of the government's hospitals, Redemption Hospital, located in New Kru town – a suburb of Monrovia. This case resulted in the death of the patient and his entire family of about five people, the attending doctor, a Ugandan by nationality and two other nurses. Fear ran through the whole health system in Liberia and in the Catholic Hospital some of our staff threatened to boycott their duty should a case ever get confirmed in our premises.

Nevertheless, work continued as normal and we deliberated daily on news about confirmed cases in parts of the country and other hospitals. What was clear in the numerous reports this time round was that, it appeared the *Ebola* had come to stay with Liberia as the number of suspected and confirmed cases kept rising each day. Availability of protective materials to our staff was considered a high priority, even though supply seemed inadequate. We continued to press the government through the MoH for supply of basic protective materials like gloves, hand sanitizers, chlorine, etc. and even though they always promised to help, we realized very little of their assistance.

Meanwhile, cases upon cases were being reported daily in other hospitals and some health workers across the country were reported to have contracted the Ebola virus. Most patients rationally began to choose their hospital based on which health facility has no known reported case. The JFK hospital (the government's biggest hospital) had been hardly hit and one of the few of Liberia's experienced doctors was reported to have collapsed while on duty – he was later confirmed positive with the virus and died a few weeks later. Suddenly, the JFK hospital too was a no go place for most patients and daily attendance at our hospital more than doubled. Our staff became increasingly terrified as patient load increased; however, they were still willing to work in so far as they felt protected. Therefore, the availability of protective gear was always a priority for management and the need to construct a withholding ward for highly suspected cases was also being considered. There is only one “Ebola laboratory center” in Liberia with one PCR machine and the MoH has a task force who go round to take blood samples of all suspected cases to run the test before a result can be given. This situation made the idea of a withholding room in our hospital necessary since it could sometimes take many hours or even days before the team from the MoH could arrive to take blood samples.

Whilst our staff continued their normal duty and all necessary precautions were being implemented, luck perhaps eluded us when in the first week of July 2014 a woman in her mid 50s was admitted in the Females' General ward after she was seen in the OPD by Dr. Senga R. Omeonga (one of our general surgeons). The woman began showing visible signs a few days after she had been admitted and Br. Patrick (our Hospital Director, and a Brother of St. John of God) alerted the MoH task force who later confirmed the woman as ebola positive. Immediately the particular ward was isolated and we waited more than twenty four hours before the MoH task force could arrive with an ambulance to transfer the patient to the isolation center. In total the government had constructed about five isolation centers in the country where all confirmed cases were supposed to be transferred. With only two ambulances assigned to the special task force to cover the entire country, coupled with the increasing number of cases, sometimes it took days before a confirmed patient was transferred. The Ministry appeared over-stretched and the task of fighting the Ebola disease seemed overwhelming. However, the seeming lack of resources and incapacity left many of us wondering how they (the Ministry of Health) used all the foreign assistance and donations they have received in aid for the ebola crisis.

A few days after our first confirmed patient was transferred to the isolation center, another case was confirmed in the ward; also a female who died shortly after admission. Subsequently, on the night of 8th July, a lady in her early twenties (name withheld) was rushed to our emergency ward by his brother who is a high ranking government official in Liberia. According to staff that were on duty at the time, the lady was bleeding and so they called one of our gynecologists, Dr. Rudy Lukamba to see her and she was subsequently admitted to one of our private wards by the doctor. On the 9th of July Br. Patrick who was on his routine visit to the ward, visited the room of the said patient. While he was still in the room, the patient began convulsing, rolled over and fell from the bed. According to Br. Patrick, he called together some nurses who grabbed the patient from the floor and put her back on the bed. At this moment the convulsion had seized and according to Br. Patrick he checked the pulse of the patient and realized she was dead. He quickly called Dr. Rudy and informed him about the death and later, after the doctor's assessment, he reported that he suspected that the patient had the Ebola virus.

