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Cuba leads fight against Ebola in Africa as west frets about border security

16/10/2014



The island nation has sent hundreds of health workers to help control the deadly infection while richer countries worry about their security – instead of heeding UN warnings that vastly increased resources are urgently needed.

As the official number of Ebola deaths in west Africa's crisis topped 4,000 last week – experts say the actual figure is at least twice as high – the UN issued a stark call to arms. Even to simply slow down the rate of infection, the international humanitarian effort would have to increase massively, warned secretary-general Ban Ki-moon.

"We need a 20-fold resource mobilisation," he said. "We need at least a 20-fold surge in assistance – mobile laboratories, vehicles, helicopters, protective equipment, trained medical personnel, and medevac capacities."

But big hitters such as China or Brazil, or former colonial powers such as France and the UK, have not been stepping up to the plate. Instead, the single biggest medical force on the Ebola frontline has been a small island: Cuba.

That a nation of 11 million people, with a GDP of \$6,051 per capita, is leading the effort says much of the international response. A brigade of 165 Cuban health workers arrived in Sierra Leone last week, the first batch of a total of 461. In sharp contrast, western governments have appeared more focused on stopping the epidemic at their borders than actually stemming it in west Africa. The international effort now struggling to keep ahead of the burgeoning cases might have nipped the outbreak in the bud had it come earlier.

André Carrilho, an illustrator whose work has appeared in the *New York Times* and *Vanity Fair*, noted the moment when the background hum of Ebola coverage suddenly turned into a shrill panic. Only in August, after two US missionaries caught the disease while working in Liberia and were flown to Atlanta, did the mushrooming crisis come into clear focus for many in the west.

"Suddenly we could put a face and a name to these patients, something that I had not felt before. To top it all, an

experimental drug was found and administered in record time,” explained the Lisbon-based artist. “I started thinking on how I could depict what I perceived to be a deep imbalance between the reporting on the deaths of hundreds of African patients and the personal tragedy of just two westerners.”

The result was a striking illustration: a sea of beds filled with black African patients writhing in agony, while the media notice only the single white patient.

“It’s natural that people care more about what’s happening closer to their lives and realities,” Carrilho said. “But I also think we all have a responsibility to not view what is not our immediate problem as a lesser problem. The fact that thousands of deaths in Africa are treated as a statistic, and that one or two patients inside our borders are reported in all their individual pain, should be cause for reflection.”

With the early alarm bells ignored, the handful of international health agencies which did act were quickly overwhelmed, allowing Ebola to slip across the border of Guinea and gather pace in Liberia and Sierra Leone.

The sentiment behind Carrilho’s illustration neatly encapsulates a renewed media frenzy now that as two cases have been imported into the US, and a Spanish nurse infected over the past month.

“What I’d like to see is a little less hysteria in the US and the UK,” said Andrew Gleadle, programme director for the International Medical Corps (IMC), which recruits health personnel for global humanitarian disasters, as he snatched a breather between shifts in Sierra Leone. “We may get a few isolated cases [in the west] but we’re not going to get an epidemic. We need more focus on west Africa where the real problem is.”

The WHO estimates Sierra Leone alone needs around 10,000 health workers. Médecins sans Frontières, the international medical aid charity which has led efforts from the beginning, has about 250 staff on the ground in the affected countries. The second-largest government brigade is from the African Union, which is dispatching about 100 health workers.

It’s not the first time Cuba has played an outsized role in a major disaster. Its government may be beset by allegations of human rights abuse, but its contribution to relief brigades is unrivalled: currently, some 50,000 Cuban-trained health workers are spread over 66 countries. Cuba provided the largest medical contingent after the Haiti earthquake disaster in 2010, providing care to almost 40% of the victims. And while some 400 US doctors volunteered in the aftermath of that quake, fewer than 10 had registered for the IMC’s Ebola effort, the organisation said.

Sierra Leone president Ernest Bai Koroma personally welcomed the Cuban delegation in the capital Freetown. “This is a friendship that we have experienced since the 1970s and today you have demonstrated that you are a great friend of the country,” he said as they gathered in a room draped with the Cuban flag.

In August 1960, Che Guevara, a former doctor, dreamed of a world in which every medic would “[utilise] the technical knowledge of his profession in the service of the revolution and the people”. Thus began a history of service in some the world’s poorest and most forgotten states.

The island nation began forging links with the continent during the 1960s, when Cuban soldiers fought alongside southern Africa’s liberation fighters. Guevara personally pitched into the brutal battlefields of the newly independent Democratic Republic of Congo, but after becoming suspicious about rebel leaders’ motives, suggested they replaced fighters with medical aid.

Ties deepened in the 1970s as Africa’s newly independent nations flirted with socialism, and aligned themselves with the communist state who opposed their former colonial rulers. Teachers, doctors and soldiers from Cuba poured into 17 African countries.

Today, fading signposts with Spanish street names, peeling posters with improbable slogans (“Viva la revolución siempre!” – long live the revolution, always – says one in Freetown) and [a love of salsa music](#) remain across much of west Africa.

But help will soon be coming from places other than Cuba. The US will pour in \$400m, plans to build at least a dozen 100-bed field hospitals using some 4,000 troops, and has deployed 65 health officials to Liberia. Japan, the world’s fourth-richest nation, has pledged \$40m and India \$13m. China has chipped in around \$5m, as well as a

Chinese-built and staffed mobile clinic in Sierra Leone.

But even if efforts to roughly double the current bed capacity of about 1,000 in Liberia, Guinea and Sierra Leone succeed, these facilities will still lack the health personnel needed to staff them.

In part, slow staff recruitment is down to [the high number of medics who have already been infected](#), hovering around 300 so far.

“Even if you know what you’re doing, people make mistakes. It’s very, very difficult to wear those suits in hot weather,” said Chikwe Ihekweazu, an epidemiologist who worked with the WHO during the 2004 outbreak in Sudan, where temperatures can soar up to 42C.

“A lot of health workers died in the beginning and that obviously had an impact on recruitment. But the rates have fallen, and what that shows is that health workers can learn, with the correct training in infection control.”

Others are also hopeful that staff numbers will increase. Gleadle, of the IMC, said the slow pace at which centres were being scaled up might actually draw in more volunteers in the long run.

He said: “Even if we have a 100-bed centre, you wouldn’t fill them up in one day. You start slowly, then take a deep breath and escalate over time. I think as we build more treatment centres and hopefully none of our workers fall ill because we’re going slowly, that will encourage others.”

And he pointed out that there would be a silver lining, of sorts, as the disease marched on. “One way to see a positive side is that it means there are more survivors with immunity. They can then be very, very valuable in going back to their communities to educate others and help, without that risk of falling sick again.”

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