

Five months after he was kidnapped and shot in Syria, Times correspondent Anthony Loyd is back in action – this time it's a dangerous but very different battleground...

## On the front line of the war against ebola

The aftermath of the removal of an ebola victim's corpse last month



## OCTOBER 22

It is night when I arrive. When Umaru steps forward to meet me on the crowded quayside at the edge of Man of War Bay I feel immediately reassured. He is a tall, angular secretarybird of a man, an experienced Sierra Leonean journalist. More importantly, he has been wounded. More so than ever, I like wounded people. They have been well-informed as to how quickly and how badly things can go wrong, and I need the wise beside me on my return to Sierra Leone.

A renegade soldier had shot Umaru in the right leg with an assault rifle during the infamous coup of 1997 when a young former Sandhurst cadet, Major Johnny Paul Koroma, had ousted the Sierra Leonean president, seized power and invited one of Africa's most infamous rebel groups, the Revolutionary United Front (RUF), into Freetown, the country's capital, where they embarked on an orgiastic rampage extreme even by African standards.

The coup's origins were unplanned, and exemplified the speed with which chaos can engulf Sierra Leone.

Jailed for alleged conspiracy, Koroma had been broken out of captivity by a handful of his own disgruntled soldiers. Ahmad Tejan Kabbah, the president of the day, panicked, believing the jailbreak was a coup, and fled the country. The government collapsed and Koroma saw his moment and seized power. Sierra Leone has spent years trying to recover from the ensuing conflagration and was barely on its feet again when ebola arrived.

I met Koroma several times. He is almost certainly dead now, murdered in the jungle, but no corpse has been found and no one knows for sure.

As fate had it, Umaru and I had more than just the missing major and bullet holes in common. I had been there in Freetown on assignment around the time he was shot. Touching down at a captured helicopter landing site outside the city, I was briefly held by the RUF, and spent some of my captivity standing beside the body of a slain Nigerian soldier as it was eaten by vultures. The rebels who held me included child soldiers. Most were off their heads on looted booze, and the more wayward were breaking the ends off bullets and snorting gunpowder from the brass.

It was the start of a series of intense encounters in Sierra Leone. Three years after the coup, my great friend and mentor Kurt Schork was shot and killed by the RUF in an ambush on the road to Makeni, along with another close comrade, Miguel Gil Moreno de Mora.

Waltzing with fortune on another assignment to the country, trying to find Schork's killers in 2001, I had lost my own fixer, Allieu, who



Volunteers in personal protection equipment suits collect an ebola victim's body, Freetown, October 14



died in my arms on a blood-soaked road outside the city of Makeni after a crash in which the RUF robbed the wounded survivors.

So there are plenty of ghosts waiting for me as I step ashore in Freetown again, hoping that nothing will go wrong here this time, as it so often has before. Moreover, in coming to write about ebola, I know I will see dead and dying people once more. I feel calm, if somewhat raw. It is my first assignment abroad since my medical leave ended after being shot twice in Syria in the spring.

All in all, then, I have quite a lot on my mind that night as I reach out to shake Umaru's hand on the quayside. It is my first mistake. No one shakes hands in Freetown any more.

### OCTOBER 23

The voice on the phone is overwrought. It is a man. He is one of the burial team leaders, talking in the national language, Krio, to Umaru as we drive through the middle of Freetown. Even in the passenger seat I can hear the stress and anxiety in his tone.

The previous day, in Melon Street, on the eastern approach to Freetown, his burial squad had been called to a quarantined house. There are so few isolation centres in Freetown that suspected ebola cases, assuming they ever reach a doctor, are usually advised to remain at home pending the rarity of an available bed in a clinic. In this way ebola victims are isolated from their communities, but not from their families, who are placed in house quarantine, too. In turn, they often all fall sick and die. Sometimes it is not possible to remove the bodies one by one. So when the burial teams do finally arrive to collect the dead, they may find a house full of corpses. Two days before I had arrived in Freetown one silent home in the city was discovered with a seven-strong family inside it – all dead.

Neighbours told the burial squad that the building in Melon Street had fallen silent. The police refused to enter. When the team arrived, they found four dead adults there. But two children, likely also infected, were still alive, standing quietly beside their dead parents.

