

AFRICA

Those Who Serve Ebola Victims Soldier On

By ADAM NOSSITER and BEN C. SOLOMON AUG. 23, 2014

KENEMA, Sierra Leone — The best defense against despair was to keep working. Many times, that choice was far from obvious: Josephine Finda Sellu lost 15 of her nurses to Ebola in rapid succession and thought about quitting herself.

She did not. Ms. Sellu, the deputy nurse matron, is a rare survivor who never stopped toiling at the government hospital here, Sierra Leone's biggest death trap for the virus during the dark months of June and July. Hers is a select club, consisting of perhaps three women on the original Ebola nursing staff who did not become infected, who watched their colleagues die, and who are still carrying on.

"There is a need for me to be around," said Ms. Sellu, 42, who oversees the Ebola nurses. "I am a senior. All the junior nurses look up to me." If she left, she said, "the whole thing would collapse."

The other nurses call her Mummy, and she resembles a field marshal in light brown medical scrubs, charging forward, exhorting nurses to return to duty, inspecting food for patients, doing a dance for once-infected co-workers who live — "nurse survivors," she called them enthusiastically — and barking orders from the head-to-toe suit that protects her from her patients.

In the campaign against the Ebola virus, which is sweeping across parts of West Africa in an epidemic worse than all previous outbreaks of the disease combined, the front line is stitched together by people like Ms. Sellu: doctors and nurses who give their lives to treat patients who will probably die; janitors who clean up lethal pools of vomit and waste so that beleaguered health centers can stay open; drivers who venture into villages overcome by illness to retrieve patients; body handlers charged with the dangerous task of keeping highly infectious corpses from sickening others.

Their sacrifices are evident from the statistics alone. At least 129 health workers have died fighting the disease, according to the World Health Organization. But while many workers have fled, leaving already shaky health systems in shambles, many new recruits have signed up willingly — often for little or no pay, and sometimes giving up their homes, communities and even families in the process.

“If I don’t volunteer, who can do this work?” asked Kandeh Kamara, one of about 20 young men doing one of the dirtiest jobs in the campaign: finding and burying corpses across eastern Sierra Leone.

When the outbreak started months ago, Mr. Kamara, 21, went to the health center in Kailahun and offered to help. When officials there said they could not pay him, he accepted anyway.

“There are no other people to do it, so we decided to do it just to help save our country,” he said of himself and the other young men. They call themselves “the burial boys.”

Doctors Without Borders trained them to wear protective equipment and to safely clear out dead bodies potentially infected with Ebola. They travel across backbreaking dirt roads for up to nine hours a day.

In doing their jobs, the burial boys have become pariahs. Many have been cast out of their communities because of fear that they will bring the virus home with them. Some families refuse to let them return.

After Mr. Kamara started working, his family said, he was no longer welcome in his village. His uncle, the family patriarch, told him never to come back. At first, he stayed with a friend, but the man’s wife was afraid and kicked him out, too. With no pay for months, he sometimes begged on the street after work to get enough money for food. Recently, he talked the owner of a small shop into clearing out enough space in a back room for him to sleep there.

He is finally getting paid, about \$6 a day, and he hopes to find a room to rent, probably at an inflated price. Some of the other burial boys have tried to rent apartments but have been refused.

“If I have a long life, I can go back to my people,” Mr. Kamara said. “I can talk to them: ‘I’m doing this job for you.’ Maybe they can understand me.”

At the government hospital a few hours away in Kenema, photographs of the dead nurses are still plastered on the crumbling walls. Notes to young women suddenly cut down, like Elizabeth Lengie Koroma — “Lengie We All Love U But

God Loves U” — offer visual reminders of the pain that remains.

“Today three, tomorrow four — it was just like that, rapid,” Ms. Sellu recalled, her cheery demeanor quickly dropping. “We said, ‘What is happening?’ ”

She added, “You are asking, ‘Who is next?’ ” In all, some 22 workers at the hospital died.

