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After the End of Ebola

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By Patricia Kingori and Catherine McGowan



When the international teams began closing the Ebola Treatment Centres (ETCs) in Sierra Leone, Liberia and Guinea this signalled the end of Ebola for many people. As researchers, NGO employees, and an array of personnel from across the globe said their good-byes to local staff, packed their bags, checked out of their hotel rooms and flew home, reflections on their experiences began filling the pages of academic journals and news outlets. Their discussion of Ebola in the past tense, as something that happened and that was, was underscored by international agencies declaring that affected countries were 'Ebola free', and Ebola was at an 'end'.

There are however, exceptions in the narratives of Ebola as something that was. These are found in the accounts of those who lost loved ones and who continue to grieve, as well as those who form part of national infrastructures still struggling from disruption and massive loss of lives. These accounts, visible throughout the outbreak, are still being captured across a range of disciplines. In contrast, the accounts of local staff and volunteers who worked tirelessly at ETCs to help fight their country's battle with Ebola are barely visible. Yet, it is precisely their stories that provide some of the most valuable insights into how the social, economic, and psychological effects of Ebola continue despite the political and humanitarian rhetoric pronouncing its end.

One of the most dominant images of the most recent Ebola outbreak has been of a figure, disguised by a white contamination suit, carrying a dead body. At the beginning of the outbreak bodies were committed to burial grounds but soon the number of deaths, coupled with the increased risk of contagion, necessitated a different approach, and the number of cremations began to rise.

The many volunteers, with no previous experience of working in health care, found themselves doing the most high-risk jobs of cleaning and disposing of the blood, vomit, and bodily waste of Ebola victims. They were also working around the clock in crematoriums in the incredibly high temperatures needed to burn the bodies of thousands of men, women and children. They worked tirelessly to cremate bodies in their own communities; knowing fully that in these communities cremation is a longstanding taboo.

Some of these local staff gave up paid employment to help in the humanitarian crisis. For the unemployed, the outbreak held the possibility of assisting in the humanitarian effort and also a proved relatively lucrative opportunity, albeit a dangerous one, to secure paid employment. In the context of high rates of unemployment and scarce opportunities to be involved in meaningful work, the opening of the ETCs with promises of compensation, training, professional recognition and certificates coupled with the possibility of securing long-term employment after the outbreak, proved a powerful motivation. For instance, in Liberia contracts were negotiated and then written promising local staff an 'incentive package' in the region of \$250 USD per month. After the outbreak, if they survived, they would receive \$2,500. If they died their families would be given \$5,000. To put these figures in context, the average civil servant in Liberia earns approximately \$125 per month. Others without formal employment live on less than a dollar per day.

Ultimately, very few local staff received anything close to the amount they were promised, and some have gained no compensation at all. The

families of the deceased staff members, with their depleted emotional and economic resources are forced to try and dig further into their reserves as they continue to seek compensation for their loved ones who gave up their lives helping others.

For those who survived, the struggle continues to try and gain something of what they have been promised through ongoing court cases and sporadic protests. In Sierra Leone, during the outbreak, many local ETC staff went on strike for not being paid the risk compensation promised to them by the government. The presence of international staff and foreign organisations provided local staff with some leverage in gaining [international media attention](#) in their negotiations with their own government. But now, for many of these international staff, the battle with Ebola is over. They have received recognition in the form of promotions, accolades, and publications for their efforts. Moreover, many take pride in the work that they have done.

Yet what remains and continues of Ebola among the local staff is much more than a list of financial grievances. Many of the 'cremation boys' as they have come to be known, stigmatised and often traumatised by their work, have gone into hiding and rarely disclose their experience to others. Other local staff having witnessed scores of deaths including those of family, friends and colleagues, continue to try and make a life, gain recognition, employment, and subsistence.

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