‘Dr. Tim’ Flanigan lending a hand and hope in Liberia

_Miriam Hospital ID doc training healthcare workers for two months_

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In Liberia, they call him Dr. Tim. Miriam Hospital physician Dr. Timothy P. Flanigan, professor of medicine and former chief of infectious diseases at the Alpert Medical School, arrived in Monrovia September 1, with a dozen of his children’s old duffel bags stuffed with personal protective equipment (PPE), including gowns, gloves, masks and goggles.

On the ground he found that, “despite the fear and suffering from Ebola much of life goes on normally. The market is full and full of activity. Schools, though, are closed.”

In Monrovia, he describes people living in “shacks with tin roofs with many, many family members to a room — perfect conditions for the spread of a highly infectious agent. Add to that the fear, ignorance, and illiteracy with few jobs and most hospitals closed, and it’s not surprising that the epidemic continues.”

According to the World Health Organization (WHO), when the outbreak began, Liberia had only one doctor to treat nearly 100,000 people in a total population of 4.4 million people.

WHO stated that “as soon as a new Ebola treatment facility is opened, it immediately fills to overflowing with patients, pointing to a large but previously invisible caseload. Of all Ebola-affected countries, Liberia has the highest cumulative number of reported cases and deaths, amounting, on 8 September, to nearly two
thousand cases and more than one thousand deaths.” By September 29, the CDC reported the total cases in Liberia had reached 3,458 with 1,830 deaths.

Dr. Flanigan will remain in Liberia until November, under the auspices of the Catholic Diocese there – he is a deacon in the Catholic Diocese of Providence and has given several homilies at masses recently, encouraging Liberians to be sustained by their faith, in which he, himself, finds hope and spiritual sustenance, according to the blog he keeps at timothypflaniganmd.com.

Since his arrival, the Miriam physician has been interviewed by the world and national media on the global response to the epidemic, and, it is no doubt in part because of his observations that a much more robust intervention by the United States and other countries is now underway.

Recently, Dr. Flanigan answered a few questions posed by RIMJ editors on his work and well-being in Liberia.

Q. Are you taking good care of yourself?
A. I am sleeping well, doing fine and taking my malaria prophylaxis.

Q. Are you involved in any direct patient care?
A. I have not worked in the treatment units themselves. I am conducting trainings almost every day. The majority of them are in health centers, clinics and a hospital. I have four outstanding nurses that are working with me so a lot of what I do is to train the trainers. We are also assessing the need for more and better protective equipment.

Q. How many volunteer MDs and RNs are involved?
A. There are many volunteer physicians and nurses but there is a need for many more. There is now an excellent training available, including through the CDC.

Q. How do workers tolerate the gowns and masks in the heat and humidity?
A. I’ve only worn PPE in clinic training sessions for a half hour. The treatment units are limiting the time in heavy PPE because of the heat.
Q. How are the diagnoses being made? Since the early symptoms are very non-specific, sending someone to an “Ebola hospital” could be a death sentence.
A. Ebola PCR is available for diagnosis, which is very helpful.

Q. Is there any epidemiologic evidence of natural immunity to the Ebola virus?
A. All of the evidence would strongly suggest that you are immune to that strain once you have recovered. The predominant strain is all Zaire. No one, of course, has done a study and so even if you are recovered and working with patients you wear all the protective equipment.

Q. Do you see the epidemic being confined to the cluster of five West African nations?
A. I think cases will stray across the border to neighboring countries and hopefully they are well prepared to contain it. The US Department of Defense military arm is best prepared to set up multiple hospitals for treatment in an epidemic like this. Happily they are now committed to doing so.

On Sunday, Sept. 21, we traveled up to Bong to visit an Ebola treatment unit run by the International Medical Corps. Dr. John Ly, MD, PLME ’08, working for Last Mile in Liberia and Dr. Adam Levine, Emergency Medicine faculty, work in this Ebola treatment unit.

They have 10 patients there. They are able to provide excellent hydration including IV treatment if necessary which is very encouraging. When you visit you stay out of the high-risk areas. It is very safe. The precautions are extraordinarily well done.

Star of the Seas is in West Point, Monrovia, and is a hustling, bustling place. Dr. Dore, the medical director, has been there all through the war and during this epidemic. The nurses who were screening patients were in PPE (Personal Protective Equipment) and were comfortable with the MOH (Ministry of Health) protocols. The health center could screen for malaria, HIV and syphilis; check for blood glucose and do a urinalysis and a CBC. They did pre- and post-natal care and deliveries…quite something in the middle of the epidemic. They operate 24/7 and you can spend the night there if needed.

The 2014 Ebola outbreak is the largest in history and the first Ebola outbreak in West Africa. This outbreak is actually the first Ebola epidemic the world has ever known – affecting multiple countries in and around West Africa, including Liberia, Guinea, Sierra Leone, Nigeria and Senegal.