

## “Observations” Upon Returning from West Africa

Happy New Year! I know this greeting is belated but the holidays went by in the shake of a thermometer. OK, a bad pun and maybe not even understandable to those of you who grew up in the digital age. But besides the holidays being a thing of the past, the requirement for me to contact the Maricopa County Health Department regarding my health “observations” on a daily basis is nearly over as well. For anyone who may be wondering, my temperature readings have all been below 99° F. 😊



Many who will read this know and for those who don't, I was part of a team of 70 US Public Health Service officers deployed to West Africa from October 27<sup>th</sup> to December 19<sup>th</sup>. Our mission was to set up and operate an Ebola Treatment Unit hospital – the Monrovia Medical Unit (MMU) in Liberia. The specific purpose was to treat healthcare workers in Liberia (whether Liberian or any other nationality) who contracted Ebola Virus Disease as a result of their work in other ETUs in the country. Upon returning, I was asked to submit an article for a newsletter at my workplace, the Phoenix Indian Medical Center. The following is a condensed version. If you have an interest in the mission, you can get lots of hits by Googling “Monrovia Medical Unit”.

In some ways it has been rather strange coming back to the USA. First, I had to adjust to the Arizona weather. Cold weather! Now that's something you don't hear very often. Liberia is 6° N of the equator; muggy and buggy. Phoenix is 34° N latitude, but despite highs some days in the 50's, I see people here wearing shorts and t-shirts – holiday visitors from Minnesota? I'm wearing fleece, knit cap, and gloves. My capillaries are in shock.

Driving a car was also a novel experience. Americans are so polite on the road! Having not operated a motor vehicle for 9 weeks, and returning from a country where driving is a blood sport, I kept expecting oncoming traffic on Cactus Road to swerve into my lane to bypass the cars ahead of them. In Liberia, traffic laws seem to be considered merely suggestions to be considered. Then I passed a gas station – wow – gas price is under \$2 per gallon! Was I transported back in time 10 years to 2004? Looked in the mirror when I got home and that illusion was shattered.



The required 21 day “Observation Period” (Quarantine) has actually been a gift, appropriate for the season and greatly appreciated. First it has allowed me to get much needed rest. Lots of rest. For days I slept in like a teenager (but like the old guy that I am, still turned in at 9 or 10pm). Second and most importantly, it has allowed me time to adjust, process, and reflect. More on that later. Although I have not been subject to a true mandated quarantine or even “Social Distancing”, I have nevertheless mostly stayed home. In addition to the safety of others, the rationale was in part to prevent ME from getting sick. The flu, a fever, or other symptoms of Ebola Virus Disease (most of which mimic dozens of other garden-variety illnesses) in a person returning from west Africa sounds alarms like a gong, and induces great stress and imposition for everyone who has to deal with it in some way. Not the least of which is the person with the fever. One of our returning colleagues was hospitalized for two days with a febrile illness that turned out to be strep throat. I wonder if TriCare (military insurance) is going to cover the cost of that admission?!

Attempting to describe my experience, and that of our team, and encapsulate all that transpired during our “Team 1” phase of the mission in a few paragraphs is impossible. It will be interesting to compare perspectives with officers who are deployed on Team 2 or subsequent groups, as the mission is ongoing. But I can summarize my personal overriding feelings in just two words: pride and gratitude.

In my 26 year career, I have never been more proud to be a Commissioned Officer in the United States Public Health Service. I'm proud to have represented my agency – the Indian Health Service – and of the tremendous contributions of our other IHS members on the team (there were eight of us). And I'm proud of our team, not only for the service that we provided while there, but also because we all remained healthy during the deployment and for the 21 day period after returning. (I'm not in contact with every team member, but think I can say that with confidence because if anyone on our team had tested positive for Ebola since our return, it would be in the news!)

My personal pride is not at all a feeling of self-importance, and it is very much imbued with a deep sense of gratitude. Although our team received a great deal of national attention and praise, it is for me discomfiting to be called a hero. Our team was a small – but important – part of an enormous effort, and my own part accordingly smaller. Furthermore, we received a tremendous amount of support, both moral and tangible, and there are many people and many organizations who deserve recognition for their own efforts and sacrifices. This photo shows an example of an often repeated routine at the MMU, and it is representative of the big picture – many hands helping to tackle a big task.



Before we arrived, the Air Force set up the MMU tents in the worst of the sub-Saharan rainy season. Upon arrival, we were co-located with a Marine Corps unit that provided security...and scored us fresh fruit on several occasions. The Army came later, and was the largest military force (over 3,000 troops). They set up our “permanent” tent housing next to the MMU, provided temporary quarters (in their own tents), and provided hot chow for the last few weeks of our stay. They also built large picnic style tables and delivered them on Thanksgiving Day so that we had our own “dining hall”. The Centers for Disease Control provided outstanding didactic instruction and practical training in Alabama before we departed. There were invited guests – civilian nurses and doctors returning from ETUs in West Africa who gave invaluable tips and much needed reassurance. Medecins Sans Frontiers (Doctors Without Borders) allowed several members of our team to receive additional hands on training in MSF run ETUs in Liberia. An advance PHS team of officers paved the way politically, forging relationships and agreements with the Liberian government. The PHS Office of Force Readiness and Deployment selected the team members, and figured out all the details of our travel, which was VERY tricky, especially when it came to what to do with us when we returned!

And for me personally, I am so very grateful to many others. The administrative personnel of my agency and work site for their approval of my participation. My pharmacy colleagues who shouldered additional burdens of work in my absence. And most particularly the MANY individual co-workers, friends, and family members who showed support with gifts, care-packages, letters, pictures from home, and e-mails of encouragement. It is not a platitude when I say that these expressions of care were very humbling, and brightened my spirits when they were low.

It was in many ways the adventure of a lifetime, and certainly a highlight of my career. It was the epitome of public health, and service, and an affirmation of my chosen professional path. It was also enlightening in personal ways that are harder to describe. But I will never forget how much support I received, and will always remain cognizant and deeply appreciative of the assistance of those who helped to make it a reality, and who truly were also a part of our team.