

**Written Statement of
International Medical Corps
to the
U.S. Senate Committee on Appropriations**

On

“U.S. Government Response: Fighting Ebola and Protecting America”

November 12, 2014

As one of a small number of international non-governmental organizations to be treating Ebola patients, International Medical Corps is pleased to provide this statement for the record to the Senate Appropriations Committee. We thank the committee for convening this important hearing. This statement focuses primarily on our operations in Liberia and Sierra Leone, where the overwhelming majority of Ebola cases have been reported.

International Medical Corps is a global humanitarian, nonprofit organization dedicated to saving lives and relieving suffering through health care training and relief and development programs. Its mission is to improve the quality of life through health interventions and related activities that build and strengthen local health capacity in underserved communities worldwide.

Our response to the Ebola outbreak has been robust. By the end of this month, we anticipate having a total staff of about 800 in Liberia and Sierra Leone. Approximately 70 are expatriate staff.

As way of background, when the first Ebola cases were detected in the region in late 2013, we were operational in Sierra Leone, providing community level health care, mental health care, and support in the fight against malnutrition. Given International Medical Corps longstanding work and familiarity with the West Africa region, where we have operated health and humanitarian assistance programs since 1999, we learned of the Ebola outbreak almost immediately, and we continued to monitor the pace of the disease.

Between mid-June and mid-July, the number of confirmed cases of Ebola in Sierra Leone grew from fewer than 20 per week to more than 50. During the second half of July, the number of confirmed cases reported in Liberia also increased. After immediate discussions in the field and with partner agencies at headquarters to assess needs and gaps, we realized the epidemic had reached out of control levels.

By this time, we had already deployed teams to Sierra Leone to work with local NGOs as part of a community-level campaign to raise awareness about Ebola. The day after Sierra Leone President Ernest Bai Koroma declared a state of emergency, August 1st, we ordered a rapid assessment of the local conditions and triggered our highest category of emergency response. We also determined the more urgent task was treatment of those who had contracted the virus. Our Emergency

Response Team arrived in Sierra Leone soon after and has continued to work vigorously in efforts to assist in the control of the epidemic since then.

In Liberia, we triggered our highest category of emergency response and need for a rapid assessment of conditions in early August and our Emergency Response Team arrived in Monrovia 72 hours after Liberian President Ellen Johnson declared a state of national emergency in the country. What our team found on the ground in Liberia confirmed that urgent action was required. In a few short months, fallout from the Ebola outbreak had brought the country's already fragile health care system to the brink of collapse. Previously busy hospitals and clinics were empty, with both staff and potential patients too frightened to go there for fear of being infected with the virus. Rather than risk infection, mothers shunned life-saving vaccinations for their children, and if their child became ill, all too many believed the safer option was to not seek treatment at all.

For International Medical Corps, coordination in emergency response is crucial to success. In these critical circumstances, we reached out to key actors, such as WHO, the CDC, USAID and even before the deployment of our teams. Once on the ground in Liberia, we immediately began coordinating our work with other groups involved in the response of the Ebola crisis, particularly Liberia's Ministry of Health and Social Welfare, as well as the representatives of USAID's Disaster Assistance Response Team, WHO, the CDC and Medicins Sans Frontieres (MSF).

We admitted our first patients to the Bong county Ebola Treatment Unit (ETU) on September 15th. Currently, we have 53 beds occupied and staffed by a team of 17 expatriates and 161 Liberian nationals. We are gradually building up to 70 beds and a staff of around 230. We are deeply proud of our staff working in our treatment center for their unwavering dedication, commitment and courage. They have come from inside Liberia and outside, including physicians and nurses from many parts of the United States, Europe and Africa. Our staff is comprised of doctors, nurses, technicians, specialists in water, sanitation and hygiene, logisticians, mental health professionals, custodial workers, and members of burial teams.

To date, this ETU remains one of just two in Liberia operating outside of Monrovia.

With funding from USAID, we have established a training center in Bong County to pass on the knowledge we have gained to members of other NGOs who want to join in the effort to stem the current outbreak. In this center, which will be adjacent to our ETU, we will offer a fast-paced 7-12 day training course for those arriving on the frontlines of the fight against this disease.

Physicians and nurses coming into direct contact with Ebola patients will receive up to 12 days training, while other essential skilled technical staff, such as logisticians and water and sanitation engineers, will receive 7-10 days. Among the individuals we will train are members of a U.S. Public Health Service team that will staff a 25-bed Ebola Treatment Unit in Monrovia dedicated to treating health workers who have been infected with the disease during the course of their work treating others. A similar training center will be established in Sierra Leone as well.

Such hands-on training is the key to protecting health workers who must operate in an environment where all know the Ebola virus is present. Strong guidelines and regulations are important, but they must be combined with hands-on training to be truly effective.

