

# The Caregivers

## The Ebola fighters in their own words

Dec. 10, 2014

### Foday Gallah, 37

*Ambulance supervisor, Monrovia, and Ebola survivor*

I am the supervisor on the Honorable Saa Joseph District No. 13 Ambulance. I go out in person. You are there to regulate the movement of the ambulance and sometimes supervise the cases that would come on board the ambulance.

In April it [Ebola] began very severe, and people started calling us scared. People started calling us here and there. And we knew that this ambulance was important for the country. Using a regular car to get an Ebola victim to the hospital, No. 1, is going to be very slow. No. 2, it might cause a problem for the driver or other people on board the car.

So the ambulance, we just had it for Ebola cases; it'll be faster and it will be safer. So it was very important for transporting Ebola victims.

I was a little afraid because the first thing, Ebola, it is the first of its kind in the Republic of Liberia. Watching the impact and the devastation it caused in this -



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country—one had to be afraid.

The first time I had to pick up an Ebola patient, you don't want to hear it. I was very afraid. Before then we had gone through a training with the Ministry of Health, so we knew how to wear the PPEs [personal protective equipment]. Though the PPEs were on me, the fear was still there. Approaching the patient, I saw this patient lying in a pool of vomit and feces. Wow, it was something to see. I was very, very afraid.

Sometimes we carry up to 50, 60 patients a day, depending on the number of calls we have to receive. Because we have only got two ambulances with the government, so remember the Ebola is tracking everywhere in the neighborhood, everywhere in the country, everywhere in the capital city. You are driving one patient, and you are getting calls to pick up another at the same time. Sometimes 10 patients in the car at the same time.

I actually got sick trying to help a family, a family of eight. I first took the mother, the sister and the son—the first three—[to] an ETU [Ebola treatment unit]. After a week or so they died. After two, three days, I received this phone call. This time it was the father calling me. Because I knew the home I drove the ambulance. When I got there, it was the grandmother, the father and the two sons. They all were down. They were dehydrated. They were weak. I put them on the ambulance. There was only a little child [left] that did not have Ebola [symptoms]. If I take him to the ambulance, when he was still strong, he would've been tested negative. So I have to wait that he come down with either fever, a headache or diarrhea [before I could take him].

But before leaving that day I told the [neighbors], I said, this little child has been living with these people in this house. There is a likelihood that he might come down. But please, whenever he don't have strength, when he come down with fever, call me and I'll come and pick him up.

So that afternoon, I received this call. When I knew that it was from that house, and I had taken seven persons and they all had died, and that little child was the only one there at the time. So I hurried over there. When I got there, he was lying in a pool of vomit. Very helpless. And once you are losing a lot of fluid from diarrhea, you become very weak and dehydrated. He couldn't move.

So I hurried to put on my [protective suit] and went in for him because I didn't want him to lose his life this time around. I ran hurriedly and picked him up. So I had him face up. I moved him toward the ambulance, and he regurgitated straight on me. But I didn't take into consideration that something that happened, that vomit or something had seeped through, and I would have been [infected]. I wanted [to save] his life.

So I got him on the ambulance and hurried to the treatment unit. I had my full [protective gear] on. But maybe there was an opening somewhere that I didn't know. I never had the feeling that this vomit have slipped through somewhere. Because I was only looking at him.

Two days later I started coming down with fever. The first day the headache was very severe. I was restless, so I said I have to go and do my test. Now the next thing came to my mind was that if I told a lot of people that I am going to do my test, there would be more fear and it wouldn't be good. So I only told my mom and my brother and my boss. And my own very ambulance drove me off. The very ambulance that carried my patients drove me off. So when I went there [MSF Clinic], I was tested and it was positive.

I was attended to well. I was cared for. And thank God that I went there on time—I was fine. Other people, other folks say their treatment was not fine, but my treatment was fine. Everyone cared for me—the nurses, the doctors—because remember now I was always interacting with them, bringing in Ebola patients, and

they were very friendly.

When I got there I was so loved by everybody. People were always talking to me. The people in [protective gear] were always talking to me: “Foday, how are you doing? You are going to be O.K.” Those words drove me on. And my family, my boss and everybody cared for me, so all those words gave me encouragement.

