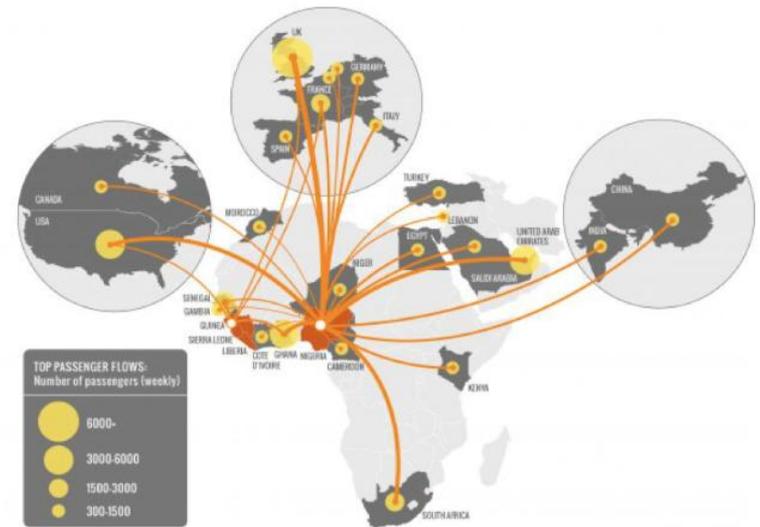


Lessons from Ebola: A Global/Local Crisis

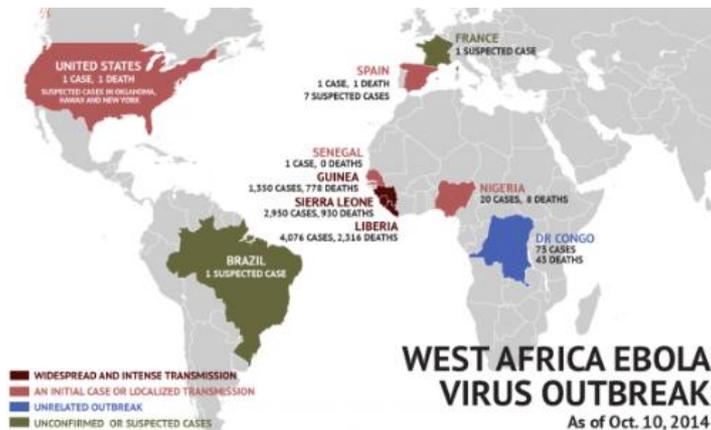
Jody Olsen, PhD, MSW, University of Maryland School of Social Work and Executive Director, University Center for Global Education Initiatives

March 25, 2015



Ebola Crisis Brought the Globe Together: Disease Defied National Boundaries

- Disease with myths and fears spread across borders in real time, social media has no filter.
- Local treatment and prevention practices crossed US, Europe, West Africa, Africa
- Protocols for caregiver training, disease prevention, travel, supplies became globally accepted
- Global organization (WHO) became leading voice



Ebola Crisis Brought Health Disciplines Together: Needed Collective Action

- *Doctors*: Treatment method systems
- *Nurses*: Treatment delivery systems
- *Pharmacists*: Drug regimes
- *Social Workers*: Social, family, mental health support
- *Engineers*: Protective Gear, Protective rooms and facilities
- *Lawyers*: Human rights, regulatory issues, scope of practice
- *Health researchers*: what works? What do we know?
- *Families, patients, communities, public, politicians, government*: What is myth? What is fear? What is proper communication?



What the Ebola Response Teaches Us

- Had to discard idea of us (U.S.) and them (International)
- But could not adopt a naïve global uniform approach
- Instead sought global Ebola response actions
and then
- Applied them locally and with respect to working within local customs and traditions. Stopping spread of deadly disease depended on it.
- Examples:
 - New respectful greetings from 6 feet
 - New respectful burial practices
 - New airport questions within established travel protocol
 - New quarantine protocols, adapted for US and each West African country.



Fear and Panic Was Global but Expressed in Local Ways



- “Abundance of politics” led to her N.J. quarantine over Ebola fears: quarantined nurse (WP)
- MSF had to temporarily stop work at isolation ward because the medical staff were accused of having brought the virus to the country. (Guardian)



Travel bans would keep Ebola from spreading in the United States. (WPost)

Liberian President on Ebola Quarantine: 'We Understand the Fear'
MSNBC

Ebola Fears Had No Borders

- Obama assails Ebola quarantines, saying they are based on fear, not facts (WPost)
- Liberia Burns its Bodies as Ebola Fears Run Rampant (Time)
- Ebola is the biggest public health disaster imaginable (the Guardian)



John Moore—Getty Images

A burial team disinfects an Ebola victim while collecting him for cremation on Oct. 2, 2014 in Monrovia, Liberia.