Different people experience different symptoms as they die of ebola. The lucky ones exhibit severe fever, and die relatively quietly. Others, in the "cytokine storm" phase of the body's reaction to the virus – which sees the immune system deceived into making a kamikaze response as damaging as the virus itself – bleed from their eyes, nose and ears, and thrash wildly amid chronic diarrhoea and vomiting. Whichever way you look at it, the burial teams have the worst job in the country.

We stop for lunch and sit on a balcony table of a central restaurant. I order snapper and look down at the bustling street. Sierra Leone was always a beautiful place for nightmares. Its people are handsome, resilient and happy

ANTHONY LOYD



The body of a four-month-old baby, Fatmata, is laid to rest. Below: Stevie, 4, so traumatised by his experiences in an ebola isolation ward he barely talks

The grave is a regulation 8ft deep, so he has to drop the baby in the end. There are no mourners there, just me, a total stranger



– at least, until the tilt switch on their temper trips and they explode in fury. The country's coastline is among the most exquisite in the world and the lion-shaped swell of the hills above Freetown, named "Serra da Leoa" by the 15th-century Portuguese explorer Pedro de Sintra, drop away on their eastern side to an attractive mixed tropical landscape of savannah and rain forest.

Yet, against the gladdening backdrop and the familiar bustle and noise of the streets below us are small details that speak of the advent of something terrible. On the city's east side the distant, constant wail of ambulances ebbs and flows on a gentle breeze. Schools and clubs are closed. Banks have limited business hours. Church and mosque attendances have dramatically fallen. Football matches are banned, and Freetown's stadium has instead been taken over by volunteer nurses being trained in ebola treatment and the use of PPE (personal protective equipment) suits. No one touches one another. Umaru tells me that even the sale of condoms has crashed.

"Too many worries for sex," he says.

A set of emergency laws governs the isolation of the sick and retrieval of the dead. In every major street billboards advertise the presence of ebola and precautions against catching it. Across the city, speakers blare government health warnings, often mixed in among soap operas and songs. Chlorine hand-washing tubs sit outside every public building, complete with guards who check the temperature of all who enter. Roadblocks manned by police and soldiers control travel from Freetown across the length and breadth of the country, while calls reporting the dead and dying flood into a newly established 117 hotline. To all intents and purposes, Sierra Leone is again a country at war.

I turn back to my snapper, but there is no escaping ebola, even on that balcony.

"A street hawker died in Rawdon Street yesterday, vomiting blood down the pavement," we are informed by a statuesque woman standing beside our table. "For three days previously he had lain in the street, sick and dying! People kept calling 117, but they did not collect him until he vomited blood and died."

## OCTOBER 24

The standard reporting apparel for the ebola era is gumboots and a chlorine spray. I have full PPE with me, but figure that I will only need it in a place I really want to avoid, such as an intensive care unit or a room with a dead ebola body.

Seething with viral load as the last antibodies die away, ebola corpses are thought to be the cause of infection in 75 per cent of ebola cases, which is why the government has seized control of body collection and burial. The Sierra Leoneans and their Brit counterparts here

realise that if Freetown is overrun by the virus, they will lose all ability to counter ebola, and the doomsday scenarios envisaged by various health organisations could become reality. The virus is already rampant in the city, thrusting along the southern and eastern approach roads through Waterloo and Wellington, where the overcrowding and lack of sanitation give the outbreak fertile ground, for if there is one thing worse than sharing a room with an ebola victim, it is using the same loo.

So they focus hard on containing the encroachment into the capital, and fight the contagion at source, establishing a new command and control centre to co-ordinate 117 calls with body collection and the isolation of the sick. Within just a few days of setting up this HQ they have almost achieved their target of 100 per cent collection of the dead in Freetown and its environs within a 24-hour period.

The isolation of the sick is a different problem, though, because the shortage of

## I defy anyone to push away orphans who want to touch them, whatever the rules of the ebola era. So we hold hands

beds is chronic. In Freetown now there is just one ebola treatment centre, with 118 beds, run by the Sierra Leonean army. It is full. So, to try to reduce the number of quarantined houses that so often sentence whole families to death, isolation centres have been established in the capital, where the sick can be segregated from the healthy until a bed for them is found elsewhere.