I have never experienced anything like I experienced with Ebola. Ebola pain, it don’t stop. When they started giving the medication, I found my pain doubled. I had a general body pain, joint aches pain, headache, stomach cramps. The pain became exceptional. For the headache, it was like someone taking a 100-lb. hammer and just pounding on your head. And at that moment you don’t want to hear any noise in your ears. You don’t want anybody calling your name. Someone calling your name is going to aggravate you. My phone rings—if it rings I shove it under my mattress because I don’t want nobody talking to me. Until after three days, four days, did the pain subside. And up till now as I am sitting talking to you I still have a slight headache. Not severe—it’s very mild—but I still have it.

I was trying to save a little boy, a little child. And he survived. He survived. He is alive and well and doing great. He is somewhere in Kakata. And that was my prayer. That was my wish. Even if I had died of Ebola, I still have family, right? But that little boy lost his family. His mother, his brother, his sister. Wiping away his entire family. But I kept him alive. So all my efforts did not go in vain. I survived, and he survived.

I saw him [in the treatment unit]. I got there two days before he was discharged. He was there. And I stayed there for two weeks. He was my son there. He was always around me. I was very happy to see him. I was very happy. Maybe he gave me the strength to live because all my efforts [to save him] did not go in vain with that child.

I don’t regret picking him up, because I prayed for his life, I wanted his life. And today he has his life. So I think I achieved something: his life. At least that can be a representation of his family. So there is one member of the family who survived.

I am going to go back in full swing. I am not going to be afraid. I am going to walk in to fight Ebola with all of my might. I would have died. A lot of people die. But in there I was treated, and cured, and automatically that is the work of God, and I have built immunity to it, so that is a gift. And I wish to share with a lot of people my blood. I want to give my blood so a lot of people can be saved. I am willing to do that.

I am going to get on that ambulance. I am going to every nook and cranny of the capital city, pick up whatsoever Ebola patient and take them to the [treatment unit], give them words of hope, of encouragement. I can do a lot. And try to educate people about Ebola. That Ebola is not a death sentence. —*as told to Aryn Baker.*

## **Morris Kanneh, 45**

*Driver for the Liberian Red Cross dead-body-management team in Monrovia*

I was working for the Red Cross. My boss man called said, “Morris, the administer want for you to go and drive for the Ebola team.” So I said, “What, Ebola? How could I go on the Ebola team? I’m not prepared.”

I went through the training, and they assigned me on a team. I become the first driver for [the] Ebola [body team]. We drove all over the country. I started in March, in Lofa [County].

On July 12 I picked up the first two bodies in Monrovia. The first was a lady. I was afraid from the beginning, but I was protected. She was on a bed. She looked dried up. Her eyes were red and there was blood in her nose. It was horrible.

Then it hit our nurses. We lost many nurses there. I had to pick up my friend, a nurse. I knew her well, I knew her husband. I was not expecting her to die, and I did not expect Ebola to take over Monrovia. —as told to Aryn Baker



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## Salome Karwah, 26

*Nurse's assistant at the Doctors Without Borders/Médecins Sans Frontières (MSF) clinic in Monrovia and an Ebola survivor*

We heard that there was a new sickness coming by the name of Ebola and it is in Guinea. And I was afraid, because Guinea is not far from Liberia. And most of our businesspeople go to Guinea to buy goods and bring them to Liberia. So I knew it was a possibility that they could bring it to our country.

I was working for our family clinic in the Smell No Taste area [near the airport, in Margibi County, an hour and a half from Monrovia by car]. I was a nurse. Both my mother and father, plus my elder sister and I, [were] medical personnel.

We got Ebola through a crisis that happened near our town. This lady, 26 years of age, she was pregnant, from [the city of] Kakata. And then she got sick. And then she died.

A lady from my community went to the funeral. And there she contracted the disease. My father's brother, my uncle, was her pastor for the church. She got sick, and he went to help her as her pastor. He contracted it from her, and then she died. After a week, my uncle got sick.

[My uncle] drove to our house for my father to see what really was going on. That is when my father contracted it. And then he brought it into our house, with my mother taking care of him. He was a diabetes patient. When he got sick, I used to give him his medication, his injection, insulin. And then I contracted it.

My sister was pregnant six months. Helping my dad, she got it too. And then my

mother did, because both of them used to sleep on the same bed. And then my niece who was 6 years of age. And then my fiancé. So everyone was infected.