Subsequently, Bro. Patrick arranged for the MoH task force to come for the blood samples of the body and later in the day, the result confirmed that indeed the patient had died from EVD. At this point, nurses who had come in contact with this patient were uncontrollable including Dr. Rudy himself who received the news with shock. Moments later, he collapsed on his way to the hospital premises and was admitted and discharged after two days. It is not clear what might have caused the collapse of Dr. Rudy even though I was informed later by his nurse that he was diagnosed with malaria. Nevertheless, the mental stress resulting from the confirmation and death of the patient he had seen as ebola positive could not be ruled out. Likewise, there was chaos in the nursing department with twelve out of our twenty eight nurses claiming they had come in contact with the said patient. A meeting was subsequently arranged by Br. Patrick with the twelve nurses and it was agreed that all twelve nurses be allowed a twenty one day break for monitoring and observation. As for Br. Patrick and Dr. Rudy who had also been in contact with the patient, they felt that they could continue to stay on duty. A day or two later, we also agreed at management level to suspend all elective surgeries and reduce admission. Obviously, these were desperate decisions, but necessary so as to curb the continuous exposure of the entire staff to the risk of the ebola epidemic.

On Monday, 14th July 2014, less than a week after Bro. Patrick had come in contact with an ebola patient, I went to see him at around 10am in the morning. It was a routine practice for the two of us to have a brief discussion every morning on the many issues and happenings in the hospital. On this day, I realized Br. Patrick's door was half closed when I got in front of the office and when I went inside I knew everything was not alright. He revealed to me that he had experienced very high fever (temperature between 39-40 degrees Celsius) the previous night and that he spent about three hours in the Emergency ward. He added that, it was Dr. Aroh Ikechuku (one of our interns) who saw him in the night and his malaria and typhoid tests were all normal. He then told me he felt much better now and would like to go home and rest after he has finished replying to some urgent emails. Obviously, he looked worried and I guessed he was not worried because he was sick but because he was showing such symptoms after being in direct contact with an Ebola patient.

Three days later, his condition was still not improving and according to him the MoH "ebola" task force was contacted and they had already come for his blood samples for testing. At this point Dr. Senga and Sr. Chantal were taking care of him in his room at the Brothers' residence and we all waited anxiously for the laboratory result. At about 6.00pm I called Br. Patrick to enquire about the results and he informed me that he received a call from the MoH that his result came out negative. What was clear in his voice this time round was that he had a sudden feel of strength as though he was no longer sick and honestly, that news was a relief for all of us. Thus, if Br. Patrick is not down with Ebola, then there is nothing for us to be worried about. Perhaps it is malaria or typhoid or some of the other known treatable diseases but not Ebola. Indeed when I spoke with Dr. Senga, Sr. Chantal, Fr. Miguel and all concerned that was the general feeling I gathered. Based on this new information, we expected his condition to improve in the next few days, even though we were still not sure what was causing the spike of temperature and constant fever. Moreover, we decided that he should be treated at home instead of transferring him to the hospital. This decision was to ensure that the number of visitors and well wishers were reduced to the barest minimum, taking into account his position in the hospital. Additionally, there were already rumours among the hospital staff that Bro. Patrick was suffering from ebola, and

therefore we thought that transferring him to the hospital would further spread the rumour even to the media. These events occurred on Thursday, 17th July, 2014.

