

Lack of Qualified Staff Hurts Ebola Fight in Africa

More People Step Up for Health-Care Jobs, but Proper Training Proves Elusive

By Betsy McKay in Atlanta and Drew Hinshaw in Monrovia, Liberia

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The U.S. government and its allies combating Ebola in West Africa have been frantically recruiting health workers to care for thousands suffering from the killer virus, but while more people are volunteering, finding enough qualified personnel has proven difficult.

More than 2,200 volunteers have uploaded applications to a website run by the U.S. Agency for International Development. Countries such as Cuba and China have sent medical corps to West Africa to buttress recently arrived U.S. military personnel.

In Liberia—where job seekers are plentiful but skilled professionals are scarce—a crowd several hundred strong stormed the gates of the health ministry one recent morning, demanding a chance to risk their lives in an Ebola ward. (More: U.S. Officials Seek to Calm Public on Ebola)

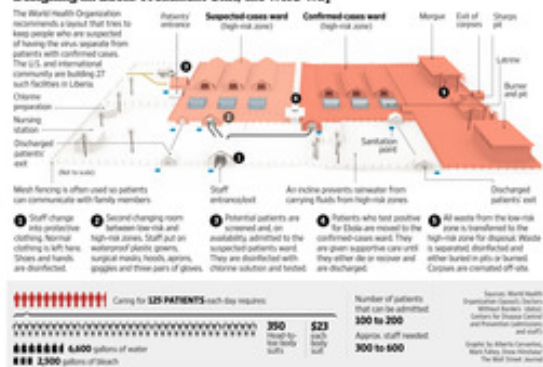
“We want work! We want work!” shouted the throng of nurses, medics and jobless hopefuls.

Yet joining the legions needed to combat one of the world’s deadliest viruses isn’t as simple as matching applicant with vacancy. Training courses are full, and those who can teach them few. Skilled staffers are needed to fill high-frequency rotations that come with battling Ebola around the clock. Those clinics with inadequate staff often turn away patients, who usually go home to die—but not before infecting family members.

The epidemic can’t be contained in West Africa unless roughly 70% of the sick are isolated in a treatment center—or another setting where they don’t transmit the disease, according to the Centers for Disease Control and Prevention. Treatment centers can’t open without trained people to run them.

“This is the key challenge in the response now: to mobilize sufficient numbers of health workers,” said Raj Panjabi, a physician at Brigham and Women’s Hospital in Boston and chief executive of Last Mile Health, a group that trains health workers in communities in Liberia. “The whole country of Liberia has fewer physicians than one single floor of Brigham and Women’s Hospital.”

Designing an Ebola Treatment Unit, the WHO Way



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In this high-risk situation, Liberians are lining up to find work at new clinics, agitating for the opportunity to make as little as \$500 a month caring for Ebola patients. Liberia had about 50 doctors before the Ebola outbreak began. At least four died from the disease.

Now, nearly 2,000 applications from local health workers ready to treat Ebola sit on the desks of the health ministry's personnel department.

These efforts only begin to address levels needed to tame the disease, which has killed more than 3,300 people in West Africa—mostly in Guinea, Liberia and Sierra Leone.

Experts warn the epidemic could expand before it shrinks. Before foreign assistance started to flow into Ebola zones, the CDC had estimated as many as 1.4 million people could be infected by mid-January.

Liberia alone needs roughly 9,000 to 10,000



Staffers at an Ebola clinic in Monrovia, Liberia, help a health-care worker adjust his protective clothing. GLENNA GORDON FOR THE WALL STREET JOURNAL

health workers to staff the thousands of beds the U.S. is building, said Ariel Pablos-Mendez, an assistant administrator for USAID, which is in charge of the U.S. response in West Africa.

In Liberia, hospitals are trying to make do with they have. One morning, health-ministry workers typed job applications into a computer, waiting for treatment-center beds to open up before they call up candidates. Outside, a mob wanted faster action.

“We have spoken to them, but excuse me to say, Liberians, they don’t listen to instructions,” said James Beyan, the Liberian ministry’s director of personnel. “That’s what caused Ebola in this country.”

In the hallway, an unemployed nurse sat quietly, waiting to add her name to the list of job hopefuls. “I’ve decided to take my chances,” said Kulay Toe, a mother of two. She said she was bored at home and hassled daily by neighbors who want off-the-books medical care for their loved ones, including several with Ebola-like symptoms.

Others are capitalizing on Ebola to enter the medical field.

Eric Johnson was a singer in a Liberian boy band, Young Fools. He now escorts patients with Ebola symptoms into a Doctors Without Borders clinic.

“I’m here to step on Ebola,” he said, dancing like a robot in a protective suit as he entered the high-risk zone.