They looked like normal symptoms. None of us really thought of Ebola. One of my brothers is an accountant at the clinic where they used to do the Ebola test. When my uncle died, he tried to find the cause of death. So he went there and took my uncle's test. And it was positive.



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[Then] he took my father's blood, took his test, and my father was positive too. That way he knew that Ebola was in our house. So he took his personal vehicle and brought my father to the ETU [Ebola treatment unit], which was the 20th of August. My father died August 21st. He had just slept, and the next day he passed.

He brought my mother, my sister and me on the 21st, the day our father died. My mother died the 24th of August.

When I got sick, I was breast-feeding my 10-month-old baby. My brother took her blood to do her tests. She was negative. So my fiancé was taking care of her, because I was in the ETU. Since she was negative, they couldn't bring her to me.

The 29th, [my fiancé] got sick. He left the baby with our next-door neighbor and came for the tests, and was positive.

Due to the death of my parents, I went out of my mind for about one week. I was going mad. I was very, very much distressed. I just felt that everything was over. But after a week, with encouragement from the nurses and a counselor—they helped me a lot—I become stable. I was taking my medication, I was eating. And always they were coming to encourage me.

To have Ebola is very, very horrible. It deals directly with the brain. It makes you—you can't remember anything. The pain is very much severe. If you don't have strong resistance, you can't stand it. The headache of Ebola is extraordinary. It hurts like they are busting your head with an ax. And it gives you severe body pains, like you don't even want to move your body from here to there.

The girl that [my fiancé] left my baby with, she used to bring her to the ETU, and I saw her every two days. She would stand across the fence and I would sing for my baby. I made a song for her on the day she was born. I used to sing it before she

went to sleep. It goes like this: “Go to sleep, baby, go to sleep. Go to sleep, baby.” She knows it very well. So I sang this song when they brought her to the fence. She would be laughing, playing, and then they would carry her back.

I was in the treatment center for four weeks [and] four days. Really, what made me survive is the support from the nurses. The support from the psychosocial [team] also really helped me.

They were looking for survivors to come and work [at the MSF clinic]. I make it my duty to come. The more I interact with people, the more I will forget about my sad story. The more I share my story with people, the more I will get strong, strong, strong and stronger. So I decided to make myself very busy to help others survive. The day I came here for an interview, I saw people carrying bodies. I started crying. I told my friend, “I can’t make it.” But when I went the next day, I said, “Sitting and crying won’t help me. So it’s better I go and work. The more I see it, the more I will adjust myself to it.”

I go in [to the treatment wards] not saying I am a survivor. I ask [the patients], “Where do you live? What is your contact number?” And I tell them, “Just because you are here doesn’t mean that this is the end of your life. You have another life to live. I was a patient here. I managed to survive. So if I can survive—I’m not different from you—you can survive too.” And the person will say, “Ah, you are a survivor? How did you manage to survive?” And I tell them.

When I see my patients survive, it brings a great joy to me, because at least my efforts never went in vain. —as told to Aryn Baker.

## Katie Meyler, 32

*Founder of More Than Me, a school for vulnerable girls from the West Point slum in Monrovia*

More Than Me, before Ebola, was an organization that would help young girls get off the street and into school from a community called West Point. We specifically targeted young girls who were highly at risk of being sexually exploited. Poverty is so extreme in Liberia that it’s not uncommon for young girls to get forced into sex just to have their basic needs met, such as a glass of drinking water. There was not even a chance that you could go to school unless



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you had money in

Liberia. So I started paying kids' school fees, and that's how we began. The school opened this year. It was the first all-girls tuition-free school in Liberia. Our mission for the school was, when girls graduated they got to choose what came next for their own lives.

And then Ebola hit, and our whole mission shifted. The President closed schools indefinitely. As long as Ebola existed in Liberia, it's a threat to the lives of our children. And we have to do whatever it takes to make sure that we can do our best at ending Ebola. So our mission changed from helping these young girls go to school and making sure they have real choices when they graduate to keeping these children alive.

One of the first things we did with fighting Ebola was realizing who's working in West Point and who's not. Then we started a meeting with all the people who worked in West Point. The awareness-team guys hadn't been paid yet by the Ministry of Health. So we paid them. The active-case finders—the people who go door to door looking for the sick—didn't have boots. So we bought them boots, 300 pairs of boots. All that kind of stuff. They wanted T-shirts.