I visit the isolation centre at Rokupa, on the city's east side. In so many details, it is reminiscent of a frontline military base. Barbed wire rings the walls and armed troops, tense and silent, guard the gates. A sullen crowd stands outside, staring at the flow of ambulances, driven by crews wearing full PPE. The sound of sirens is constant.

I walk into the yard in just my wellies and immediately wish I'd worn more protective gear. There are six new corpses to be collected. The ebola sick have already filled the beds inside the centre's red zone, and the first of the overflow patients is lying in the yard in front of me: a desperately sick woman in her twenties who lies huddled in a foetal position beside a pool of liquid I hope is chlorine. A team of six nurses walk past her in formation,

shoulder to shoulder, masked, gloved, booted and in full PPE, moving slowly in two ranks. Even the admissions clerk is in full PPE. More than the urgency and tension in the air, there is the same curdled, malignant buzz found on a bad stretch of a front line.

"They've lost at least ten medical staff here to ebola," Umaru informs me lightly.

We accompany a burial team as it leaves Rokupa. They have two vehicles and ten men. All are volunteers, and receive the equivalent of \$100, or £63, a week as an incentive.

The first house we stop at has a dead baby inside, Fatmata, a little girl of four months. Her mother died a few weeks previously, likely of ebola, though her family seem reluctant to give away the date or circumstances of either the mother or infant's death. Most locals lie over the causes and origins of their sick family members: no one wants either the stigma of ebola or to be placed in quarantine.

The swab team go in first, blasting their approach to the dead baby, who lies in a darkened room, with chlorine. They take a swab from her mouth for testing. The body collectors follow, and seal the corpse in two body bags.

I follow them to the ebola section of the city's King Tom cemetery, where hundreds of ebola dead have been buried since the outbreak first bit into Freetown in the summer. Some of the burial squads there are struggling with heavy adult bodies as they traverse the mounds of fresh earth.

It takes just one man to carry the baby, though. I can see him trying to give the child some dignity in her fall, for the man bends his knees to the ground as he lowers the body. But the grave is a regulation 8ft deep, so he has to drop the baby in the end. Two biohazard bags with the team's contaminated PPE are thrown on top of her body.

There are no mourners there, and I wonder what was the point of that short bleak life beset by sickness and death that ended with just me, a total stranger, standing beside the yawning grave as it swallows her lonely fall from sunlight.

## OCTOBER 25

I already know the drive from Freetown to Rogberi Junction. Kurt Schork and Miguel Gil Moreno took that road in May 2000, and turned right at Rogberi for Makeni only to be killed in the ambush. I followed the same road a year later when the war with the RUF was in the stage of an uneasy ceasefire. When I regained consciousness, just beyond the ambush site, I was bleeding from my head and ears, upside down with the engine block in the driver's compartment. The driver was still alive but shanked with metal. Allieu was motionless, not breathing, on the ground behind us, a pink froth of blood around his mouth. I gave him CPR. As kisses go, I won't forget that one. ■



Dr Naomi Walker, a volunteer at the Connaught Hospital. Right: US ambassador to the UN Samantha Power meeting ebola survivors on October 20



In the middle of it all some rebels appeared from the jungle and, without a word, robbed us. That time Nigerian soldiers rescued me and evacuated me by helicopter.

This time, though, I turn left at Rogberi. An interim orphanage has been set up at a closed school. Run by local staff from Don Bosco, a Roman Catholic brotherhood founded in Italy in 1876, there are more than 20 ebola orphans there. Another 40 are expected in the coming week. Interim orphanages such as this are dotting Sierra Leone as the number of orphans increases.

Among the children I meet is Santigie, 12, whose mother was a nurse at Rokupa, where she contracted ebola and died, infecting three of her children, two of whom have already died. Victoria is also there. Aged just 16, she lost her guardian aunt and eight siblings to ebola. A motorcyclist found her collapsed, very ill, by a roadside and carried her as a pillion to an isolation centre. She survived. It is likely her Good Samaritan on the motorbike fell sick and died.

Aside from the loss of their parents, the saddest thing at the orphanage is the stigma that prevents many of these children from returning home to be looked after by their extended families. The primal fear around ebola, similar to that around any plague, ensures that many communities will not accept ebola survivors back, even though medical science suggests they have immunity against reinfection.

I see one 11-year-old girl, Hanatu, whose parents are still alive. She is the only child there in this position. Yet she cannot return home because her community will not allow her back.

