

Ebola outbreak: Lenox nurse Debbie Wilson travels to Liberia to treat sick

Lenox resident Debbie Wilson travels to Liberia to treat sick, teach communities

By Scott Stafford

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Lenox native and Doctors Without Borders nurse Debbie Wilson suits up in protective gear before going to treat the sick in Liberia. Wilson and a handful of other international care workers were tasked with the responsibility of setting up a 120-bed Ebola clinic, training and equipping dozens of local health care workers, and educating communities on Ebola prevention. (Doctors Without Borders)



Wilson says though the natives were welcoming, she and the other workers had to carefully navigate local customs and culture while educating them. (Scott Stafford — The Berkshire Eagle)

Related Story | Ebola outbreak: Nurse faced fear, ignorance after return home to Lenox
PITTSFIELD >> When she arrived in Foya, Liberia, on Sept. 1, Debbie Wilson found a rudimentary clinic that was overwhelmed by Ebola.

Stricken patients filled all 30 beds. Others were lying on the floor. The nurses and workers had no masks or gloves, and feces and vomit covered the floors and sheets.

Local workers were doing their best to treat friends and neighbors, many of whom would be lost. The head nurse lost his girlfriend to Ebola a week before the team arrived.

Entire families were wiped out. For some families, only a single child might be left. It was not uncommon, Wilson said, for a young pregnant woman suffering from Ebola to deliver her baby stillborn and pass away a few hours later.

Wilson, a resident of Lenox and nurse with the Berkshire Visiting Nurses Association & Hospice, had experience setting up treatment centers in to fight cholera in Haiti, malnutrition in Chad and unhealthy cooking fuels in Zambia. Now, Doctors Without Borders wanted her to travel to Liberia with three or four other international health care workers to set up a multi-tent, 120-bed Ebola clinic, to train and equip 78 local nurses, 12 nursing assistants and a crew of hygienists, and to educate the community about Ebola treatment and prevention.

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"Sometimes you can't say no," she said. "So you just say yes."

Having traveled by plane and jeep into Liberia, the final leg of the trip was by canoe, floating all their personnel, supplies and equipment into Foya, Wilson said.

Upon arrival, she recalled, the people were welcoming to the newcomers, but a bit suspicious and fearful at the same time. The visitors had to navigate carefully to learn the culture while educating folks about sanitation, prevention and how to change customs to better protect against spreading Ebola.

For example, the burial custom in the area includes embracing and kissing the deceased. If the deceased was a victim of Ebola, many of the funeral-goers would contract the disease, Wilson said. They were taught to sanitize and wrap the bodies of the deceased, and shown proper burial techniques.

Training health care workers on donning and using the protective gear, how to use IVs on patients, how to sanitize gear, and training all the support staff was a tough job and had to be done quickly, she noted. Once the clinic was up and running, one of the big challenges was actually working in the protective suits in oppressive heat. The shifts were short, and the workers came out of the gear soaked in sweat.



Debbie Wilson, who treated many victims of the disease during her time in Liberia, poses with some of the local health care personnel she trained and assisted.

After difficult work over long hours and days there were signs of progress, Wilson said. Educating the community about prevention paid off. Getting treatment to the victims more quickly improved the survival rate. And setting up their own blood analysis lab was a real boon — it cut the time needed to find out if someone had Ebola from three days to five hours. That reduced the time they had to quarantine folks who didn't have it, thus preventing many of them from contracting Ebola while in quarantine.

By the time Wilson left on Oct 5, there had been no fresh Ebola cases at the clinic for two weeks. There were only 12 patients left in the clinic.

Now that she's home, one of Wilson's main concerns is for the friends she trained and worked with for more than a month in very stressful conditions. For them, she said, the dangers are still there, and the outbreak has left the Liberian health system, economy and government in extremely difficult circumstances that will take years to overcome.

"They are not getting paid; they've lost friends and family, and they have an awful lot of work ahead of them," Wilson said. "To me, my Liberian nurses and co-workers at Berkshire Visiting Nurses are the real heroes."

Since the outbreak started in December, there have been more than 13,000 cases and more than 4,800 people lost to Ebola in the West African nations of Liberia, Sierra Leone and Guinea. The World Health Organization also reports that 546 health workers have been infected with Ebola, of whom 310 have died.

According to Wendy McWeenie, a resident of Williamstown and advisor to the United Nations on health care financing in under-developed areas, Ebola has not only left the Liberian health system and economy in shambles, it has also left many of its citizens distrustful of health care workers and clinics.

"It's had an intense impact on all the health indicators," she said.

In Liberia, McWeenie said, many more children are expected to die from malaria because parents of sick children fear going to the clinic — they think they could catch Ebola or that the clinic workers would think their child has Ebola and put them in quarantine.

"So they're not getting treated and more will die of malaria as a result," McWeenie said.