And then they were like, "We call for an ambulance and the ambulance comes in four or five days. We need an ambulance." So one of my donors sent me money. We bought an ambulance.

So we got this ambulance [team] trained—WHO trained them. Doctors Without Borders did a second training. We did training after training after training so these guys wouldn't get hurt. And I started following the ambulance to make sure that they were protecting themselves the right way.

And so this was at the time when there were no more beds [in the Ebola treatment units], so the ambulance shows up to Redemption Hospital. It's a building where you put sick people until there's a space for them to be transferred.

The conditions there were—I mean, there wasn't any water when we showed up. That's the main way to help people stay alive. Inside, there's dead people lying next to children who are still alive. There's feces and blood and vomit mixed in with bleach, and it's like a swamp on the ground when you walk around.

Because it was a holding center and not a treatment unit, there wasn't much the workers could do to help the people who were sick. So the people that are sick are just kind of lying there without any communication with their friends or family. No support. I mean, children by themselves were with dead people—literally, dead people outside of the hospital, dead people inside the hospital, mixed with people who were alive. It was chaos.

People were all around, crying and screaming that their family members had died or looking for family members that they couldn't find. There's no tracking system, so no one—when someone dies, there's no bracelet to say, "Call Charlie's parents."

It was horror. It was hell on earth.

So we're there, and I watched a woman die in front of me in a taxi waiting to go into the hospital. In the meantime, a truck pulls up. The truck is Red Cross, and they're coming to collect dead bodies. They opened up the gates in the hospital, and they're taking one dead body after the next dead body and putting them in the truck.

Everyone's screaming and crying around. I was crying, and then I started laughing, just because it was, like, so overwhelming. I was, like, breaking, in a way.

And then up pulls this other ambulance, and they open the doors and they take out

this lady who was dead. She died in the ambulance.

And sitting on the steps of the ambulance was this 3- or 4-year-old girl in a pink party dress. It was almost like fiction. It didn't feel real. In this crazy scene of death and dying and dead bodies and screaming and crying and mourning is this cute little girl with her pink party dress just sitting on the steps of this ambulance, with no symptoms of Ebola. She told me her name was Pearlina. Later I saw her paperwork and I realized that her real name was Berlinda. But by then she was just our little pearl, and the name stuck.

And so I ask the ambulance, "Who's this little girl? What's her story?" And they said the community didn't want her there because her little sister had died, and now the mom. Everyone was afraid, no one wanted to take her in. And there was nowhere for her to go. I heard this was going on all over the place. And I was like, "She cannot stay at Redemption Hospital." Because this girl, she might have Ebola. She might not. If she doesn't have it, she's definitely going to get it, and most likely she'll die because there's no help here at Redemption.

So I told the hospital that if they needed a place for the girl, I had this guesthouse. And we would hire people to watch her and we would take awesome care of her. And they're like, "Amazing," like, "Get her out of here."

We hired our kindergarten teacher and a social worker and just said, "No touching this child. Let's treat her as if she had it." We quarantined her with Disney movies and ice cream. So she was the first child to be there, and we were all just hoping and praying with everything we had, falling in love with this child, that she wouldn't get sick. And she didn't.

So that was the first child, and more and more started. Another woman in the community was going into the ETU, but her daughter wasn't showing signs at the time. So she's like, "My family has turned their back on me. I don't have anywhere for my daughter to go. You're the only person I know that would take her." There were these twin babies that didn't have anywhere to go. There's kids who are just literally homeless—like, home by themselves at 4 years old. There's nowhere for them to go. So I kept running into that over and over again.

So our house became an emergency-care center for children. It's called HOPE 21 [Housing Observation and Pediatric Evaluation for 21 Days]. Kids are kept safe for 21 days. They are quarantined with love and movies and their favorite foods.

And when they graduate from their 21 days, they make a wish list. Basically everything they wanted on their wish list we've been able to buy them. They all want bicycles. They all say they want laughter. New clothes, cell phones—almost like a Dear Santa list.

I think right now there's 11. I could fill that place up easily with a hundred children. There's sleep room probably for 40. But what we're doing is only taking children that literally have nowhere to go.