Samuel Johnson, an accountant for a rubber farm, lost his job in July when Ebola closed the business. After a two-day crash course, he is now a hygienist, tasked with cleaning the blood, urine and feces from one of Liberia’s messier Ebola clinics.

“Being careful is the biggest similarity,” he said, comparing his former and current jobs.



Health care workers at Island Clinic in Monrovia, Liberia, treat patients in an isolation ward. GLENN GORDON FOR THE WALL STREET JOURNAL

Most of the training is done within two weeks—the rest conducted on the job, often by Ugandans who have had their own trial-and-error lessons with Ebola.

Emergency USA, a nonprofit group that builds medical and surgical centers in war zones, recently opened a 22-bed Ebola treatment center in Sierra Leone. The nonprofit wants to open another 90-bed facility, and is worried about finding enough local health workers.

“Our concern is after this new larger center there will be no more nurses to hire,” said Executive Director Eric Talbert.

Meanwhile, foreign workers have been slow to arrive, particularly from the U.S. To staff the 22-bed center, Emergency USA hired doctors from Uganda, Serbia and the U.K. “We’re still recruiting and having a hard time in the U.S. finding nurses and infectious-disease doctors,” said Mr. Talbert.

Rabih Torbay, senior vice president of international operations for International Medical Corps, is a veteran of recruiting medical professionals for stints in disaster zones. The job isn’t so easy with Ebola. “After the Haiti earthquake, we had 2,000 volunteer applications within the first few days,” he said. “With this one, there were seven to 10 in the first week.”

Things have improved since he first put out a search for volunteers in August. But he still needs at least 230 trained doctors, nurses, and sanitation workers for long rotations at each of two treatment centers IMC is staffing in Liberia and Sierra Leone. He has widened the search for doctors to African and Asian countries.

Added to these recruiting challenges, some U.S. hospitals are reluctant to let their staff volunteer for an Ebola rotation. Getting to Liberia can be a lengthy and expensive proposition, because very few airlines are still flying to the region. Volunteers must spend a month to six weeks working, then can’t return to work at their own medical facilities for 21 days—the time it takes to make sure they aren’t carrying Ebola in their bloodstream.

There is also the ominous task of bringing one’s life insurance up-to-date, said Stephanie Kayden, chief of the division of international emergency medicine and humanitarian programs at Brigham and Women’s Hospital, who said she has talked with a number of people interested in going to West Africa to help. Many who went to Haiti after the earthquake may be tempted to help out now, she said, but Ebola is a different proposition.

“Having had that kind of experience many think, ‘Oh good, I’ll get on a plane and go to Africa,’ ” said Dr. Kayden. “This is quite a different scenario and requires different preparation.”

Finding the right preparation can be tough. Until this epidemic erupted, there were no more than 300 experts in Ebola treatment in the world, public-health veterans say. Outbreaks were few and far between, and always much smaller than this one. Teams from Doctors Without Borders

always cared for the patients. Now, Doctors Without Borders is overwhelmed, and a two-day training course it runs in Brussels for 40 people every week is full.

“I’m refusing every day many people for training—we don’t have the capacity,” said Fabienne de Leval, learning and development coordinator for the aid organization.

Others are trying to fill the gap, some with training programs to be set up directly in West Africa.

The U.S. Centers for Disease Control and Prevention says it aims to train as many as 50 people a week at a course it developed based on the one run by Doctors Without Borders, to help get more medical staff to West Africa. But not everyone who wants to get trained can get in right away. Non-U.S. citizens must go through a lengthy clearance process because the training site is at a Federal Emergency Management Agency facility in Alabama, said Michael Jhung, a leader of the training course.

The CDC is also prioritizing clinical staff at the moment, he said, though some organizations are trying to get water and sanitation engineers trained as well. Those workers are on the list, Dr. Jhung said, but “for the moment, we think the need for clinical staff is greatest and are prioritizing them.”

Since September, Tony Walter, a Ugandan consultant for the WHO who has fought four Ebola outbreaks in his home country, has been sleeping in one clinic by day. That way, he keeps an eye on its often-careless night shift. The clinic’s nurses have taken off their gloves in between patients, or even tossed needles onto the floor.

“A needle is like an exploding bomb!” he said.

He watched with tired, bloodshot eyes one morning, after his staff failed to keep tabs on a stray patient—even forgot to clean the room where she had been found. “They are dangerous to themselves and others,” he muttered.

At the same clinic, a top doctor sat in her office, working her way through the visitors. Anne Deborah Omoruto Atai guessed her clinic would probably lose a few health-care workers to the disease. But in time it would train so many more, she said.

“It’s something that Liberia will give the world,” she said. “Health-care workers who can treat Ebola.”

In another corner of the clinic, workers were scissoring holes into their protective suits: “We’re trying to make hoods,” said one female nurse. Another added: “We’re improvising.”

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