'OPENING OUR HEARTS TO THE PRESENCE OF GOD'

Where was God when Ebola struck? Where was faith?

ANNE CAREY

The courage to respond to the threat of Ebola involved the courage to be kind to another group of people whom we could have ignored in their suffering—the result was an overwhelmingly positive outcome for West Africa and the World.

Initially the world had felt overwhelmed by the scale of the task, and the risks involved to individual health workers became excuses for procrastination. The risk of health workers bringing back Ebola to countries such as Australia enabled some to whip up fear and further paralyse our society at the very time action was needed.

In West Africa the existing health services were damaged by war and became incapable of detecting the epidemic yet alone controlling it. They did not know it was Ebola they were dealing with as they had not been exposed to it before. By the time they worked out what it was it had become widespread. This outbreak, by the time it was detected, was so large that the local health services were never going to cope with it on their own.

From the twenty previous outbreaks of Ebola over thirty-eight years we know that two of the most important things to do are to isolate sick people and create safe burial practices. Health workers were becoming ill and passing it on to their families.

Every two weeks we delayed tackling this problem allowed the outbreak to double. West Africa and MSF were left to struggle with a nightmare that threatened to shut down whole countries. Wealthy western countries spent much effort preparing for the arrival of a disease that would never arrive if only they helped to stop it at its source. In the west many called for isolating West Africa in its hour of need.

I am sure many health professionals and others in the West contemplated going over to help but imagined they would be entering an unimaginable nightmare.

When our children have nightmares we do not wear ear plugs to stop their cries keeping us awake—we go to them and bring them comfort. I hope by briefly describing parts of my personal journey in Sierra Leone, you will see that while this was something of a nightmare, it was one that they would only wake from with some help from the world.

This humanitarian nightmare required us to support those locals on the ground who were fighting the outbreak, by providing them with equipment and procedures that would make them safe, as well as the funds to build simple hospitals, training of staff in how to work safely with Ebola patients and that contagious component of all successful battles—courage.

Remember that we were surrounded by fear from politicians and media who were hijacking the education about Ebola and turning it into a fear spectacle. Because of this my partner Donal and I felt as I left to head overseas that we might not see each other again.

The important thing here is not that I would not have returned but that I went with hope and courage to try and help people in a country...
where help was desperately needed.

*Is this what faith is? The feeling of not being alone in the presence of fear?*

Ebola gave us a challenge that required us to think about what really matters. We had to think about what our true values were. Some who claimed to have connection to God were found to be paralysed with fear. On the other hand the Red Cross-Red Crescent which sees itself as a non-religious humanitarian movement had no reluctance to step forward. Interestingly the symbols of the Red Cross are the Cross and the Crescent moon.

The positive response by parts of the world to poor countries struggling with Ebola required nations to act beyond their self-interest. Likewise we as individuals had to act beyond our self-interest. We had to respond to a sense of something greater than ourselves. We had to show courage and overcome fear. We had to listen to that part of God in ourselves, our conscience and be guided by it.

This is Faith in action.

By not leaving people alone we show there is more than self interest in the world. Something greater at work in humans than individuals.

This is kindness in action.

This is the presence of God. It is bigger than humans.

My journey to Sierra Leone started with a period of training in Geneva in the use of the high level PPE. Without PPE the death rate among aid workers would have been high. We must not forget 500 local health workers (that is doctors and nurses) died in this outbreak basically from lack of safety equipment and antiseptics.

Now let’s look at what the nightmare was like on the ground.

The first time I dressed in the elaborate protective outfit that we wore, I entered the ward just as a two week infant began to fit, and he bled to death in my arms. While I found this confronting I then came to realize his mother sitting with us had just lost all seven of her children and her husband to Ebola. It had taken her whole family. She felt she had no reason to live. I realised right then I had no right to self-pity.

This was my introduction to Ebola: a disease that takes whoever it pleases baby, child, brother, sister, mother and father. Death was stalking West Africa in the same way it had during the plagues of Europe and it had brought the country to a halt through fear. Schools were closed, health resources were diverted from other priorities such as malaria and maternal health. Many businesses went under.

Over the weeks I was there I saw many children, young adults: women and men die. Sometimes they would fight so hard to survive and overcome the virus but the virus would overcome them.

Others would be doing well: eating, drinking, talking and you would think that all is OK and they are going to make it: but the virus would move in swiftly and silently and take them suddenly and alone.

That was always something I found hard: that people died alone. Some very frightened.