Some of the children are very small. Stevie is just four, and is so traumatised by his experiences in an ebola isolation ward that he can barely speak. His documents have been lost so the staff are not sure where he is from,

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or who exactly is left alive in his family. He wants to hold my hand. Others among the young children there, most of whom have lost their parents in the past two months, want to put their arms around me.

What to do? I defy anyone to push away orphans who want to hold their hand, whatever the rules of the ebola era. So we hold hands, although I can see my bare arms looking a bit stiff and wooden, and I dislike myself for it. I remember when the Nigerian soldiers saw me, all those years before, trying to breathe some life back into Allieu, how they stared at me for a long while, until I finally realised he was gone, closed his eyes, crossed his arms and stood up. I felt pretty sad and alone at that moment in that cursed place. I had tried to save my mate and failed. The soldiers saw it. They were tough guys who had seen some hard fighting. But they recognised what I felt at that moment and they crowded around me, hugging me, with a soft repeated incantation. "Hey, hey, hey, hey," they said, slapping my back in salute to the universal pain of death and loss. I will never forget that moment of kindness and understanding. I fell unconscious shortly afterwards, and they racked me on a helicopter piloted by Ukrainians, where I eventually came to lying beside Allieu's body.

Since that day I have met many old Africa hands who have sought to convince me that somehow the intensity of love and pain is different and duller for those living on a continent where death comes so quickly and often. How I disagree.

So I never assume, watching those children, that their sorrow or confusion is any less than that of western kids in an orphanage, or that their love for their parents was any different.

Yet as soon as I am out of those gates and their vision, I step out of the car and douse myself in chlorine.

## OCTOBER 26

The Mammy Yoko Hotel is such an oasis of health and civilisation that few staying there can feel remotely connected to Freetown. Its immaculately dressed and well-mannered staff, its bar, restaurant and the background mix of soft jazz-fusion transport me to another place entirely – well, almost. Luckily, I remember it burning. In 1997 it was a battlefield between Nigerian troops and the RUF. A former SAS trooper was on the roof with an RPK, a light machine gun, laying down fire on the rebels, guided by a young British army officer, who was wounded by shrapnel. Eventually, the hotel caught fire and burnt down. Afterwards, a girl was raped by the rebels in the ruins.

Some things change; others remain the same. Like my job. I am reminded of this today when Sam arrives at the Mammy Yoko. I last saw her 19 or 20 years ago in a bar in Zagreb. We were both journalists then, covering the wars in Yugoslavia. There has been a slight divergence of career path since then. I still do the same thing. She is the US ambassador to the United Nations. She gives a brief press conference at the hotel, a stopping point on her fast-track tour of West African countries affected by ebola. Afterwards, when I try to attend an informal evening reception for her held by the US embassy on the hotel veranda, I am

at first told that journalists are not invited, which makes me especially chippy. On a second attempt I get through the door though. Just as she is leaving I call out and she turns.

“Hello, Anthony,” Samantha Power says, without missing a beat. We speak for a few minutes before she leaves. I do not mention Syria. But I want to.

## OCTOBER 28

I find myself standing outside the Connaught Hospital once more. Last time I was here as a patient. Waking up on the fuselage floor of the transport helicopter after the Makeni crash, Allieu dead on the stretcher beside me, I saw the Ukrainian co-pilot staring at my bloody head.

“Twenty minutes to Connaught!” he had shouted. I had spent several days there while they patched up my battered skull.

Here I am again, 13 years later. Inside are many of the heroes of the war with ebola. I do not use the word “hero” lightly. But there is little other way to describe the medical staff who deal with ebola close up, in harm’s way, in a place where a mistake can kill you. Scores of Sierra Leonean doctors and nurses, among them some of the leading practitioners in the country, have already been killed by the virus. The Connaught’s own Dr Modupe Cole, who led the hospital’s response to ebola, was among those who caught ebola and died there in August.

A small team of British medical volunteers from King’s Health Partners – an organisation that pools expertise at King’s College London and three NHS foundation trusts – was already present working in the Connaught when the wave of ebola ran into the city from the east of the country. Although their original role had been geared to helping consolidate and expand Sierra Leone’s medical infrastructure, after Cole’s death they found themselves running the 16-bed ebola isolation ward and at the forefront of the virus’s case management.