Days later, two more Doctors (Dr. Aroh and Dr. Mahmoud) came on board and joined Dr. Senga in trying to diagnose Br. Patrick's condition. Laurene Togba, (one of our senior staff nurses) and Tete Dogba (our social worker) also joined Sr. Chantal to support the doctors. Several suggested treatments were been tried by the team and I recall on Saturday, the 13th of July 2014 it was revealed by Dr. Senga that a laboratory investigation he had asked Mr. Dominic Wesseh (our laboratory supervisor) to conduct had revealed that in fact Bro. Patrick might be suffering from **Brucellosis**. This was a milestone revelation that informed the team of doctors to change the treatment. However, after about one and half weeks of observation and treatment in the Brothers' residence, the condition was rather deteriorating and it was advised that he should be transferred to one of the hospital's private wards in order to ensure continuous monitoring. Moreover, the doctors thought that it would be necessary to do x-ray, EKG and some further lab tests to aide in treatment. Therefore, he was transferred to the ward and an x-ray and ECG were immediately done. Still in the hospital, we restricted access to his ward to only the Brothers' and Sisters and some few other senior staff, even though a good number of staff wished to see him.

After about two weeks of treatment without any sign of improvement, we consulted with the Provincial superiors in Accra and Spain to have him transferred abroad for treatment. Finally, Accra was chosen and we acquired an air ticket for him and Br. George, who was to accompany him. On the other hand, we deemed it necessary to get a hard copy of the results of the Ebola test which was conducted by the Ministry Of Health (MoH) on the 17th July 2014 to show as evidence to the airport authorities in both Liberia and Ghana. However, to our chagrin, the MoH insisted that the earlier test had disappeared from their system and as such there was the need to do another test. On Monday, 28th of July his blood sample was sent again for testing and on the night of Tuesday 29th of July we received a communication from the MoH that Br. Patrick had tested positive for EVD. It was extremely shocking, and one could feel a sudden atmosphere of sorrow and gloom in the hospital compound as staff from their residences were seen standing in groups obviously mourning over the information.

On Wednesday, the 30th of July 2014 some of the staff arrived very early at the hospital; however a good number of them also did not turn up. The hospital was clearly not in its usual state as it was bereft of its normal patient attendance. The handful of patients who were seen at the OPD had to leave because there were no consulting doctors on this day. Two giant newspapers in Liberia captured the news about Bro. Patrick on its front page in a rather twisted piece of editorial. Both papers claimed that Bro. Patrick had died the previous day from ebola and went on to print pictures of past and present Brothers, Sisters and some staff, as people who had come in contact with Bro. Patrick while he was sick. Specifically, people captured in the papers included Bro. George, Fr. Miguel, Mr. William Ekerum (former Brother of St. John of God), Bro. Bernard (who was once in Liberia but is currently in Sierra Leone), Sr. Chantal, Sr. Patience, Tete Dogba, Laurene Togba and a tall list of other staffs. In as much as we were displeased about these negative reports, we were clearly not going to be swayed and intimidated by them as our immediate concern was to take a conclusive decision about the future of the hospital and Bro. Patrick. The provincial superior in Accra was informed of the situation at the hospital, the general attitude of the staffs and the unfolding events following the confirmation of Bro. Patrick. However, at this moment we could mildly predict that there were difficult days ahead, even though we were still not sure about the extent. That is, in a period of two weeks where we had all been under the erroneous impression that Bro. Patrick was ebola negative, we were quite sure about the risk of contamination we all directly or indirectly faced. Finally, the Provincial advised that we initiate a discussion with the entire staff about a possible closure of the hospital for at least a period of one month. Based on this information, a meeting was held with the staff and the provincial's advice was upheld by the staff. Moreover, it was agreed that every staff member shall receive fifty percent of his current salary within the period of closure. With regards to Br. Patrick, we agreed to continue treating him in the hospital in order to ensure that he received all the necessary care. The team that had been taking care of him still decided to continue with their service even at this moment.

Meanwhile, on Thursday, 31st July 2014 a communication from the MoH insisted that Br. Patrick should be transferred to the Ebola treatment center at ELWA hospital in Monrovia since there were vacant beds at the center and also there were staff that are specially trained to handle ebola cases. Therefore, at around 19.00hours GMT an ambulance came for him amidst sorrow and

tears from on-looking staff and the entire community. Moreover, on the 1st of August, 2014 the hospital was effectively closed as it was already scheduled.