I sat with one 16 year old who had arrived from Freetown the day before. His family came. His father was a local doctor who had died treating Ebola patients, unfortunately after he contracted the disease he had passed it on his family. His wife, his mother, two sons - one being this 16 year old, who were all confirmed cases of Ebola.

Anne Carey is a Red Cross aid worker. She was named Australian of the Year Western Australian for her bravery fighting Ebola in West Africa. Previously she worked in Darfur, Sudan, in South Sudan and in Papua New Guinea.
This young man was very sick. I had put up IV fluids with maybe some hope that he could successfully fight it. I then especially dressed in PPE to go and sit with him for another 40 minutes as he was scared. I held his hand during that time. I told him I had come from Australia and that my name was Anne. I told him to fight.

He died.

The next day his brother who was doing well—drinking, eating, and talking—died. His mother and grandmother did well and survived.

Yes they survived.

Yes there are survivors.

Regarding the burial of the dead. In our non-religious Red Cross treatment centre we arranged and conducted combined Christian/Muslim services for the dead. In this way we acknowledged something bigger than our own concept of God, we generously acknowledged that others' concepts were also valid and were guiding their actions toward a common good.

To return to the PPE for a minute…

PPE: this stands for personal protective equipment and the space suit appearance of this outfit is what the image of Ebola around the world became.

PPE made treating ill Ebola patients safe. With use of PPE the transmission of Ebola to healthcare workers dropped dramatically. Basically Ebola is transmitted by contact with body fluids. This means if your entire body is covered then body fluids cannot make contact with you and you cannot get Ebola.

It all sounds very simple. However it is not that simple.

Taking the PPE off involves taking off contaminated layers without becoming infected by contact with any of the contaminated outer surface of the outfit. It has to be done properly. It was being done in tropical heat and humidity after 40-60 minutes of being cooped up in a suit that does not let your body heat out. It is always done with a companion present to make sure mistakes do not happen.

PPE is uncomfortable and hot and you can only wear it for about 40-60 minutes otherwise you will get too hot and can collapse.

PPE includes triple gloves so it is hard to do procedures such as putting in drips and taking bloods while in PPE. The gloves also make it hard to have the usual physical contact with patients that is so much of the comforting role nurses perform.

PPE has another effect. It helps disconnect you enough from the suffering around you that you can cope better with it.

There are lessons for the world and lessons for each of us as individuals. Some communities were not slow to respond, they had faith in the value of international kindness and their people volunteered in large numbers. The Norwegians for instance, with a population of four million, spent more on the outbreak than did Australia, and Norwegians were well represented among the staff in the treatment centres. Lithuania provided half a million PPE outfits.

Organisations such as Red Cross showed that without the resources available in our hospitals we could build a simple hospital and supply simple rehydration and save so many lives. We could persuade people to enter our hospitals to isolate themselves so others could live. We tried to relieve suffering among the dying, and we provided some dignity to safe disposal of dangerously contaminated bodies.

Red Cross showed that the combination of knowledge, humanity and courage and the rejection of pure self-interest could make a difference. I believe the founder of Red Cross would be proud of what the organisation achieved.

The United States Presidential commission summed up what the world had learnt and how we should better prepare for the next outbreak. 'Ethics and enlightened interest converge in calling for our country to address epidemics at their source'. They also pointed out: 'Needlessly restricting the freedom of experts
and caring health care professionals is both morally wrong and counterproductive; it will do more to lose lives than to save them’. This could simply be stated as: ‘the courage to be kind would have conquered the outbreak much earlier and much simpler.

Christians have no need of ethics committees to guide them in a situation such as the Ebola outbreak. The combination of the examination of one’s own conscience and the example of sacrifice that is Christ’s message, should direct us. The courage to be kind needs to flow from our knowledge, faith and love.

I found on my first return to Australia that public health officials were not focusing on educating the public that returning health professionals were not a threat to Australia. Unfortunately these officials set out to make it appear as if I was under some form of quarantine in order to allay unwarranted fears.

The simple reality is that Ebola has not been passed on in the first three days of fever and so if a returning aid worker were to be infected, there would be plenty of time to safely isolate them.

The focus here should have been to help people to understand Ebola and help contain the disease. Our role is not to respond to hysteria. Our role is to educate everyone so that we are able to maintain a public health role that is calm and rational. All those who guide public health policy such as politicians and members of the Health Departments should read the United States Presidential Commission Report for guidance on how to handle the next Ebola outbreak.

