EYEWITNESS REFLECTIONS ON

THE EBOLA VIRUS OUTBREAK IN SIERRA LEONE

Karim Kelvin Koroma

Paul in his epistle to the Philippians 1:12 stated that 'what had happened to him had really served to advance the Gospel.' The two questions that came to mind when I encountered the Ebola virus outbreak affectively (emotionally) as well as infectiously (contagiously) though not directly were: 'What is the "value" of the Ebola virus outbreak in our nation?' and 'Now that the Ebola disease is here, what are we to do as people of God?'

Appreciating the Moment of Crisis: Why is Ebola in Sierra Leone?

The first case of the Ebola virus outbreak in Sierra Leone was reported on 25 March 2014. I was just about to return home from a two-year Master of Theology study programme at the Akrofi-Christaller Institute in Akropong, Ghana. After returning, my initial awareness of it was political. In stories reported in the local newspapers, the main opposition party had claimed that the news about the Ebola virus was a strategy to reduce the valid votes of their constituencies. In other words, claims of an outbreak of such a deadly disease in the east of the country invariably meant the loss of many lives and thus the reduction of the population in that part of the nation.

Managing emergency information

My first reflection is that we have inculcated a stressful process of managing information. Politicising emergency information is the main strategy to discredit or exaggerate it. The Sierra Leonean society is so addicted to rumours that people sometimes believe the rumours rather than news from the radio, even though many own radios. In some instances, radio broadcasts also misled people. On 11 September 2014, I heard a BBC (British Broadcasting Corporation) news anchor who was interviewing an adviser to His Excellency, Dr Ernest Bai Koroma, President of Sierra Leone, mention a national 'lock down' from 19 to 21 September 2014. Later that day, I listened to a panel on the local national FM Radio 88.0 discussing a 21-day 'lock down' instead of the three days the BBC had mentioned. Considering that the national statistics of literacy over illiteracy here are about 30/70, anyone listening to both radio stations would have been confused about the number of days intended in the 'lock down'. In another instance, on the day before the three-day 'lock down', my wife and daughter went out at about 6:00 pm while it was still day to buy some emergency medication at a nearby pharmacy. They met all the shops closed. Asking around, however, they discovered that a rumour had been circulating that government authorities had instructed people to close all shopping centres by 6:00 pm or face the consequences. To our utter dismay, we later heard from a radio news

report that people had actually been shopping till midnight on the eve of the 'lock down' in Freetown. I would therefore suggest that the Ebola virus disease came so that we may learn to respond authentically and urgently to any important emergency news we receive. Still, we appear not to have learnt this significant lesson during the civil war when many lost their lives because of rumour mongering.

Changing cultural and traditional practices

A second reflection is that we need to revisit our cultural and traditional practices, especially those that threaten the prevention, control and eradication of the Ebola virus outbreak. Most of the cases confirmed positive for the Ebola virus are Muslim traditionalists who believe that a corpse must be thoroughly washed before burial. Some contract the disease through visits to sick people and from participating in traditional funeral rites. Some people even believe that an underworld or witchcraft airplane crash caused the multiple deaths of people in their particular locality. They argue that some sick persons confessed that they became sick because they were passengers in the crashed underworld airplane. Others attribute the cause of the frequent deaths to a curse placed on the victims in their past, because they had fraudulently converted other people's property. The traditionalists found these explanations more convincing than the medical post-mortems or laboratory tests that scientifically confirmed the cause of those deaths and illnesses as the Ebola virus disease. Someone has said that 'In the days when traditional healers cured terrible illnesses, medicine was magic, and now that science is discovering cures for illnesses, science has become magic.' We still need to determine in Africa how far a misfortune is the hand of God, the influence of evil, or a scientific phenomenon. When does science take over and we can do without God's involvement? Or, are we to approach the cause and solution of the illness or misfortune from both perspectives of science and religion? Traditionally, that may have been acceptable but it is not scientifically acceptable if it is unreasonable and dangerous. We now no longer observe funeral and burial rites in the traditional way. The friendly practice of visiting the sick or bereaved is being discontinued, particularly when the deceased was an Ebola victim, while the bereaved who should be comforted are quarantined and 'ostracised'. I would suggest, then, that the Ebola virus came to teach us not only when to let go and let God or our culture take over, but also when to let science take over as God's instrument of care and healing, while we cooperate by giving up all the cultural risks that would otherwise worsen the crisis.