On the night of Friday 1st August 2014, I was approached by Tete and Laurene; apparently they felt that given the level of contact they have had with Br. Patrick it was important for them to be isolated from their families. As a result, we identified some vacant residences on the hospital compound and extended their request further by asking all the staff who had been in direct contact with Br. Patrick to move to the compound where they would be observed for twenty one days. The following morning Tete, Laurene, Dominic, Joel Williams, Marvin Kai, Layson Wilson and Ansumana Kromah relocated to the hospital compound. All seven persons had direct contact with Br. Patrick during the two week period. The same morning, I visited the Sisters' residence where all the Sisters and the two Brothers (Bro. George and Father Miguel) were gathered. This day was supposed to be a joyous one for the community because it had been scheduled for Sister Helena (a sister of the Immaculate Conception) to take her final vows and the community was preparing to attend the Mass at the Cathedral in central Monrovia. Uncharacteristically however, the residence was not as buoyant as was expected and a false smile was pictured in their faces. Obviously, the absence of Bro. Patrick and the general mood on the compound was taking a toll on them. Sister Helena is a Liberian by nationality, residing in Argentina and she had returned to Liberia just two or three weeks earlier for this occasion. Two other Sisters of Immaculate conception assigned in Togo had arrived just the week before to support Sr. Helena, and they all lived in the Sisters' residence. Everybody was preparing to attend the programme except Fr. Miguel who was having fever since the previous night and we felt that he needed some rest.

At around 12.00 noon on the same day (Saturday, 2nd August 2014), news came from the ELWA isolation center that Bro. Patrick had died at about 10:00 am in the morning. According to the source, at the time of calling his body was in a truck among several other bodies to be buried at a site in an outskirt of Monrovia. Several calls were made to some important contacts to see if it was possible to find the location of the burial team at the time we received the news to at least witness the burial or identify the burial site, but our efforts were unsuccessful. Therefore, to this date we are unsure not only about the site of the burial but also about the form of the burial. That

is, whether it took the form of a mass burial, whether he was burnt, or perhaps it was a separate individual burial, as I am informed that these are all methods of burial being practiced by the MoH since the outbreak of the virus.

The programme at the Cathedral where the whole community had been since morning was yet to close. We were however restrained to release the information to them and even to Fr. Miguel who was still resting in the Sisters residence. The hospital compound was filled with sorrow and grief when the Sisters and Bro. George finally returned from the Mass and the news was broken to them. In the mist of the loud cries, the bigger question perhaps on the minds of many was whether everything was going to end with the death of Br. Patrick or was it only the beginning of a catastrophe of unimaginable proportions. The latter proved to be the case when on the same day of Br. Patrick's demise, Sr. Chantal and Sr. Patience were also said to be having high fever. By Monday, 4th August, 2014 Dr. Aroh, Dr. Senga, Tete Dogba, Laurene Togba, Layson Wilson, Marvin Kai and Dominic Wesseh who had been taking care of Bro. Patrick were all reported to be having fever. We quickly arranged for the blood samples of all of them to be collected for testing and this time round the MoH task force responded swiftly. In less than twenty four hours the test results were received and it confirmed that Sr. Chantal, Fr. Miguel, Sr. Patience, Tete Dogba, Marvin Kai and Dominic Wesseh were all Ebola positive. As for the rest of the people whose blood samples had also been collected, their results were not ready on this day.