[On Sept. 24] I went to Jerry Brown's ETU. I was so excited to meet him because I had heard all this great stuff about him. He was having one of these graduation ceremonies that he often has of survivors. There's all these family members waiting to receive their survivors. People are singing and praying and celebrating that they had lived. And there's this little girl with her face down, and she's just bawling and a wreck. And I was like, "What's wrong with this girl? She survived Ebola. Why isn't she happy?" The other survivors explained to me. She woke up from a coma, and her whole family was dead. No one to pick her up. Her name was Esther.

I told the social worker from the Ministry of Health, "We have this home, and until you can figure out where her family is, please let us take care of her."



And there were, you know, nights where she couldn't sleep. I would talk to her and breathe with her to help her calm down. And through that experience we bonded. When you say Ebola, I know that the world will think numbers or moon suits or something. But when you say Ebola to me, I think about Esther and Pearlina. —*as told to Aryn Baker*

## Nelson Sayon, 29

*Worker with the Liberian Red Cross body-management team, Monrovia*

We pick up the bodies, the dead bodies, dead Ebola bodies in the street, from the communities, from the homes, and take them to the crematorium.

Normally we used to bury. But then the community members got upset, saying that we cannot bury. Because whenever we went to bury in the community, they would take rocks and begin to stone our vehicles. Some were afraid that if we do bury, the body will resurface and they will contract Ebola.

So the government of Liberia made a decision to cremate all bodies. So from that point in time we start picking bodies from the street and start taking them to the crematorium.

I volunteered myself to help my country, Liberia, because there were dead bodies in the houses and in the community. It would infect people. I started the job Aug. 2, 2014. Before the Red Cross, I was riding a motorbike transporting people from one point to another.

We started training with the Liberian Red Cross. They gave us personal protective equipment, the good ones. Good PPE, dressed from the head to the toe. The entire body is covered up.

My first day on the job I was afraid. Because when you start something, the very first day you will be afraid, a little bit afraid. And the job was so hectic the first day. My first day I was picking up 10, 15, 20 dead bodies. So I would really be afraid.

The first body, it was decomposed. I was afraid. Most of the bodies we pick up are all rotting bodies—some since five or six days. Really I never felt sick. But I was definitely miserable. Yeah. I almost felt like throwing up. It was my first day to see dead bodies—more especially, rotting bodies. Yeah, the first body we went for that day, we pulled the body by the arm. The feet. The flesh almost came off on the



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hands. Some bodies are very, very heavy. Normally we send down four persons to pick up a body. But some bodies need six persons to pick up.

We spray the body, disinfect the body. And then when the body has been disinfected we take the body—wearing our protective gears—we take the body and put the body into the body bag. Spray it and then seal it and take it into the pickup truck. From the car to the crematorium.

You really sweat in the PPE. Sometimes my head aches, a severe headache. But in Liberia, as soon as you say you are suffering from a severe headache, people will move far away from you. Sometimes what I do is that when I get home, I take my ORS [oral rehydration salts], glucose and water and some antibiotics to keep me strong for the next day.

Sometimes I worried I might contract this virus. But what I would do is in the morning when I wake up, I pray to God to help me out. Because it is only God who can help you out in this process. And more especially for me, the work I do is very dangerous. Because I deal with positive cases on a daily basis.

Thank God for Liberia, none of the DBM—the dead-body team, the safe-body-removal team—none of us has ever contracted the virus. Because God is with us, and we are going through our preventive measures. We wear our protective gears.

I felt so bad to burn the bodies. You know, we have a decoration day in Liberia, where people go to decorate their lost ones' graves. So then, it is so frustrating to see—a brother dies, you have no grave for him. A sister, mother dies—you have no grave for her.

In the community where I live, I don't really tell people that I am working on the dead-body-burial team. I don't tell them because when I tell them, they are, "Oh, walk far away from him." So they think I work for the Red Cross, that's all.

Liberians realize to go by the preventive measures, by washing your hands, do not touch people, do not go to an area that is populated, do not go on the beach [with crowds]. Liberians already understand that.

For a while we thought they were reducing, the Ebola cases. [In November] we were picking up one, two bodies a day. But in recent weeks, we are picking up seven, eight, nine in a day. It is frustrating.

