



MEDICC Review

ISSN: 1555-7960

editors@medicc.org

Medical Education Cooperation with Cuba
Estados Unidos

Reed, Gail

Meet Cuban Ebola Fighters: Interview with Félix Báez and Jorge Pérez. A MEDICC
Review Exclusive

MEDICC Review, vol. 17, núm. 1, 2015, pp. 6-10

Medical Education Cooperation with Cuba
Oakland, Estados Unidos

Available in: <http://www.redalyc.org/articulo.oa?id=437542100002>

- How to cite
- Complete issue
- More information about this article
- Journal's homepage in redalyc.org

redalyc.org

Scientific Information System

Network of Scientific Journals from Latin America, the Caribbean, Spain and Portugal

Non-profit academic project, developed under the open access initiative

Meet Cuban Ebola Fighters: Interview with Félix Báez and Jorge Pérez A MEDICC Review Exclusive

Gail Reed MS

Tramping through the Himalayan snows to treat patients after the 2005 Pakistan earthquake, internist Félix Báez could never have imagined he would be on the front lines of Ebola in Sierra Leone nine years later....much less that he would contract the deadly virus, live to tell the story and also to return to his team in Africa to continue the fight. At his side in the Geneva University Hospital, where he was airlifted, was Dr Jorge Pérez, today director of Cuba's Pedro Kourí Tropical Medicine Institute (IPK), but best known as "Cuba's AIDS doctor." Times have changed for both physicians, and Ebola is first on their minds as it rages on.

At this writing, while there is cautious optimism in Liberia, the epidemic is not yet under control. Ebola has already infected nearly 22,000 people, taken over 8600 lives; Sierra Leone is one of the countries hardest hit. Among the sick and dying have been too many local health workers: 103 of the 138 infected, at last count.

The first to sound the global alarm was Doctors Without Borders, which, like Cuba, already had health professionals on the ground in Africa; they were joined by many more, and Cuba was the country that offered the most assistance once WHO called for nations to step up with funds and, most importantly, human resources.

Cuba sent 256 volunteers, all with significant international emergency experience: 38 to Guinea, 53 to Liberia and 165 to Sierra Leone. And more wait in the wings, specially-trained disaster medical workers who have already received their first round of Ebola courses at IPK.

MEDICC Review: Félix, yours was quite an ordeal, finding yourself infected with Ebola not long after beginning to work with patients in Sierra Leone.

Félix Báez: Yes, I was with a Cuban team of 42, some British and a number of local health workers, in the Kerry Town Ebola treatment center, run under auspices of the UK's Save the Children. The hospital was newly built with 80 beds and opened November 5th. I started with fever and chills on the 16th, and was classified as a suspected case, until the lab results returned positive. When WHO was informed—all Cuban doctors and nurses are under WHO contract—they decided to transfer me to Geneva University Hospital.



These Cuban and other international volunteers are bringing patients back from the brink of death, assisting national health workers and community educators. And people like Jorge Pérez are working to get to the bottom of Ebola to help prevent its spread throughout Africa and to other parts of the world.

But to keep an epidemic like this from happening again, it will take more, much more. Not only could the global community have done a better job this time around. But as Jim Kim, President of the World Bank admonished, Ebola didn't start with disease, but rather with historic inequalities, the virus festering within health systems barely able to function. A lesson for us all.

Hours before Dr Báez's return to Sierra Leone—where he is now—*MEDICC Review* interviewed him and Dr Pérez at IPK in Havana.

Jorge Pérez: The Cuban health minister asked me to pack my bags, and I flew from Havana to wait for Félix. He arrived in Geneva about midnight in critical condition, not always lucid. Dr Jérôme Pugin, head of the hospital's intensive care and the special unit set up for these cases, began working and stayed working with him until about 5 am. Luckily, although he suffered other symptoms, Félix didn't have severe digestive complications.