The stakes were very high at the Connaught. As the capital’s main government hospital, if it was overwhelmed by the outbreak and forced to close, then the collapse in confidence among medical teams and institutions nationwide would have been cataclysmic. So the team fought hard to defend the hospital.

I meet Dr Naomi Walker, one of the 15 volunteers. She is 34, and is completing a five-week posting to the Connaught. Like many of the King’s Health Partners staff she looks thin and extremely tired. I notice that she and Dr Oliver Johnson, the King’s director in Sierra Leone, have the same luminous glow to their eyes caused by intense work and stress that I usually see in soldiers at the end of an operational tour.

Since August, their 16-bed ward has had more than 500 suspected ebola patients, many of whom have died there. Walker explains that her tasks include the treatment of ebola patients,

the washing of ebola patients and the removal of ebola patients’ bodies. It is the ward equivalent to walking “point” on patrol every day.

She is very calm as she talks, and explains that she contains her fear through applying logic and understanding to the disease and its transmission routes.

“I don’t really feel afraid,” she tells me, which makes me wonder about all the other awful things aside from fear that she might feel in treating human beings – among them children and parents desperate not to die – suffering an incurable disease that is fatal in approximately 70 per cent of cases.

The most dangerous element of her work, she says, is in a tent outside the Connaught’s admission gates. The tent was established as an ad hoc triage centre to prevent ebola cases from crowding the admissions waiting room and infecting everyone else. Before that, it was chaotic.

“Some people would come in moribund

searching for a conclusion. I find none, other than noting that there are invisible enemies in both scenarios.

Before leaving those Connaught gates, though, I meet one other person: Bilkisu Alfreida Koroma, 23. Her father was the pharmacist at Rokupa. He caught ebola. It killed him and 14 other family members, including seven of her siblings. She fell sick and spent 11 days as a patient in the Connaught’s ebola isolation ward. She survived. Now she is a nurse working on the ward alongside Walker.

## OCTOBER 29

Driving back from the soon-to-be-finished British-built ebola treatment centre at Kerry Town, about ten miles south of Freetown – it opens the following week – I drop in on a UN agency funding various programmes to support ebola survivors. I am talking with the project’s director about stigma. We are both laughing, in light of the ill-informed paranoia

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and die in the waiting area, so you would then have a waiting area inside the hospital filled with highly infectious patients and people dying, filling up faster than a doctor can see them, and that becomes very, very unsafe,” she recalls of the bedlam.

Yet even now, such is the strain on the availability of beds that many of those Walker assesses in the tent who display the full symptoms of ebola have to be turned away.

“I tell them that I am sorry,” she says. “I tell them that I am sorry, that I can’t admit them, that we do not have enough beds, that this is an imperfect system.

“At the moment, we are not separating those people fast enough from their families to stop them getting infected,” she adds, and without any contrivance her words are quite chilling. “Unless you take those highly infectious people out of the community we are going to fail – and we are currently failing.”

I feel profoundly humbled as I leave her company. Because I have been sitting down for a while, by the time I stand up to go the gunshot wounds in my ankle have seized and I am noticeably lame. Hopping to the door, I explain my lameness to Walker.

“Oh, yes,” she says breezily. “Working here and assessing risk must be like dealing with fear and assessing risk in war.” I am not sure about this; I spend a long time

gripping the US over ebola, at the arrogance of westerners who believe that it is just ill-educated African communities who stigmatise the virus.

Suddenly he stops laughing.

“My children were about to start school in England,” he tells me, explaining that his family were in the process of moving from one country to the UK via his posting in Sierra Leone. “But there were so many complaints from parents at their school in England, worried about ebola, that the head asked us to place the kids somewhere else.”

That afternoon I catch a water taxi back to Lungi, north of Freetown and the area where the international airport is located, dozing in the gentle swell between lazy bouts of conversation with Umaru. As Man of War Bay recedes behind me, and Freetown disappears into a pale smear of buildings squashed amid a thousand shades of smashing green, I turn the ghosts and goodbyes of my assignment through my thoughts again.

There had been many questions at home, among friends and at the newspaper, over whether Freetown in the time of ebola was a suitable destination for my first assignment back at work since being shot. No one should have worried. In the company of people trying to save and heal, there was no other place in the world I would have preferred to be. ■