When this information was communicated to the Provincial superiors in Accra and Spain we received some important suggestions and plans. First of all, based on the negative news we have heard about the government's isolation centers, it was advised that any of our staff who would contract the disease would be treated in our hospital. Secondly, they also disclosed to us about a tentative plan to evacuate all the Brothers, Sisters and possibly all the infected staff to Spain in order to ensure proper monitoring and care. It was said that the plan was still been discussed with the Spanish government. Consequently, on Wednesday, 4th August 2014 a Private Jet was sent for the evacuation. However, when the team arrived on the compound we were informed that the Spanish government had altered the plan within the last hour and that it was only possible to evacuate Spanish nationals. Therefore, only Fr. Miguel and Sr. Juliana were taken despite the protest from Fr. Miguel who at this stage could barely talk. The disappointment of the rest of the

Sisters and Bro. George was obvious but they all remained calm and packed their bags back into their rooms. As days went by, the condition of the various infected persons was speedily deteriorating because there was no proper care. Out of fear, all our nurses and the few remaining doctors were hesitant to even extend their help. Finally, only one staff (Mr. Ansumana Kroma, who is an OR Technician) and a former brother of St. John of God (Mr. William Ekerum, who is also a nurse) volunteered to take care of all the patients.

On Thursday, 7th August 2014, the two visiting Sisters from Togo had to return to their country and it appeared they had been extremely lucky not to have contracted the disease. Sr. Helena and Bro. George who had shown no sign of sickness were suddenly struck down with high fever, constant diarrhoea and vomiting on this day and it became an impossible task for only two volunteers to care for all of all them. Besides, feeding was also going to be a problem because the two care-takers for the Brothers and Sisters community had also abandoned their duty since Bro. Patrick's death. Due to these challenges, we contacted the MoH task force on Friday, 8th August to have all of them transferred to the isolation center and they agreed to come the following day. Moreover, we even received news that two of our staffs (Dominic and Marvin) who had voluntarily moved to the isolation center immediately after the laboratory confirmation were recuperating quite well. However, at around 2:00am Saturday morning I received a text message from William (one of the volunteers) that Sr. Chantal had died. Before dawn, the news had spread everywhere and at this point, the rest of the infected persons were yearning to move to the isolation center. At about 10:00am the MoH ambulance arrived and two persons were taken at a time starting with Sr. Helena and Sr. Patience. By evening, all the confirmed persons and even those whose test have not being confirmed but showing visible signs of the disease were all transferred to the isolation center. They included: Dr. Senga, Dr. Aroh, Laurene Togba, Tete Dogba, Bro. George and Layson Wilson. As for Sr. Chantal's body, the Provincial advised that she is buried on a portion of the hospital's coconut plantation and so the MoH task force disinfected the body and led the burial at the exact site.

Access to the isolation center was however very difficult as authorities at the center had put in place very stringent procedure so as to limit the number of visitors each day. Therefore, we had to work through the Archbishop of Monrovia's office in order to send food and other personal

effects to our patients. However, on Sunday, 10th August we received information from the center that Tete and Laurene had died early in the morning. The following Morning, Bro. George also died and we arranged for his body to be buried next to Sr. Chantal's grave in the hospital's coconut plantation. On the same day, our X-ray technician (Richard Kollie) was taken from his home by the MoH task force after reportedly showing signs and symptoms of ebola. Meanwhile, on the 12th August 2014, Fr. Miguel who had been flown to Spain also passed away and two days later Mr. Richard Kollie died. The deaths occurred in turn as the days passed and in total the hospital lost nine staffs (three religious Brothers, one religious Sister, two nurses, one x-ray technician, one lab technician and one social worker)

Thinking about all these deaths occurring in a matter of just some few days is something so difficult for me to comprehend to this day. Was it fate or destiny, is the question that keeps buffeting my mind. However, in line with the hospitality agenda of St. John of God, we will surely pick ourselves up from the ruins and perhaps take solace in the fact that some of our staffs have also recovered from the Ebola disease. Dr. Senga, Dr. Aroh, Marvin, Sr. Patience and Sr. Helena are currently discharged from the isolation center and are doing fine. We will forever also remember the support of a number of our partners and benefactors whose donations in cash and in kind has sustained the hospital throughout the crisis.

**“Greater love has no one than this, that one lay down his life for his friends—
JOHN 15: 13”**