For the same fears, women giving birth don't seek help at clinics anymore, so the infant mortality rate also is expected to increase.

And with the Ebola crisis having decimated the ranks of health workers — before Ebola, Liberia had 50 doctors to treat a population of 4.5 million — immunization has dropped from 90 percent to 25 percent.

At the same time, food availability has plummeted and prices have skyrocketed.

"People are afraid to go to work; there is no tourism or business travel," McWeenie said.

"The economic impact of this is going to be felt for a very long time."

Liberian President Ellen Johnson Sirleaf on Thursday lifted a state of emergency imposed to control the outbreak. She said the outbreak is not over, that there are still surges in new patients in some areas, but that enough progress has been made to lift emergency measures.

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A local graveyard in Foya, Liberia, where many victims of Ebola are buried. (Photos courtesy of Doctors without Borders)

ignorance after return home to Lenox

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Related Story | Ebola outbreak: Lenox nurse Debbie Wilson travels to Liberia to treat sick
Arriving back in Lenox from her tumultuous tour of duty fighting Ebola in Liberia, all Debbie Wilson wanted to do was get some rest and wait out her 21-day transition period of health screenings to ensure that she had not contracted the disease.

But she soon encountered what she believed was a different sort of affliction: ignorance.

Wilson watched as other volunteers returning from Africa were forced into isolation and treated with fear and anger, even though they showed no symptoms and were not contagious. She likened it to the fear that resulted in Japanese internment camps during World War II or the discrimination against AIDS victims.

"Everywhere I looked was panic," Wilson said. "Just panic."

Some of her own friends were told by supervisors that if they visited with Wilson, they shouldn't come back to work. She was discreetly shunned by others.

"The people in Liberia look up to America," Wilson said. "Many have named their babies Barack Obama. They see us as heroes. They go through a trauma like this with determination, and see so many die. And then they see us as a nation reacting with fear and panic."

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Medical experts and government officials have sought to assure people that, while Ebola is a deadly disease, it is very difficult to transmit, and it is vulnerable to simple things like sunlight, soap and chlorine. And that with the U.S. health infrastructure, chlorinated water, and well staffed health clinics nearly everywhere, Ebola could not be a threat here.

But the fear spiked last month after a New York doctor who had just returned from west Africa was diagnosed with Ebola — after spending time in public riding the subway, bowling and dining at a restaurant.

Days later, nurse Kaci Hickox, a Doctors Without Borders colleague of Wilson's, was quarantined against her will in New Jersey. She later was released and successfully fought a court ruling in her home state of Maine, where officials also sought to quarantine her.

Outraged by Hickox's detention in New Jersey, Wilson wrote a letter that was published in the New York Times on Oct. 27.

"I have been incredulous, shocked and now angry at the fearful, panicked and, yes, cowardly behavior of the American politicians and public," she wrote. "I feel ashamed to see how fear has a life of its own, with the result that I and my heroic colleagues are at risk of losing civil liberties for no reason other than political grandstanding and a lack of medically informed decision making."

She has since been interviewed on National Public Radio, and has had several speaking engagements in which she has addressed the national reaction.

Still, the fear persisted. Some organizations were so jittery they were not letting their employees volunteer to help fight the Ebola outbreak.

"All that does is feed the fear, prejudice and misinformation," Wilson said. "It seems like we forget what a symbol of hope and freedom we are, which is why I got so upset with America's obsession with locking up the nurses."

But at Wilson's place of work, Berkshire Visiting Nurses Association & Hospice (BVN), it was a different story.

When they found out Wilson was asked to establish and head up a clinic in Liberia for Doctors without Borders, the main concern was how to cover her patients to free her time up long enough for the six weeks to two months she might be gone.

"From an agency standpoint, we had to make sure we had adequate staffing to maintain our patient services," said Patricia Tremblay, administrative director at BVN. "But there was clearly a huge need for skilled health care workers in West Africa for all these people facing a deadly disease."

They knew Wilson's unique skill set was needed there, "and we wanted to help the people there, even though we couldn't help directly. The staff was very supportive of Deb and were interested in doing this, which is why they stepped forward to make sure she could make this trip. It was a big deal."

BVN sees more than 530 patients daily throughout Berkshire County, so there is no lack of workload. But the staff stepped up and filled the shifts so Wilson could make it to Africa.

"She's our hero," Tremblay said of Wilson. "We're very proud of her."

Berkshire Health Systems, parent company of BVN, also expressed pride in Wilson's service through spokesman Mike Leary.

"Berkshire Health Systems is proud of Deb Wilson for her courageous and dedicated service in West Africa, where she helped so many who are facing this devastating disease, and we are glad she has returned safely and is again providing care for our community," he said.