As we continue the scale-up in both Liberia and Sierra Leone for what we believe will be a prolonged fight to contain the Ebola virus in West Africa, the needs will grow accordingly.

In essence, we require three things: people, commodities, and money. We must continue recruiting and training staff and building a “human resource” pipeline. Conditions to facilitate this, which include travel to and from the affected countries, procedures as well as systems to protect and treat health workers, must be ensured and implemented as soon as possible. By commodities, we refer to everything from personal protective equipment to disinfectant, to vehicles for transportation, mattresses and bed clothing. Many of these items can only be used once to contain the spread of the disease. And the adequate financial resources must be forthcoming.

International Medical Corps would like to briefly share with the Committee some of what we know works to contain this epidemic and prevent future outbreaks as well as the challenges.

As with all epidemics, the best way to prevent Ebola from spreading is to stop it at the source, but be prepared for new outbreaks. For that to happen, we have learned that several factors need to be in place. This includes having operational ETUs that are staffed by well-trained health professionals.

Smaller Community Care Centers, if well-staffed and equipped, may also help limit the transmission. A robust referral system between the care centers and ETUs, as well as between ETUs to take advantage of available bed capacity in certain areas to alleviate pressure of overloaded ETUs can help reduce the wait, time, transmission rate and mortality rates. Efficient coordination mechanisms at the national level is critical for effectiveness of the response. Limiting the spread of the virus in the community is essential to the containment plan. Therefore, a focus on safe burials and community sensitization, including education, awareness and outreach to build a trusting environment are of utmost important.

As importantly, we must prepare countries in the region for potential or future outbreaks. This should be done by strengthening local capacity through training of personnel and providing national health care workers with the needed tools and systems

Currently, the most critical challenge we face is the scarcity of health workers available, both internationally and within the region, to treat patients and staff the treatment centers that are in operation and those being built and planned. The difficult work environment, the personal risk, and the need for 21-day self-isolation in some circumstances, all represent a significant challenge to recruit staff.

Health care workers also want to be assured that there are clear plans and procedures in place for treatment and possible evacuation should they fall ill. This has been slow in coming. The growing restrictions on travel to and from West Africa will only isolate the affected countries further, compromise the supply chain and inhibit efforts to recruit qualified staff. These factors will further enable the severe outbreak to continue.

Training of health workers and first responders continue to be a major need. This includes training of staff working in treatment units, at community care centers, burial teams, ambulance attendants, community workers and educators.

International Medical Corps would like to underscore how vital has been and continues to be the availability and proper usage of personal protective equipment (PPE) during the Ebola response.

However, acquiring appropriate protective equipment has represented another challenge given the numbers required to effectively implement treatment centers and protect workers. Manufacturers need support and encouragement to increase their production capabilities to meet the demand, which remains high.

This statement concludes with ten recommendations for the Committee's consideration:

1. One of the most critical lessons learned from this response has been the importance of having the human resources ready and prepared to address an outbreak of infectious disease. Cadres of health workers need to be well-trained (and supported) to staff the treatment units and care centers in the affected countries, as well as to prepare other countries in the region for any potential future outbreaks. To be truly effective, it is important that training of personnel be led by entities with hands-on experience in treatment and management to undertake this task, which should involve actual practical training and not be limited to didactic methods.
2. Accelerate the construction and staffing of ETUs and community care centers to break the chain of transmission
3. Ensure that the necessary quantity of Personal Protective Equipment (PPE) is available.
4. Improve surveillance and referral systems that will help individuals access treatment quickly and strengthen the link between community-based and referral-systems.
5. Establish clear and understandable linkages among various coordination structures that are now in place including the UN Mission for Ebola Emergency Response and country coordination bodies.
6. While we welcome the advances made over the past few weeks in establishing procedures to evacuate and treat health workers who might contract Ebola, we recommend that the systems being put in place now be institutionalized and made part of the global preparedness planning in the event of future epidemics.
7. Maintain open airspace over Ebola-affected countries so that personnel and resources can be moved quickly.
8. Accelerate and support the production of vaccines.
9. Invest in health preparedness in the West Africa region to ensure these countries have the needed resources, proper training and systems in place to respond to possible future outbreaks.
10. Focus on building stronger health care systems as part of recovery and long-term health strategy in the region. Some of the most serious side effects of the Ebola outbreak occurred when national basic health care delivery systems failed. As a result, Sierra Leone and Liberia, which already experienced some of the highest burden of maternal and child deaths, are now facing conditions where there are no available places for women to have C-sections, for children to be immunized, trauma centers to go to after car and other accidents, as well as continue to manage the ongoing severe health problems affecting the countries such as high rates of malaria, pneumonia, and a wide range of chronic conditions. As a result, the mortality rate is expected to increase to higher levels.