

EXCLUSIVE: MIRRORMAN ON THE EBOLA FRONT LINE



TENSION Police had to fire shots to protect burial team



MOBBED Family surrounded as they leave isolation centre

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EXCLUSIVE

BY TOM PARRY

in Monrovia, Liberia



THEIR faces daubed in white paint as a symbol of mourning, a mother and her two children shuffle to the gate of an Ebola treatment centre.

Days after losing her husband to the highly contagious illness, the woman looks extremely unwell herself.

Her daughter carries a large bottle of water while she carries a black bin liner containing their only possessions.

Her son dawdles behind.

But when the listless family reach the gate of the special unit at Elwa Hospital on the outskirts of Monrovia the security guard turns them away.

There are no free beds here, and there is little chance of any extra space being made available in the next few days.

The country is buckling under the strain and the moment I walk off the plane at the city's Roberts Airport, I am confronted by fear of the disease.

Stepping into the shabby arrivals hangar, a female security guard takes my temperature with a thermometer.

Getting a high reading would indicate sickness – possible Ebola – and I would be taken for a further examination.

A sign on the door warns of what precautions need to be taken to avoid the malevolent disease.

EBOLA EMERGENCY it says, putting passengers immediately on their guard.

At the hotel I am directed to a barrel of chlorinated water with a tap, in which everyone has to rinse their hands before entering. There is another disinfectant spray on the reception desk.

No one shakes hands. Any bodily contact is now forbidden, no matter how impolite it might seem.

AND that's when the unease creeps in. What if the porter putting his hand on my bag has a relative with Ebola?

Can his brief touch on my luggage carry the lethal condition? I'm assured one cannot be infected like this.

But normal actions, opening a car door, paying a cashier, become something to consider carefully.

For the people in the Ebola zone, day-to-day life has become a battle against an invisible and incurable sickness.

Liberia, like neighbours Guinea – where the outbreak started in February – and Sierra Leone, cannot handle the strain.

It does not have enough hospital beds for all the people who may have the disease. In Monrovia's outskirts, the isolation unit has grown from six beds to 120 in two months – nothing like enough.

As suspected Ebola cases have to be quarantined, people with other illnesses like malaria are turned away too.

Patients who could normally be treated are dying needlessly because medics are so overstretched.

Joanne Liu, from the medical charity MSF last week warned it would take six months to control the outbreak.

She said it was like "wartime" and added: "If we don't stabilise Liberia, we'll never stabilise the region."

Dr Moses Massaquoi, the man leading Liberia's fight against Ebola, admitted the death count was "definitely more than the official figure".

So many people who almost certainly died from Ebola are registered as deaths from unknown causes due to a lack of funds for tests. Dr Massaquoi told me: "It is definitely

still escalating. I am being called all the time for live patients or for dead bodies. "We are struggling to find enough places for all the people who are ill now. There is no point in me denying it.

"I would be lying if I said it was getting better. I simply do not know if the hygiene message is being practised."

Many Liberians are deeply suspicious of the spread of Ebola and refuse to follow the authorities' precautions.

Over the weekend, riots broke out in Monrovia slum West Point, started by protesters who claimed Ebola was a hoax.

They attacked and looted a quarantine centre and at least 20 patients who were being monitored for signs of the illness escaped. Officials said blood-stained bedding looted from the centre posed a serious infection risk.

A police officer said: "This is one of the stupidest things I have ever seen."

HAVE reported from Africa many times, but for me this is a special case as it is not something that can be dealt with through peace-keeping troops or food parcels.

But the West can intervene if it sends its skilled doctors and nurses and superior medical technology.

In Britain, it is difficult to imagine the scale of this modern-day plague, but Liberia is only a seven-hour plane journey away. Yesterday a Nigerian man was being tested in the Spanish city of Alicante after going to hospital with tell-tale signs of the disease.

There have already been several scares in Britain and as the virus continues its march across West Africa, there will be more.

But patients in the UK get constant medical attention. Here they return to die in their homes in agony.

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HANDS ON Worker cleans ambulance



HANDS ON Worker cleans ambulance

GUINEA	Cases 519	Deaths 380
LIBERIA	Cases 786	Deaths 413

NIGERIA	12 Cases	4 Deaths
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SIERRA LEONE	Cases 810	Deaths 348
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HOW TO HELP

AID agencies working in the Ebola-affected region desperately need assistance.

UNICEF is providing supplies to people in affected communities across West Africa. Y Care, the international wing of the YMCA, has trained 100 young people across Liberia to teach their communities about how to stop Ebola spreading.

To make a donation to UNICEF go to <http://www.unicef.org.uk/donate/donate-now/> or to Y Care visit <http://www.ycareinternational.org/>

LIBERIA'S GHOSTS

A family outside the isolation unit. The painted white faces signify mourning for the woman's husband, who has died of Ebola



Pictures: ROWAN GRIFFITHS

No one will shake hands, all contact is forbidden. Life is a battle with a sickness that is invisible... and incurable



GRIM TASK A burial team removes body of a victim from home



SPRAY Corpse is disinfected in a makeshift isolation room