Tolland nurse shares experiences working in Ebola-stricken village

By David Huck Journal Inquirer |

TOLLAND, CT — In mid August, resident Jane Boggini traveled to Sierra Leone, where she worked to help stem the Ebola outbreak as a nurse with the Doctors Without Borders relief organization. When she arrived in the rural coffee- and cacao-growing village of Kailahun, residents fled their homes and hid in bushes, fearing the aid workers. The perception among villagers was that Ebola was a punishment from God and the white foreign workers were there to take their blood and harvest their organs, Boggini recalls.

“Christians will say that it’s a curse from God,” she said. “Culturally, a lot of them feel the illness was given to them because they committed some type of fault.”

Boggini returned home in October and is set to return after Christmas for another six-week stint. The short stay is kept that way because of the high-stress setting.

On Monday, Boggini shared her experiences with several dozen residents as part of a presentation hosted by the library.

Initially, officials thought the symptoms they were seeing were related to lassa fever, another hemorrhagic fever. But it was the presence of hiccups that led doctors to make the Ebola diagnosis. One theory as to how the outbreak started is that an elderly woman in Uganda picked up a dead and infected bat, skinned the mammal, and was exposed to its fluids.

The recent Ebola outbreak began this year in Guinea and has spread to Liberia and Sierra Leone. It has claimed thousands of lives.
Traditional practices spread disease

While the epidemic has largely been stemmed in Liberia, Boggini said the disease is spreading in the western portion of Sierra Leone because of unsanitary traditional cultural practices, such as kissing and touching bodies during funerals, and the movement of patients.

Inadequate health care also has been a factor. Before Western treatment centers were established, many patients were quarantined in village chapels.

“Things are not improving quickly,” she said.

Boggini recalled one case where a village chief had died and soon thereafter more than 30 people died from their contact with his diseased and highly infectious body. Patients came to the makeshift treatment center established by Doctors Without Borders in a steady stream each day. Vehicles that were used as ambulances arrived with sometimes as many as a dozen people packed inside.

With humid temperatures and often long trips across the country, workers sometimes opened the doors to the vehicles to find several people already dead.

In the triage area, patients were give initial assessments and then classified as either “probable” or “suspect” cases. The arrivals were usually given nourishment like an electrolyte-heavy drink and “plumpy nut” — a nutrient-dense concoction of peanut butter packed with vitamins, minerals, and sugar that was wrapped in foil.

Always at capacity

Close to 90 percent of the people who arrived at the treatment center were later diagnosed with Ebola. “We were always at capacity,” Boggini said of the work.

The 25-person international team of workers in Kailahun that tended to the patients included doctors from places such as Cuba, Italy, Iran, and Belgium.

Patients were placed in sections of the treatment facility based on the severity of their case. As part of their protocol, doctors weren’t allowed to backtrack during their shift into a section where lower-level patients were housed in order to prevent the spread of the disease. This forced workers to carefully plan, Boggini said.

Many patients couldn’t stand lying in their canvas cots and would often flee outside.

Protective routine

Upon arriving at the treatment center each day, workers went through a long process of carefully putting on suits to protect them from the disease. Each suit cost about 70 euros or about $88. Their protective wear included two sets of gloves, rubber boots, eye protection, scrubs, rubber boots, a rubber apron, and a shoulder-length hood. Everything except the boots, goggles, and apron — which were thoroughly washed by hand each day — were burned.
A solution of 0.5 percent chlorine was also a major component of stemming the spread of the disease. It was used to spray down doctors after their shifts and to disinfect equipment, the inside of ambulances, and the ground where patients walked or vomited.

When she first arrived in the country, the survival rate among the sick villagers was around 40 percent. By the time she returned home to the United States, the survival rate had jumped much higher because of their efforts and educational outreach.

She said the youngest survivor that they treated was a 2-year-old girl.

Sierra Leone as a whole has about 600 beds specifically set aside for people with Ebola, only about 38 percent of the amount needed, Boggini said.

**Saddened by orphans**

Some of the hardest parts of the outreach work was seeing orphaned children having no place to go once they were released from the facility and the daily movement of the dead in the double-wrapped body bags being taken to makeshift mass-burial sites.

“When you are seeing seven or eight patients die every night, it’s very difficult,” Boggini said. When Boggini returned to Tolland, she monitored her temperature twice a day for three weeks, stayed away from church and crowded places like the mall, and had to refrain from visiting with her grandchildren.

She says she hopes her work there will have made Africans more trustful of healthcare workers.

**Wanted to work overseas**

In 1962, Boggini obtained a *nursing degree from the University of Connecticut* and worked for many years in the health care field. When her husband died and her children had moved out of the house, she decided to satisfy a desire she had from her college days: joining the Peace Corps. She was in Sierra Leone with the Peace Corps from 1991 to 1994 but was eventually evacuated due to internal turmoil. In 1999, she joined Doctors Without Borders, which is also commonly known by its French translation Medecins Sans Frontiers.

This summer’s trip to Sierra Leone wasn’t Boggini’s first time working with patients infected with Ebola. In 2007, she traveled to Uganda to help during an outbreak there.

She has been on more than 17 missions and has gone to places like Angola, India, Philippines, Haiti, Pakistan, Afghanistan, and the Democratic Republic of Congo. Much of her work has dealt with vaccination campaigns.

Asked why she participates in the overseas trips, Boggini tried to shift the conversation away from herself, and responded: “It’s better then sitting in Florida playing bridge.”