Revisiting traditional methods of crisis management

My third reflection is that we need to re-visit our traditional methods of crisis management. At what point do we take action to prevent the devastating effects of a traumatic crisis like the Ebola epidemic? For us in Sierra Leone, it should have been the moment we confirmed its presence in the first victim

of the epidemic. The only virologist in Sierra Leone, Dr Khan, met his death while attempting to manage the Ebola outbreak, and so did several other doctors and nurses. Our doctors, laboratory technicians and nurses were not experientially or clinically prepared for the outbreak. In Madina Tonko Limba, one of the village communities we visited, one of the community health officers confessed that in none of the courses he studied to become a state registered nurse was he taught about the viral disease known as Ebola. He further stated that he was surprised to discover that the illness had been identified in Africa as far back as 1976 in the Democratic Republic of Congo (DRC). Since African countries share a similar habitat and ecological communities, the fruit-eating bat known to be the carrier of the virus could have migrated from DR Congo to other African nations. Yet, this probable fact never prompted our medical institutions and national governments to train virologists and other specialists or to construct laboratories for known viral diseases such as Ebola. I want to suggest that the appropriate moment of preparation to combat an outbreak of the Ebola virus was back in 1976 when it attacked DR Congo and Uganda. We must therefore re-think our crisis management strategies. Africa should now be regarded as a global village in terms of crisis management. This is the time when African nations should construct Ebola test and treatment centres, with at least two in every accessible but sparsely populated region or town. The Ebola virus thus came to expose the inadequacies and deficiencies in our health care management system and to challenge us to correct them.

It is difficult to convince people that a particular practice they are used to is harmful, especially when it was never in the past considered a health hazard. For instance, hunting game in Sierra Leone, especially primates and bats, which are the most hunted, was never considered a health hazard. Nor was the overloading of public transport vehicles by drivers and commuters ever regulated by the government authorities in charge. In the past, cholera outbreaks and popular hand-washing and personal hygiene adverts failed to effectively imbue the populations with the importance of these ‘insignificant’ practices to their wellbeing. The excuses have been hinged on the adage: ‘If it was not harmful before, how could it be so now?’ It is like what happens when, if we neglect to hit in a nail properly into the hinges of a door, the entire door eventually becomes disjointed beyond repair and falls off its frame. As the saying goes, ‘The little things we left undone will one day undo us.’ Just because someone failed to wash his hands, it caused his death and unceremonious burial, the quarantining of his home, family and relatives in an endless circle of crisis. I believe that the Ebola disease came to force us to take the simple but important health practices seriously as life-saving tips.

Adopting a holistic view of crises

In a fourth reflection, I also appreciate that the Ebola virus came for us to revisit the causes and cure of diseases. I read in the testimony of Dr Ada Igonoh, a survivor of the Ebola outbreak in Nigeria,

that '…Dr Kent Brantly, the American doctor who contracted the Ebola in Liberia and was flown out to the United States for treatment was being criticized for attributing his healing to God when he was given the experimental drug, Zmapp.'[1] The African mind is sometimes exclusively psychological or spiritual in assessing the causes and cure of illnesses. Conversely, the Western mind is fundamentally scientific in judging the causes and cure of diseases. That orientation made the Australian columnist, Sam de Brito,[2] criticise Dr Brantly for associating his cure with God. I was personally delighted to hear a medical doctor, a North American at that, with all his scientific knowledge, asserting that his cure was the handiwork of God. It may suggest, then, that the disparity between the African and Western mind-sets in judging the causes and cure of diseases can be reconciled when they each move away from the extremes of their perspectives. I recall an incident my wife narrated to me about the birth of our second child, a baby boy. It was a difficult delivery because the baby was big. When my wife finally gave birth to our only son in the maternity ward and she heard the baby crying, she kept repeating the words: 'God, I thank you! Jesus, I thank you!' Even so, the midwife brusquely interrupted the repeated joyful expressions, saying, 'Woman, it was not only God who did it. I also participated, so I deserve my own compliments!' Agreeing with her, my wife replied, 'Thank you for allowing God to use you to help me deliver safely.' I therefore suggest that there should be a reconciliation of both perspectives, to acknowledge that God who allows sickness also cures it both medically and miraculously.

Finally, I believe that the Ebola virus came for us pastors to preach a balanced message about suffering. Pastors need to preach that although suffering came as a result of sin (Genesis 3), not all suffering is caused by sin. Moments of suffering are also moments of the display of God's grace to humans (1 Corinthians 12:7-10). They are moments for us to demonstrate faith in Christ and dependence on God to heal medically as well as miraculously. They are also moments to make sufferers believe that Christ can save to the utmost, whether we survive or not. It is a difficult message to preach but it comforts the emotionally disturbed in their moment of suffering, because it assures them that someone cares.

---

[1] The story of Dr. Ada Igonoh who survived Ebola in Nigeria, Accessed: 17-9-2014, http://graphic.com.gh/features/features/30735-the-story-of-dr-ada-igonoh-who-survived-ebola-in-nigeria.html

[2] Sam de Brito, Science, not God saved him from Ebola, *Sydney Morning Herald*, August 25, 2014. Accessed 27 August 2014, http://www.smh.com.au/comment/science-not-god-saved-him-from-ebola-20140826-10874n.html