Félix Báez: I remember boarding the plane in Freetown, feeling very alone: I was totally isolated, wrapped up in what looked like a space suit covered with cellophane. I also



Félix Báez on arrival at Geneva University Hospital (HUG).

remember the long trip, arriving in Geneva, and walking down the steps to the ambulance. First I was disoriented, and then I blacked out.

MEDICC Review: Jorge, tell me what you're learning about Ebola, and how that relates to the care Félix received at the Geneva University Hospital.

Jorge Pérez: We've been studying Ebola since the 80s, along with other hemorrhagic fevers like dengue. I also spent the long nights in Geneva reviewing the latest international information. But when it comes to patient care, theory is one thing and practice is another. The first Ebola patient I saw was Félix; he of course has seen more.

At the hospital, his care was meticulous and rigorous, performed by highly qualified and trained personnel. People not only with a heart for their profession, but also for their patients. They treated Félix with enormous affection. Of course, he was a pretty good patient: doctors can be the worst, you know. But he was very courageous, and once he was on the mend, his sense of humor—that Cuban sense of humor—also came back. And Dr Pugin was kind enough to share with me the case discussions and clinical records at every step of the way.

Félix was given two experimental medications: the Canadian Z-Mab, a monoclonal antibody that uses the body's own defenses, isolating antibodies against this particular virus; and another, Favipiravir, developed in Japan. My subjective impression is that after the first 72 hours, his whole status changed for the better. He started being Félix again. By the fourth day, he was in the clear.

But even on day two, he recognized me...he told me "I'm going to be okay, and I'm going back to Sierra Leone." Those were his first words to me. I have to admit I was very moved.

Félix Báez: When I saw Jorge, it was like seeing light at the end of a dark tunnel. It was tremendous, even though I was able to talk with my family by phone. And my 18-year-old son, who is in medical school, had written me a wonderful letter that later made its way into social media.

MEDICC Review: Félix, did you ever figure out how you were infected?

Félix Báez: No, we didn't. You know, the bio-safety measures are very stringent, and in addition to the training at IPK, we underwent another four weeks of in-country training. I should also say that the courses in Sierra Leone were very important in other ways, because although we all had some knowledge of English, we needed to get used to wearing the protective suits in such a hot climate, needed to know more about people's culture, the way things are done, and above all about what was expected of our work, the protocols.

That helped all of us become a real team, international and local health professionals working in a good environment where people were tactful, respectful. And of course, we had to be certified by WHO before we were permitted to treat patients.

We worked in groups of three doctors and six nurses, in six-hour shifts, seven days a week. And we used the kind of layered garments recommended by Doctors Without Borders. But you could only wear the suit for up to an hour, maximum, sometimes less; and you only went into the patient-care unit twice during your shift. There was even a radio system to advise you when you had to be relieved.

For suiting up and removing our suits, we used a buddy system, our decontamination supervised by local hygienists, who were very strict. But of course we didn't live in a bubble: we lived in a hotel, we ate food there, mingled to some extent with others outside the hospital setting. So although we've gone over and over it, we still don't know how I was infected.

Jorge Pérez: The international recommendation is for health workers to maintain a distance of 1.8 meters from Ebola patients. That sounds good, but reality is different: they have to find a vein, examine patients, touch patients, help them to the bathroom. So, they go in and out of the recommended distance between procedures, washing and changing gloves between each patient. But it's still possible to become infected. Even a small hole in a glove or the suit can provide a point of entry.

MEDICC Review: Under what conditions are the Cubans contracted to serve in these Ebola-stricken countries?

Félix Báez: Well, first of all, we volunteer. Each person has to make that decision. For me, my profession is my life. And, like the others finally selected, I'd served abroad in health emergencies



Jorge Pérez: “I hope greater [US-Cuba] cooperation will be possible now, for the sake of people in both our countries.”

before. When I read about Ebola, I decided to sign up because it seemed help was needed right away.

WHO contracts us directly and pays us directly, and we are their responsibility if we get sick, as in my case. We also have certain living conditions guaranteed, such as only two people to a hotel room, air conditioning and 24-hour running water. All these things are important in a situation like the one we’re facing.