The nurses and doctors here had banked on their experience treating Lassa fever, another deadly disease that causes bleeding. But Ebola is of a different order, and they had never seen it before.

With the first cases, the nurses simply used their Lassa goggles. Ebola demands a far more protective face shield. They also used “light gloves,” Ms. Sellu said. Now, she puts on two layers of heavy-duty rubber gloves. The inadequate initial precautions had fatal consequences, even for the revered young doctor who headed the Lassa unit, Dr. Sheik Umar Khan.

“Such a careful man, always saying, ‘Don’t do this, don’t do that,’ ” Ms. Sellu said. “That is the mystery.” Dr. Khan died on July 29, a huge blow to the nation.

Ms. Sellu also spoke about the nurses she had lost to Ebola. Usually so keen on projecting strength to her subordinates, she began to cry.

“It has been a nightmare for me,” she said, her features contorting. “Since the whole thing started, I have cried a lot.” She added: “It came to a time when I was thinking of quitting this job. It was too much for me.”

But the lesson she drew appeared inevitable to her. “You have no options. You have to go and save others,” Ms. Sellu said. “You are seeing your colleagues dying, and you still go and work.”

At the height of the deaths last month, her two teenage children and her family in the capital, Freetown, urged her to stop. The remaining nurses at the hospital staged a revolt. One morning, 40 of them appeared outside the door of her home in Kenema, yelling, “If one of us dies again, prepare yourself to die!”

Frightened, her children warned her. “ ‘They have come for you! Mummy, don’t go there again!’ ” she recalled. “And my relations in Freetown were saying, ‘Don’t go there again!’ ”

Ms. Sellu disobeyed all of them. “I was sneaking in at the end of the day,” she said.

With precision, she recalled the day the nightmare at the hospital began: May 25. In neighboring Guinea, where the epidemic started, the crisis had appeared, falsely, to be abating. In Kenema, a patient was bleeding profusely.

“The nurses were curious; they called me,” she said. “Dr. Khan said, ‘Do the test.’ ” It was positive for Ebola.

“The whole hospital went haywire,” Ms. Sellu said. “All the nurses were put into quarantine.”

But it was the second case, in the hospital’s private annex for V.I.P.s, “that put the calamity on us,” she said. The patient was a local chief suffering from severe diarrhea and vomiting. He infected three nurses and a porter. The porter and one nurse died. The dying nurse was pregnant and miscarried, infecting all four nurses who aided in the delivery. All four died.

“There are times when I say, ‘Oh my God, I should have chosen secretarial,’ ” Ms. Sellu said. But her job as a healer, she said, “is the calling of God.”

The Kenema hospital is a different place now. In the last several weeks, with international help, a more rigorous system for screening, filtering and holding Ebola patients has been instituted. Confidence among the nurses has been restored.

Outside the hospital, they continue to face stigma. Some of Ms. Sellu’s staff spoke of husbands abandoning them and neighbors shunning them. One nurse told of returning home to find her belongings in suitcases on the sidewalk, and her spouse warning her to stay away. Another nurse, seeking lodgings, lied to the landlord, telling him she was a student.

“If you meet with them, they will balance this way and that not to touch you,” said Veronica Tucker, a nurse who survived an Ebola infection, doing a little jig to demonstrate her experience on the streets of Kenema.

The epidemic goes on. International aid workers say the official figures — an estimated 2,615 cases and 1,427 deaths in Guinea, Liberia, Nigeria and Sierra Leone — are almost certainly much lower than the real number of infections and deaths.

Ms. Sellu finds some reason for optimism, though. She has seen the flood of Ebola patients diminish. And she and her nurses are no longer alone in the fight.

“Some went, but we stayed,” said a nurse, Nancy Yoko. “We have kept coming. We never left.”

Ms. Sellu then shooed away her visitors, put on her suit and prepared for work.

“By the grace of God, it will end,” she said.

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