Ebola in West Africa at One Year —
From Ignorance to Fear to Roadblocks
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It has been a year since the first case associated with the current Ebola virus outbreak in West Africa was identified and just over 8 months since we first started reporting on the outbreaks that stemmed from that patient in Guinea. Today’s posts at NEJM.org include an anniversary update on the fight against Ebola virus disease (EVD). It is painfully clear that the world’s initial handling of this dangerous outbreak was far from optimal, but we now appear to be making progress in the battle. This headway is evidenced by the observations that the rate of appearance of new cases is not as high as had been predicted by the World Health Organization or the U.S. Centers for Disease Control and Prevention in September 2014 and that outcomes may be improving at some Ebola treatment units.

Patients in the hardest-hit areas are able to receive care at one of many Ebola treatment units that have been set up in West Africa. These units now offer hope for patients with EVD in places where 6 months ago there was little care available and little hope. The ongoing case finding and contact tracing are essential to preventing new outbreak clusters. Staffing the treatment units, tracing contacts, and providing basic health care services for the populations in the most severely affected areas, where the health care infrastructure has been devastated, are just a few of the tasks that must be performed if the battle against Ebola is to be won. If we don’t bring this outbreak to a halt now, it may again expand throughout the region and spread to other parts of the world. To deliver a victory, we need more volunteers who are willing to serve, to live in austere conditions, and to put themselves in harm’s way. All estimates indicate that the number of personnel needed far exceeds the current supply. We need to make it easier for those who want to help in the fight against Ebola to do so.

That brings us to academic medical centers in the United States. As the Ebola outbreak has burned its way deep into Guinea, Liberia, and Sierra Leone, in one of the worst acute public health crises in 50 years, our academic medical centers have sat largely on the sidelines. They have spent a fortune preparing their facilities and staff for the much-feared scenario of a local patient with possible Ebola virus infection. What has been lacking is leadership to help quell the crisis where it is actually happening. The problem is more than a lack of effective, positive leadership, as Rosenbaum reports: the difficulties created by many academic medical centers for trainees and staff who want to go to West Africa to help control this outbreak are more akin to roadblocks. This response stands in contrast to that in the United Kingdom, where the Wellcome Trust has encouraged academic institutions to join the fight and has provided emergency funding for their research initiatives, and to that of the U.S. National Institute of Allergy and Infectious Diseases, which is offering extensions for grant renewals to people who have taken time to participate in Ebola mitigation efforts.

The medical centers that have helped pave the way for their personnel to fight Ebola deserve praise. The leaders of academic medical centers that have put roadblocks in the path of those wishing to serve need to rethink their pri-
orities. They should be making it easier, not harder, for altruistic physicians, nurses, and other health care providers to help care for the sick and control the Ebola epidemic in West Africa. Our medical centers have immense resources and expertise; the countries wracked by Ebola have almost none. Something is wrong when some of the greatest health care centers in the world are not helping in the fight against this disastrously dangerous threat to human health. We ask the leaders of every medical center in the country to figure out how to make it possible for their staff, and even qualified trainees, to help on the ground in West Africa. And once the leaders have decided what to do, they need to tell their risk managers and their lawyers to make it work, rather than make decisions based on the worst-case scenarios and risks to their reputation, image, and market share painted by corporate advisors and legal staff. If in a year’s time this epidemic has not been controlled, we will have only ourselves to blame.

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