MEDICC Review: What was it like when you began to see patients?

Félix Báez: When we first arrived, the British hospital wasn’t up and running yet; it hadn’t been built. The public hospital was overflowing with patients, in the hallways, vomiting, with diarrhea. Children and whole families. The local health professionals and Doctors Without Borders were doing everything they could.

When I went to work at the new hospital, the first cases I saw were critical, people who had sought treatment very late. My first three patients died. Then there was a little four-year-old girl, who came in with no pulse, very sick with malaria. We were able to save her. And then a brother and a sister, Cecilia and Daniel, in their 30s. Both had Ebola. He was in fairly good shape, but her case was more complicated, with diarrhea, vomiting and convulsions...once I got sick, I was in the room across from them, and we’d shout to each other across the hall. Thankfully, both of them recovered, too.

Jorge Pérez: And the situation in Sierra Leone is still critical. Where the Cubans are working, the case

fatalities have been significantly reduced. At first, as Félix said, people were coming in late, many already with multisystem organ failure. But then, people began to lose their fear, believe they could be cured...that was already happening in Liberia too, for example, once the treatment centers were set up. Without proper conditions, fatalities run from 50% to 90%. We’ve now reduced them to about 20% where the Cubans are working in teams with others.

Shortage of personnel in Sierra Leone is still very serious. But even if the Ebola treatment centers had enough health workers, the problem of Ebola will only be resolved in communities themselves, with education, local health workers in direct contact with people who live there. So they can recognize the symptoms, know what to do early, learn how to bury their dead in a safer way.

MEDICC Review: It’s been reported that even though Cuban personnel were working under WHO auspices, the US Treasury Department blocked payment to the Cubans for some time...I’m hoping that’s resolved now. But more than that, is there other cooperation happening between the United States and Cuba? Do you expect more now with renewed relations in the works?

Jorge Pérez: Once we arrived in West Africa, there was cooperation on the ground—that happened naturally. Our people are working in centers built by the USA in Liberia, for example. And also, of course we are working with US NGOs, like Partners in Health.

The logical thing would be for all these barriers to come down. We’ve seen some signals of this: for instance, the CDC warned us of a traveler from one of the three affected countries who had entered the USA with the intention of traveling on to Cuba.

EBOLA: THROUGH JANUARY 18, 2015

| | | |
|---------------------------------|--|---|
| Countries reporting Ebola cases | 9 | Guinea, Liberia, Sierra Leone, Mali, Nigeria, Senegal, Spain, UK, USA |
| Cases | 21,724 | Sierra Leone: 10,340 Liberia: 8478 Guinea: 2871 All others: 35 |
| Deaths | 8641 | Sierra Leone: 3145 Liberia: 3605 Guinea: 1876 All others: 15 |
| Health-worker infections | 828 | In the 3 high-transmission countries |
| Health-worker deaths | 499 | In the 3 high-transmission countries |
| Incidence trend | Falling in all 3 high-transmission countries | New confirmed cases week of Jan. 18, 2015: Sierra Leone: 117 Liberia: 8 Guinea: 20 |

Source: http://apps.who.int/iris/bitstream/10665/149314/1/roadmapsitrepre_21Jan2015_eng.pdf?ua=1&ua=1



Courtesy J Pérez

Jérôme Pugin and Félix Báez compare notes in Geneva following Félix's full recovery.

So we had this information when the person flew to Cuba and were able to act accordingly.

And then, of course, there is Félix's own case: he was transported by Phoenix Air, a company under contract to the US State Department, which I understand had to give permission to use the aircraft for his transfer to Geneva. In general, I hope greater cooperation will be possible now, for the sake of people in both our countries and in other countries as well.

MEDICC Review: I understand the WHO contract calls for the Cuban nurses and doctors in West Africa to make a six-month commitment. What is the plan for them on return to Cuba and in general how is Cuba protecting its own population? The IPK is involved in training health personnel in other countries as well, I believe.

