

Title: Protecting Healthcare Workers in the DRC Ebola Outbreak

Activities: Protection for patients, healthcare workers and healthcare facilities; Provide security for burial teams; Monitor and manage rumors; Provide protection and security

Stakeholders: UN Country Team; UN Peacekeepers

Phases: Early response; Intervention; Post-intervention and recovery

Years: 2018-2019

Countries: Democratic Republic of the Congo

Agent: Ebola

Case study prepared by: Emily Sherman, August 5, 2019

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Healthcare workers responding to the 2018-2019 Ebola virus disease (EVD) outbreak in the Northeastern region of the Democratic Republic of Congo (DRC) have been subjected to targeted violence. The DRC outbreak is occurring amid ongoing political instability and unrest.¹ Suspicion and distrust of the national government have carried over to the DRC's EVD outbreak response, and numerous attacks on healthcare workers and treatment centers by organized groups have occurred throughout the outbreak.²

On October 30, 2018, the United Nations Security Council (UNSC) adopted Resolution 2439, demanding all attacks by armed groups stop immediately and that international law be respected in the DRC.³ Unfortunately, the resolution has not been effective. As of June 5, 2019, there have been at least 174 attacks on healthcare workers or facilities involved in the response. At least five of them were fatal.⁴ Successful protection of healthcare workers against these violent attacks is vital to both their safety and to the eventual containment of the outbreak, but underlying political turmoil complicates security efforts.⁵

¹ Fanning, Emma. "The Ebola Outbreak in DRC: Strengthening the response." (2018).

² Gostin LO, Kavanagh MM, Cameron E. Ebola and War in the Democratic Republic of Congo: Avoiding Failure and Thinking Ahead. *JAMA*. 2019;321(3):243–244. doi:10.1001/jama.2018.19743

³ United Nations Security Council. "Adopting Resolution 2439 (2018), Security Council Condemns Attacks by Armed Groups in Democratic Republic of Congo Jeopardizing Response to Ebola Outbreak." *UN Press Release*, 30 Oct. 2018. <https://www.un.org/press/en/2018/sc13559.doc.htm>

⁴ Dyer Owen. Escalating Congo Ebola epidemic passes 2000 cases amid violence and suspicion *BMJ* 2019; 365:l4062

⁵ Nguyen V-K. An epidemic of suspicion — Ebola and violence in the DRC. *N Engl J Med* 2019;380:1298-1299.

Many attacks on healthcare workers and facilities are rooted in long-standing distrust of the DRC government. The attacks have been provoked by rumors that EVD is a scam propagated by the DRC and/or international governments for political or economic motives. Some believe that the deaths are caused by intentional poisoning rather than by the Ebola virus. In reaction, organized groups such as the Allied Democratic Forces (ADF) and Mai-Mai militias carry out attacks against EVD treatment centers and those who work in them. Their extreme distrust was exemplified by the murder of a World Health Organization (WHO) epidemiologist at Butembo University Hospital in North Kivu on April 19, 2019. According to witnesses, before he was shot by a member of an armed Mai-Mai militia,⁶ the militiamen claimed that Ebola did not actually exist⁷ and the hospital was spreading rumors for economic gain. Two other healthcare workers were injured in the attack.⁸

After the April 19th attack, some 200 doctors and 1,000 nurses in Butembo threatened to strike if the government did not improve the security situation in one week.⁹ Subsequent efforts taken by the United Nations (UN) and DRC government to secure EVD treatment centers and other healthcare facilities have had an adverse effect. As of May 2019, the United Nations Organization Mission in the Democratic Republic of Congo (MONUSCO) deployed approximately 18,000 armed personnel to protect EVD response efforts in the DRC.¹⁰ While heightened security presence protects healthcare workers, it has also led to an increase in violent attacks due to the tendency to associate uniformed security personnel with the DRC government. Officials are conflicted about sending in more security personnel because they attract more danger in an already dangerous situation.¹¹ Some healthcare organizations refuse to be protected by UN peacekeeping forces. Wanting to remain neutral in the DRC's tense political environment, the Red Cross and Médecins Sans Frontières (MSF) have chosen not to work with MONUSCO, as the organization is associated with the national government in DRC.¹²

⁶ Ross, Aaron. "Militiamen Kill Senior WHO Official in Attack on Congo Ebola Center." *U.S. News*, 19 Apr. 2019, www.usnews.com/news/world/articles/2019-04-19/attacks-on-hospital-in-ebola-zone-kill-cameroonian-doctor. Accessed 1 Aug. 2019.

⁷ Shepherd Alison. Ebola: Epidemic in DRC is one of world's "most complex health emergencies" *BMJ* 2019; 365:l4405

⁸ Nurith Aizenman. "The Doctor Killed In Friday's Ebola Attack Was Dedicated — But Also Afraid" *National Public Radio*, 23 Apr. 2019.

<https://www.npr.org/sections/goatsandsoda/2019/04/23/716121928/the-doctor-killed-in-fridays-ebola-attack-was-dedicated-but-also-afraid>. Accessed 31 July 2019.