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Ebola Changes You: Reflections of a Nurse Upon Return from Liberia

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By Deborah Wilson, RN. The author is currently an IV infusion therapist with the Berkshire Visiting Nurses Association in Pittsfield, Massachusetts, and is completing her BSN at UMass Amherst. In October, she returned from Liberia, where she worked with Doctors Without Borders at a 120-bed Ebola treatment center. Names of patients mentioned in the article have been changed to protect patient privacy.

I have recently returned from Liberia, where I worked as a nurse for six weeks along with a dedicated team of physicians, nurses, and other professionals, treating 60 to 80 Ebola patients a day. My 21-day transition time is recently over and, although I am back at work and school, my heart is with the West African nurses who I worked with for those weeks in September and October.

I worked in a town called Foya, managing a 120-bed Ebola treatment center (ETC). During the first two weeks, I wondered if I would last. In the grueling heat, dressed up in all that personal protective equipment (PPE), constantly sprayed with chlorine, each day I was haunted by the question of whether I'd somehow gotten infected.



At the cemetery, newly dug graves

It all took its toll. Twice a shift the nursing team would put on PPE and enter the confirmed Ebola isolation area. People lay on mattresses on the floor, vomit and diarrhea everywhere. In our bulky gear, double-gloved, goggles fogging and sweat running out of every pore, we would insert IVs, push meds, try to help someone eat a little something, tell the hygienists that a body needed to be removed to the morgue.

So how did I go from wondering how I would make it through my six-week assignment to now actually considering going back? It was thinking about the nurses and teams who are still there going in every day, never having a 21-day transition period like mine to look forward to, all with colleagues and family who died during this devastating outbreak.



With staff at the 120-bed Ebola clinic in Foya

Our lives were in each other's hands—we helped each other dress in PPE and double-checked each other before going in. Talking with one patient, I said, "we must look really weird," and he laughed, which made us all laugh.

But there was not much laughter in the area for confirmed cases. We never knew who would live or die; sometimes the healthiest would suddenly be dead. We delivered babies who were so small and premature—I think about the young 19-year-old mother dying only an hour after her little boy had been placed in a white body

bag and given a name so he could be identified in the morgue. I find myself wondering what her and her son would be doing now if there had been a way to save her.

I wonder about Joy, whose love and dedication to her husband touched all of us deeply. Daily she would come to the fence with his favorite food and George would come out and sit on the other side. When he got too sick to come outside, we dressed her in PPE and took her in, where she prayed with him. We all rejoiced when a pregnancy test revealed that Joy was pregnant, then saw her nearly immobilized with grief the next day when George died. Joy's cries and sobs as the psychosocial team sat with her is something I still wake up to. I wonder how she is doing and where she is now. Will she have a boy or girl and what will she tell him/her about George?

The Liberian nurses still call me on the phone. They tell me that there is not one case of Ebola now in the ETC! Many have to go back to the health clinics where they worked before. All of them lost colleagues because, when sick people came to their clinics, they had no gloves, masks, or chlorine to protect them. Will they have basic protective equipment now?

They also haven't been paid for September or October. The Liberian Ministry of Health keeps saying that they will get paid, but I fear that this outbreak has wreaked such havoc on the economy that they have risked their lives, working in conditions we will never have to endure, perhaps only to also risk earning no income as well for their efforts.

My three-week transition involved learning the news of the two nurses in Texas who were infected caring for Thomas Eric Duncan, of physician Craig Spencer testing positive in New York City and Kaci Hickox being locked up in an unheated New Jersey tent with no shower. At times I thought I would go mad—watching as a collective insanity gripped our nation about a virus unlikely to ever take hold in the U.S., I yearned for the day when we could instead turn our attention to what I believe this terrible epidemic in West Africa could really be teaching us:

- **That we are an ever-more-interconnected global community.** America could be leading the fight against Ebola—bringing to bear our generosity, love of heroes, and “can do” attitude to support nations that are struggling to contain a true epidemic. We don't need to close borders or ban children from school just because they are Liberian.
- **That we should remember that health care workers take risks** every day to care for people. The only two people infected in the U.S. have been nurses—there are so many more nurses and others who have been infected by HIV and hepatitis C.
- **We need to make sure that appropriate protective measures** are in place and people are trained to use them. We must also respect that, even with the perfect measures, there is always a risk for any health care worker.
- **Let's pause to evaluate our own level of adherence** to infection control measures. Too many patients leave the hospital infected with something that undoubtedly has been spread by us.
- **Look at how lucky we are.** Liberia is fighting Ebola as a country reported to have only 51 physicians for the whole population. Most of the country does not have running water or electricity, and the health clinics and hospitals function with no gloves, masks, or protective gear.

Rather than shunning others, ostracizing them, and overreacting, perhaps we could be inspired by our brush with Ebola to step up and respond with the best of ourselves to our neighbors, our nurses, and our global brothers and sisters.