Global/Local Health Education: Global Solutions Expressed in Local Ways. Protective Equipment, for example



N95 Respirator & Gown



N95 Respirator & Coverall



PAPR & Gown



PAPR & Coverall



Trained Observer for All PPE

Global/Local Health Education: Global Solutions Expressed in Local Ways. Facilities Example



Worker Safety:

Global Norms Adapted to Local Realities

Occupational Safety and Health Plan for Ebola Response Locally and Globally

- Context of “Just Culture” in an Organizational System of Safety
- Comprehensive Safety and Health Plan
- Designated Safety Officer – assigned responsibilities
- Social Protections
 - Unsafe work
 - Quarantine – balance of rights and responsibilities
 - Wages and benefits protected
 - Psycho-Social support



Health Care Workers Are Equal Worldwide



"The infections and deaths of health-care workers have three major consequences.

***First,** they diminish one of the most important assets for the response to any outbreak.*

***Second,** they can lead to the closure of hospitals and isolation wards, especially when staff refuse to come to work.*

***Third,** they drive fear, already very high, to new extremes."*

Margaret Chen, WHO Director-General



US Government Ebola 12 month Global Response: What Outcomes Can Be Applied Locally?

*Are we ready to learn and adapt to local situations within US?
Are we ready to train locally those working globally?*

- Employ **2,800** USG personnel
 - Pillar I: Control the Outbreak
 - \$939,442,000
 - Pillar II: Mitigate Second Order Impacts
 - \$323,774,000
 - Pillar III: Build Coherent Operations
 - \$60,138,000
 - Pillar IV: Strengthen Global Health Security
 - \$312,000,000
- **Total: \$1.6 Billion**



What the US Government \$1.6 Billion is doing: What Strategies Can Be Applied Locally in US?

- *Are we ready to participate in this global experience?*
- *Are we ready to learn, adapt, and then apply these social determinant strategies locally?*
 - Restore
 - essential health services,
 - food insecurity,
 - protection of vulnerable populations.
 - increase community engagement,
 - strengthen health systems,
 - bolster food security,
 - support economic recovery,
 - improve weak governance,
 - build critical infrastructure,
 - protect and advance educational outcomes

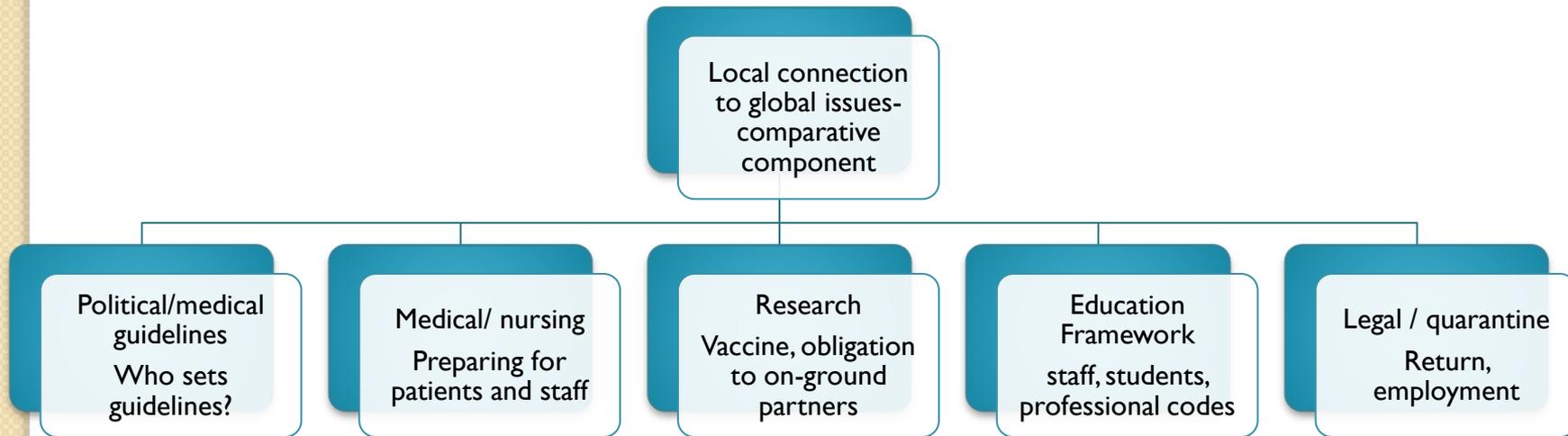


Practicing Global Health Locally

- Our response to Ebola can help us:
 - See beyond “us” and “them”
 - Teach, train, and learn global health frameworks while training workforce to being comfortable using local cultures and traditions to introduce and build health solutions.
 - Work effectively across local neighborhoods and nations by being:
 - open
 - respectful
 - bi-directional



Global/Local is also Interprofessional



Educators and Health Professionals Can Bridge Global and Local

- Ask questions within and across local and global settings. Discomfort precedes learning.
- Find threads between local elements and their global themes, whether local is Monrovia, Liberia or Baltimore, Maryland
- Find links between local and local (in different countries), and across languages, health care systems, oceans, and neighborhoods.