⁹ Nurith Aizenman. "Why Health Workers in the Ebola Hot Zone Are Threatening to Strike" *National Public Radio*, 25 Apr. 2019. <https://www.npr.org/sections/goatsandsoda/2019/04/25/717079729/why-health-workers-in-the-ebola-hot-zone-are-threatening-to-strike>. Accessed 31 July 2019.

¹⁰ Michael Snyder. "Ebola Response in DRC Undergoes 'Important Shifts' as Violence Intensifies." *International Peace Institute*. <https://theglobalobservatory.org/2019/05/ebola-response-drc-important-shifts-violence-intensifies/> Accessed July 31, 2019.

¹¹ Nguyen V-K. An epidemic of suspicion — Ebola and violence in the DRC.

¹² Morrison JS, Devermont J. North Kivu's Ebola outbreak at day 90. <https://www.csis.org/analysis/north-kivus-ebola-outbreak-day-90-what-be-done>. Accessed July 29, 2019.

The decision to refuse security protection does not come without consequences. On February 24, 2019, an MSF Ebola treatment unit in Katwa was set on fire and a nurse was killed. Three days later, on February 27, another MSF treatment unit in Butembo was set on fire. Healthcare workers and patients were subsequently evacuated from the centers and activity was suspended to ensure their safety.¹³ After the attacks, an MSF official criticized security efforts in the DRC, saying they cause healthcare workers to be seen as “the enemy.”¹⁴ The Red Cross has also had to limit its activity. On October 2, 2018, in Butembo, two Red Cross healthcare workers were attacked and wounded by members of the community while they were performing safe and dignified burials.¹⁵ After numerous attacks, it became too dangerous for the Red Cross to carry out burials without security escorts. As of March 2019, about 70% of burials are being done by DRC government personnel accompanied by armed guards.¹⁶

The United States, among other nations, is protecting its healthcare workers and public health responders by restricting their physical presence where much of the violence is occurring. On August 22, 2018, four American healthcare workers—three from the Centers for Disease Control and Prevention (CDC) and one from the United States Agency for International Development—were deployed to Beni. Days later on August 24, the ADF attacked a DRC military base where the U.S. workers had traveled.¹⁷ They were consequently sent back due to safety concerns and further deployment of CDC personnel to the DRC was limited to about 2,000 miles away from the epicenter in Kinshasa and later to Goma.¹⁸ Their absence is thought by many to be harmful; the CDC took a leading role in the West Africa EVD outbreak response in 2016 and was vital in ending it.

Comprehensive protection of healthcare workers in the DRC requires a thorough understanding of the concerns of the community. Such an understanding will enable officials to mitigate the

¹³ Aaron Ross. “Congo Ebola center set on fire after armed attack.” *Reuters*. <https://www.reuters.com/article/us-health-ebola-congo-violence/congo-ebola-center-set-on-fire-after-armed-attack-id-USKCN1QG2KR>. Accessed August 2, 2019.

¹⁴ Helen Branswell. “Doctors Without Borders fiercely criticizes Ebola outbreak control effort.” *STAT*. <https://www.statnews.com/2019/03/07/doctors-without-borders-criticizes-ebola-control-effort/>. Accessed August 2, 2019.

¹⁵ Carley Petesch. “Alarm as Red Cross workers attacked in Congo Ebola efforts.” *Associated Press*. October 4, 2018. <https://www.apnews.com/63fca100669e4bf99447cb1ec5c5c092>. Accessed August 2, 2019.

¹⁶ Nurith Aizenman. “Health Workers in Congo Face Violent Threats in Addition to Ebola.” *National Public Radio*, 19 March 2019. <https://www.npr.org/2019/03/19/704700528/health-workers-in-congo-face-another-threat-in-addition-to-ebola>. Accessed August 2, 2019.

¹⁷ Morrison JS, Vermont J. North Kivu’s Ebola outbreak at day 90.

¹⁸ Nurith Aizenman. “U.S. Government Beefs Up Presence Near Congo’s Ebola Epicenter” *National Public Radio*, 15 March. 2019. <https://www.npr.org/sections/goatsandsoda/2019/03/15/703758193/u-s-government-beefs-up-presence-near-congos-ebola-epicenter>. Accessed 31 July 2019.

widespread distrust that provokes attacks, as well as new approaches to security that do not incite fear and suspicion.¹⁹

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Protecting healthcare workers has been a significant challenge in the 2018-2019 Ebola virus disease (EVD) outbreak in the Democratic Republic of Congo (DRC), with some healthcare public health responders requiring protection. Community tension, active conflict, and hostility toward the DRC government have carried over to response efforts as the DRC manages the first-ever EVD outbreak in a conflict zone. Organized armed groups as well as community members have violently attacked healthcare workers and facilities, resulting in fatalities, injuries, and destroyed clinical centers.

¹⁹ McLellan, SusanKortepeter, Mark G.Bhadelia, NahidShenoy, Erica S.Sauer, Lauren M.Frank, Maria G.Cieslak, Theodore J. et al. Ebola in the DRC one year later – Boiling the frog? International Journal of Infectious Diseases, Volume 85, 212 - 213