

A year after Ebola crisis, new cases

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A year after the World Health Organization declared the Ebola outbreak in West Africa a global emergency last August 8, cases are beginning to appear again.

The death toll has risen to more than 11,000 people since March 2014, with Guinea, Liberia, and Sierra Leone being the most deeply affected. More than 26,000 have contracted the virus.

In early summer, Haja Koroma, a nurse based in Kenema, Sierra Leone, was just getting comfortable with the idea that her town had been virus-free for more than 100 days—and might stay that way. Schools reopened in March, and employment rates have been returning to pre-Ebola crisis levels.

But then the news came that new cases, including a death in a small town outside Monrovia, Liberia, had broken Liberia's "Ebola-free" designation of almost two months. The new cases are dealing a blow to morale in Sierra Leone and Guinea—both of which have looked to Liberia's successful efforts for inspiration in their last push toward fully eradicating the virus.

"Some of my colleagues died of Ebola in trying to save others with the disease," Koroma said.

The Ebola virus has stubbornly hung on in Sierra Leone, even though 79 percent of the country is virus-free. The country can be declared free from Ebola only after 42 days without a case.

"Though the case in Liberia is far away from the border with Sierra Leone, it is disturbing, as a single case could restart a whole new outbreak of Ebola," says Sidie Tunis of the National Ebola Response Center.

A panel of experts released a report in July criticizing the WHO for its "bureaucratic culture," believed to have slowed its response.

“We didn’t go into it saying, ‘we must blame somebody,’” said Barbara Stocking, the former head of Oxfam Great Britain who led the panel. “We were much more focused on this being a learning exercise.”

In Freetown, Sierra Leone, across the street from the modern hotel that accommodates responders from the WHO and the Centers for Disease Control, an entire neighborhood endured quarantine. The orange plastic fencing draping the area indicated that for 21 days no one inside the fence could legally leave, and they would be monitored for any sign of the virus.

Joseph Bangura was one of the more than 300 living behind this flimsy barrier. He works at a fish market where a boat arrived in mid-May with a handful of passengers from a northern village. One man on board was already dead from Ebola, and the others were whisked away to treatment facilities. Bangura had no means of earning income while quarantined.

“I am worried about my family, and they are worried about me,” he said.

Over the last year, John K. Yambasu, the United Methodist bishop for Sierra Leone, has witnessed the far-reaching repercussions of Ebola. He has lost parishioners and pastors to the virus. He has seen the death of a beloved Methodist surgeon and the closing of United Methodist health clinics and schools. And he prayed with his people as they struggled to earn a living as society ground to a halt. Yambasu steers the Religious Leaders Task Force on Ebola.

“We all came together, imams and pastors, and trained in the area of basic prevention,” Yambasu said. It was this task force that pressured the government to declare Ebola a national health emergency and put into place more stringent controls.

With the help of United Methodist Communications, Yambasu and Liberian bishop John Innis have sent daily text messages of encouragement and information to their pastors. Early on, the messages helped to amplify the reality of the outbreak and empower faith leaders to guide their congregations through the crisis. Nearly 700 recipients received messages such as, “Ebola is real. It kills with little warning,” and “God’s grace is eternal.”

On the front lines in the affected countries, local church leaders organized information campaigns and distributed medical equipment and resources. When

large numbers of people were quarantined, the church delivered food and water. Yambasu said it was sobering to witness the breakdown of nearly every social system.

“Ebola brought a lot of evil upon this nation, but it opened our eyes to realities,” he said.

When the outbreak first occurred, Sierra Leone had just a handful of ambulances. Yambasu explained that patients suffering from a variety of ailments, such as malaria or high blood pressure, often were transported in the vehicles with those suffering from Ebola. Ambulances were regarded as “death wagons.”

The United Methodist Church in Sierra Leone has formulated a Post-Ebola Recovery Response Strategic Plan. The two-year plan addresses all forms of outreach—including health, education, and agriculture—while addressing the needs of Ebola widows and orphans, who exceed 12,000 in the three most affected West African nations, according to estimates.

Placing orphaned children back in their communities takes focused effort. Take 13-year-old Alfred and six-year-old Rosalie Sakilla, a brother and sister from Koindu, a diamond-mining village that skirts the crossroads of Liberia and Guinea and was the entry point of Ebola into Sierra Leone.

The children’s father was a much-respected health-care worker who contracted the virus by tending a Guinean patient he believed to have malaria. The virus quickly spread throughout Koindu, wiping out entire families. Alfred and Rosalie survived the virus that claimed the lives of their parents.

Just as the siblings were strong enough to return home, their neighbors rejected them. “The community was enraged,” said government social worker Edith Tamba. “They blamed the father for spreading the virus.”

Tamba intervened, and after much community counseling, the children were welcomed back. They now live with their elderly grandmother, who is receiving some financial support from the government.

Originally seen as pariahs, those who survive the virus are slowly becoming more accepted.

“They are even regarded as heroes by some,” Tamba said.

Yet as Ebola hit its peak in late 2014, it became apparent there were lingering physical effects for many survivors.

“Some of them have lost hearing, some of them are blind,” said Denis Ngotho Lansana, leader of the men’s group at Kercher United Methodist Church in Kenema.

The most recent research indicates that Ebola may live in certain organs indefinitely.

A comprehensive restructuring of the United Methodist health facilities is under way in order to equip them for another health emergency. Yambasu said that as a mission health-care provider, all the facilities need to remain in operation, just as they did during the civil war.

“We have a lot to give to this country,” Yambasu said.