

Where Chlorine Is Your Best Friend

Written by Mukesh Kapila

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MUKESH KAPILA, JAN 8 2015

Two-year old Emile, otherwise known by the undignified label 'patient zero', succumbed to Ebola in the small village of Meliandou in Guinea in December 2013 and then so did his sister, mother, and grandmother. Neighbours who came for the funerals helped spread it through traditional, but now unsafe, burial practices, and through travel across the region. Ignorance stood no chance against the deadly virus and it took a dilapidated public health infrastructure a vital three months until March 2014, to start figuring out what was going on.

By the end of 2014, the World Health Organization had recorded around 20,000 cases and 8,000 deaths, overwhelmingly from West Africa. These are gross under-estimates and travelling in the region illustrates why.

The Ebola virus was first discovered in 1976 and named after a nearby river in what was then Zaire. It has a natural reservoir in animals such as fruit bats and spreads to, and among, humans by direct contact with body fluids and contaminated surfaces. With no treatment or vaccine, it has a fatality rate of around 50% but has reached 90% in some places. It spluttered along causing short-lived, scattered outbreaks across the 'waist' of Africa, killing an average of about 50 people annually.

But when the virus arrived in Guinea, on the border with Sierra Leone and Liberia, it found perfect ground to propagate.

Guinea is a paradox. It is the world's second-largest producer of bauxite. Its diamonds and other mineral resources, as well as its hydropower and agricultural endowments should make its 11.5 million people very well off. Indeed, its GDP per capita on purchasing power parity is a respectable US\$ 1,100 but it languishes ninth from the bottom on the UN's Human Development Index. Translated, this means that life for the average Guinean is nasty, brutish, and short. One in 10 will not see their fifth birthday, and if they do make it, almost half will spend their childhood labouring, and so enjoying a bare 1.5 years of schooling. The girls are even worse off with most suffering genital mutilation and, later, life-threatening pregnancy complications. Guineans are lucky to live beyond 56 years, weakened by malnutrition, poor water and sanitation, and succumbing to a host of preventable or treatable conditions including malaria and AIDS.

All this is due to authoritarian mis-governance for most of its existence since independence from France in 1958, along with internal conflicts, ethnic divides, and rampant corruption. Guinea's location at the heart of a tough neighbourhood does it no favours, obliging it to host an ever-changing cast of wretched refugees from neighbouring wars. That is how I first got to know Guinea when dealing with Sierra Leone's unending conflict during the 1990s.

The prefecture of Kissidougou is an eight-hour drive from Conakry, the capital of Guinea. The last part is along dusty and bumpy roads lined by eerily quiet villages that have already been visited by the angel of death. In one of them, 50 of the 500 residents showed symptoms of Ebola infection. A dignified old man came to the Red Cross station requesting them to take away the body of his 8-year-old grandson. Traditionally, this has to be done by nightfall. But the burial teams were busy: they had already carried out 20 disposals over the past two days. So he had to wait overnight for the Red Cross volunteers to arrange a safe burial and disinfect his house.

This is progress of sorts. Only days earlier, some burial teams were attacked and even ordered to exhume and re-

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intern because the original burials had not complied with the local imam's strictures. Some communities even set up barricades and accused those sent to combat the virus of introducing it through their chlorine disinfectant sprays. Ignorance and mis-communication can literally kill.

Transporting sick patients is a particularly specialty of Medecins sans Frontieres who have been the pioneers of Ebola response in this epidemic. This is also a very risky business with the lack of proper ambulances and a shortage of personal protective equipment. Besides, people grumble, 'you come to collect the dead but where are you when there is a life to save?'

The risks to caregivers continue in the treatment centres. And, when not many patients emerge alive from there, it is understandable that a fearful community will hide the sick and put up barricades against public health workers. Quarantine of contacts is an important part of the control strategy but who is to feed those who are incarcerated in their homes, and who is to care for orphans left alone? Actually, the community does a heroic job looking after its own, despite their meager resources and the obvious risks.

The international media have focused on the handful of Western health workers who have been infected, and the few who died, triggering worldwide panic and prejudice. Travel restrictions have made it more difficult to receive international assistance and further depressed already very poor economies. But, as always, the brunt is borne by local responders. There is hardly a health facility that has not lost a much-loved local doctor or nurse. Statistically speaking, being a volunteer, including as a frontline health worker in Ebolaland, is more dangerous than being a soldier in a warzone.

However, there are signs of progress. Abdoulaye, a 28-year-old volunteer with ten years of Red Cross service, got injured on a community call when a desperate misinformed mob attacked his car and torched it. He is back at work in the same community. Unlike those of us who can decide to come and go, he did not run away. 'Why should I leave? These are my people,' he says.

Ebola vaccine trials are expected to start in Guinea in coming months and probably this epidemic will not be controlled until an effective vaccine is found.

But there are other signs of hope, as judged by the many improvised disinfectant dispensers sprouting around homesteads across villages and towns. 'Right now,' Abdoulaye says, 'chlorine is our best friend.'

About the author:

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