I really want for Ebola to be eradicated. If I can hear from WHO that Liberia is free from Ebola today, I will be very happy. I'm tired. I'm tired to see Liberians going to the crematorium to be burned. —*as told to Aryn Baker*

## **Ella Watson-Stryker, 34**

*Health promoter with Doctors Without Borders/Médecins Sans Frontières (MSF)*

I was at home in New York City, in March. And I got a phone call on a Thursday afternoon from MSF saying there's a viral hemorrhagic fever outbreak in Guinea, and how quickly can you leave? So that was Thursday afternoon. By Saturday I was on the plane. I was changing planes in London, and I was in Heathrow airport with this massive influx of communications saying, "It's Ebola. Come back." I thought about it for a second. My first thought was very much the graphic movie version of Ebola, of people bleeding from their faces. I thought the mortality rate was something like 100%. Very briefly, I thought about getting back on the plane and going back to New York.

When I first got to Guinea, the outbreak at that point was just in Gueckedou, a two-day journey across bad roads. When we got there, the tiny crew of people who had been handling everything were very happy to see us. One of the women—she was in charge of the project—I don't think anyone has looked that happy to see me ever in my life.

It was a typical West African town, and it was completely different at the same time.

Everyone was terrified. You could see it in people's eyes. That's really what Ebola does—it scares people. It's a disease that creates fear.

We had patients already in the ETU [Ebola treatment unit]. I remember we had two tents built, and they had put down extra slabs of cement. I asked, "What are those spaces for?" And they said, "Oh, we probably won't need them. We have capacity for almost 20 beds right now. But it's dry season, the weather's great for pouring cement, so we put two extra slabs just in case we need extra tents." Very quickly those two tents were put up, and even more quickly more cement was poured. So it was really the beginning of the cases coming in. It was obvious to me by the middle of April that we didn't quite know exactly how bad it was, but that it was really bad.

My job is primarily focused on making sure that people have the information they need about Ebola to protect themselves, their families and their community. Often I—or my team—are the first persons seen by the community talking about Ebola. But it's hard because people are afraid. Sometimes they think even just talking about it can bring the virus to them. When a village is infected, then they're afraid to tell you because they don't want you to take their family member away. It's a virus that kills up to 90% of people who get it. We put people in ambulances, and they come home in a plastic bag.

Guinea broke my heart. I was not prepared for the level of mortality. I wasn't prepared to watch entire families die. I wasn't prepared to watch entire villages die. There was a village in Guinea where the entire left side of the road, the houses were empty. It was an entire extended family. And there was a graveyard in the village, and I knew all of the graves. There was one week that we went to nine funerals. They were people we knew before they were sick. We knew them when they were sick, and we took them home in a body bag. It's emotionally devastating to go through that process. The lesson you learn in Ebola is don't get attached to anyone except a survivor. Because everyone else is vulnerable.

The darkest day [was] probably in Guinea. The beginning of May. An important



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person had come back to the village. He had been at a funeral. And because he was very well known and very respected in the village, when he died everyone came to the funeral. I think it's very normal for humans that we don't want to bury someone covered in vomit and feces, we want to wash the body. So the first week all of his male relatives came in, and all of them died. Then all of his female members of the family came in, and all of them died. And then the children came in. We had three young children in the treatment center, completely alone. A 6-year-old, a 7-year-old and a 12-year-old. And the 12-year-old, she turned her face to the wall and she wouldn't speak and she wouldn't eat, she wouldn't drink. She completely gave up. She wasn't severely ill. We thought she had a really good chance. I still think if she had fought, she probably would have made it. But she was so devastated by the loss of her entire family that the only thing that she would say to us was "Just let me go join my mother."

There was nothing we could do. We brought games, we brought sparkly barrettes, and we brought things that we thought might help her. We put a TV in the ward with children's movies and films. But she just faced the wall and gave up. That was hard. That was one of the most helpless situations I've been in. Because we had a patient we thought had a good chance. But we couldn't reach her.

I got to Sierra Leone in the middle of July. In Sierra Leone it was very clear the situation was completely out of control. It was really a desperate situation. We didn't have enough staff. We didn't have enough beds. We didn't have enough of anything.