I want to share with you an instance of how easily health professionals who were experts on contagious tropical diseases could be reduced to frightened people who could no longer perform their role. Eighteen days following my first return and knowing I needed a fresh supply of anti-malarial medication and with no evidence I had Ebola, an appointment was made with a practice that specialised in travel health.

On the morning of the appointment I was phoned and informed that this practice had held a meeting and decided I was far too great a threat to be allowed inside their doors.

So I set off in a packed morning train, walked through the streets of Perth, paused to have coffee in a café and then as instructed made my way to the front door of the practice. I phoned their receptionist and waited for the door to open just sufficient for an eye to look around and a disconnected hand to toss my medication onto the pavement in front of me. The door shut as I bowed gratefully and I collected my package and made my way back through the crowds of Perth.

This brought home to me that well educated, knowledgeable fellow health professionals could be reduced to mere fools by lacking the courage to question fear. We are all capable of panic but we seldom achieve anything worthwhile when we yield to fear.

At an individual level, what did I come back with, what did it change in me?

I did not come back with PTSD. I think that child dying in my arms made me recognise it was not about me and my needs. We were there to help and if we could not save lives we were there to show the kindness of health carers.

This is Faith in action.

As a world we needed the courage to turn up and be kind to others. All of us going into West Africa had some fear of contracting Ebola. We all had that other fear that was probably stronger for most of us, that we would not cope with what we would see. Many of us on the ground found we were braver than we ever thought we could be. This included the courage not to wall off the suffering we saw around us but to engage with it. This is the courage to be kind.

UN Secretary-General Ban Ki-Moon summed up the need for courage when he said ‘the best antidote to fear is an effective and urgent response’
What else did I learn?

You learn to cope with the knowledge that you cannot save everyone, that at times when the admission rate rose people would die for lack of simple resources. You learnt to accept that, so that you could focus your energies in ways that would save as many as possible.

You learnt how to maintain hope when people were predicting a massive world-wide epidemic. You learnt that being in a team of positive people kept hope alive. The courage to be useful and kind was what kept the teams on the ground from despair.

This is Kindness in action.

Are there lessons I brought back to my life and work in Australia?

As I said earlier, I did not come back with PTSD. I watched so many people, many younger than myself, lose their lives. My response to that is to value more the time I have and to want to use my time on earth really well…and I ask myself how can I make the greatest difference in my chosen profession, as a nurse and a human, in what is left of my working years?

I look back and realize in 2014 I had made a choice between fighting against a horrible disease or standing up against people who were making our local workplace rather toxic. I think I had made a wise choice.

I made a choice that gave me the privilege of being part of a winning team that overcame against the odds. This winning team would not have won if it was weighed down by the toxic workplace culture so common in our healthcare institutions.

I have now returned with a renewed determination to make healthcare a kinder place for the workers and a safer place for patients.

I am no longer willing to accept in silence, 20-30% of my colleagues being bullied in their work places.

Just as it took courage for the world to step up to fight Ebola, it will take courage to tackle the culture of our workplace. We must not go on accepting workplaces that drive out the more empathic and sensitive among us.

We need to provide leadership to produce more ethical, nurturing workplaces to create the next generation of health professionals so that we break a cycle of the bullied becoming the bullies.

For those politicians and bureaucrats who cannot see past budgets and measured performance indicators, we need to direct them to the literature that shows the cost of staff turnover and the effects on patient care.

It takes no more than good leadership and the courage to be kind to drive change in our work culture.

Workplace bullying is one of the unkinders cuts in our society. Survey after survey shows it is very common in healthcare.

As health professionals we need to combat bullying in our workplaces to produce places that will be kinder to staff and patients.

Humanity also needs to extend its hand to the plight of refugees which is an example of the challenge to respond, to overcome fear of ridicule by the masses, to have faith that good can overcome the mediocre self-interest of our society.

Having people turn up on our shores is a test of our values. Do we only display self-interest and concern for preserving our wealth, or do we recognise their desperation and welcome them and share our resources? At the end of the day we have to live with our conscience. We need to have enough faith in the worth of our own decency to overcome the clamour of those politicians who would throw people to the lions to get a vote.

I believe that God was there in Ebola, was there in each step, helping each of us. I think the problem was faith and courage was needed to be stronger in peoples' response to help others humans on this earth.

The thing I ask you all to do is to use your faith to have the courage to improve the culture of your workplace and the world around you when you go home from here.