Tiwa was a young girl who came into our treatment center. She came in with her family. Her father had already died from Ebola. The family had traveled about three hours by ambulance to get there, and the road was bad and they were tired and they were hungry. So we came in with soft drinks and water and biscuits and snacks for them. We can't touch the patients. As a result, we had to toss things across a 2-meter divide. And she's catching them as I tossed them over. She was very shy at first, but then it became a game. She was about 9 years old, wearing a pink T-shirt. Her mother tested positive. Her aunt tested positive. But she was negative. So she was discharged the next day.

A week later I was going through the book, looking for who was going to be discharged the following day. And I saw her patient-ID number and I saw the word READMITTED. It was in all capital letters and red. And my heart dropped. I was just so disappointed that she had come back. That she had been negative, she had been safe, and now she was infected. She got sicker and sicker. She had vomiting, she had diarrhea. She was refusing to eat. And then she started to have hemorrhagic symptoms. She was bleeding from the nose and mouth. That's the worst sign for us. Not many people will survive that. Ebola is unpredictable. I have seen patients come in who seemed fine, and 24 hours later they were dead. And I've seen patients like Tiwa, [for whom] we lost hope and then something happens, and they survived. She started to eat, and she started to drink. And the bleeding stopped. I was able to take her home. I would never make a bet on who's going to live and who's going to die. When it comes down to survival, I've seen too many miracles. And I've seen too many go in the opposite direction.

It's really difficult when you're working as hard as you can and you know it's not enough. It's really difficult when you can't help but think if we could have done a little bit more, maybe that village could have been saved. We have spray bottles filled with chlorine water that we take in vehicles with us to disinfect [ourselves] in the villages. It felt often like that was the only tool we had. We worked desperately hard. We didn't take off weekends. We put in 12-hour days seven days a week, and it wasn't enough. It becomes very obvious that pushing that extra day isn't what's going to make a difference. Because you're so small compared to how big the outbreak is.

I don't know how much I help. A lot of the time it just seems like too little too late. But I'm doing it because if I wasn't here on the ground doing my job, I would be in

the U.S. reading newspapers and saying, “Someone needs to be doing something.” For me it’s better to be here trying than to have that sense of helplessness at home. In Liberia people say this is a man-made virus. And it’s not a man-made virus. But the disaster that the virus has created is man-made. It’s something we have chosen as humanity to allow to happen. —*as told to Aryn Baker*

## Nancy Writebol, 59

*Missionary serving with SIM*

We had been in Liberia for almost a year before the outbreak. We went there because we had sensed that God was calling us to Liberia. So we went in August of 2013, and my husband David was in charge of the maintenance and the buildings—water, electricity and caring for the facility. My role was personnel coordinator, and then to work in the hospital part time.



Rajah Bose—The New York Times/Redux

We first heard about Ebola in Liberia in March 2014. It was on the border of Liberia, and there were

some small outbreaks at that time. One of our doctors was very concerned about the possibility of it coming to ELWA. You don’t run from situations like that. We really believed we were a team—we were there to work together. Doctors and nurses needed the extra help to make sure they were personally protected when they went into the isolation units. We knew that Ebola was there but didn’t sense that it was a huge risk for us to stay.

On July 22, the last day I went to the ELWA isolation unit to work, I wasn’t feeling great. It felt very much like malaria, so I went home a little bit early, and called one of our doctors. She said, “Come back up and I’ll do a malaria test.” So I went back to see her, and she did a malaria test, and it was in fact positive. So for the next four days, I took malaria medication. But at the end of that course, I was still running a fever and not feeling great. That’s when they made the decision to run the Ebola test.

That evening my husband went to a meeting with our doctors. When they got to the meeting, there was a phone call, and David learned that Dr. Kent Brantly and myself had tested positive for Ebola.

David came home, and he said, “Nancy, I have some hard news that we need to talk about.” And he began to share, telling me that Kent Brantly had Ebola, and that was

tough. Because Kent and [his wife] Amber were not only colleagues, but they're good friends. So that was hard to hear.

Then David said, "And Nancy, you also have Ebola." I remember David reaching out to comfort me, putting his arms around me, and I just said, "Don't." I knew how dangerous it was. I didn't know whether I would live. I didn't know whether I would die. But the Lord just gave me this sense of peace.

We don't know how I was infected. It's possible I got it from a colleague of ours, a Liberian colleague who contracted Ebola and died a few days after I was diagnosed. It's possible I contracted it just from within the community. I don't really know. Probably, it will always be that mystery. —*as told to Alice Park*

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