Jorge Pérez: We're in the process of setting up the protocols for the returnees, who obviously have to be quarantined for Ebola's 21-day incubation period. Thus far, only a handful, fewer than five, have returned, and they spent that period at IPK. But we don't have room for over 200! So we need to create conditions for them.

In terms of Cuba, we can't afford to have Ebola enter the country: it would be too costly from both human and economic points of view. Early on, an expert commission was set up here at IPK to advise the minister of health in decisionmaking. It includes people from various ministries,

the Red Cross, PAHO, etc. And we have the ports and airports covered, with laser thermometers as well as questionnaires filled out by travelers.

We've also trained health personnel from throughout Cuba, and from the Americas in international courses. And finally, we have sent experts to train our health workers serving abroad, who in turn have shared this knowledge with local health workers and also with Cuban citizens who live abroad. We're also acting in an advisory capacity for governments in the hemisphere requesting it, such as Jamaica and Nicaragua. [See Box—Eds.]

We've had to make considerable investments in preparing the IPK hospital to receive suspected and confirmed cases in special containment areas; in purchasing suits, gloves, masks and all the other gear needed to protect health personnel; and in equipment. Right now, we have access to only one lab—in Winnipeg,

Canada—that is WHO-certified to confirm Ebola cases. Soon, we hope our lab will also have the requisite conditions for certification.

MEDICC Review: The latest data show Ebola is still spreading—in countries like Sierra Leone, where WHO says there were only 1 to 2 doctors per 100,000 population even before the epidemic...and very weak infrastructure. Can the epidemic be brought under control?



E. Añé

Félix Báez: "I decided to go back because people need us, our whole team."

Interview

Jorge Pérez: Yes, it can, or we wouldn't be there. Ebola brings into terrible relief the difference between robust health systems and ones that are struggling without resources. We see only incipient health systems throughout Africa, with the exception of South Africa.

If patients have the right care, supported by decent infrastructure and with sufficient and protected personnel, the disease can be brought under control. This also means having containment facilities, education to refute all the myths surrounding Ebola, and helping to stop direct transmission.

The whole world is challenged by Ebola, as it was by AIDS. Like AIDS, Ebola isn't Africa's alone: it can reach any part of the world, crossing borders and oceans and airspace.

MEDICC Review: Félix, why did you decide to return to Sierra Leone? And are you immunized now against Ebola?

Félix Báez: I believe I'm at least partially immunized, against the Zaire strain, which is the one circulating with the highest fatality rates. But it's not entirely clear. And if my blood could help other patients produce antibodies, I'm willing to give it.

I think our nurses and doctors have become symbols that will hopefully give confidence to other health workers: you can go, you can serve, and you can survive. It was extraordinary how my case was followed, especially in social media. I think it helped make more people aware that Cubans and others were risking their own lives to save African lives. Because, unfortunately, not everyone in this world cares what happens to people in Africa.

But I said to myself: human life began in Africa. Will it end there, because people are abandoned? I decided to go back because people need us, our whole team.

And besides, my dad always told me never to be a quitter. 

CUBA VS. EBOLA

| | | |
|---|--|---|
| Health professional volunteers sent to Africa | 256 | Sierra Leone: 165 Guinea: 38 Liberia: 53 |
| Where Cuban health workers are posted in Sierra Leone | ETC Kerry Town (southwest of Freetown); ETC Maforki (Porto Loko); EOC Ola During Pediatric Hospital; ETC Waterloo (Addra) | |
| Long-term medical teams already in Africa and continuing | 32 with 4048 health workers, 2269 of these doctors | Includes 23 health workers in Sierra Leone and 16 in Guinea |
| Local health and other workers provided preventive Ebola training by Cuban medical teams abroad (also extended to Cuban citizens residing in other countries) | 80,331 | Africa: 12,957 Latin America: 66,746 Caribbean: 628 |
| Governments provided additional Ebola advisors | 4 | Equatorial Guinea; Nicaragua; Jamaica; St. Vincent & the Grenadines |
| Technical meetings hosted by Cuba | 1 (278 specialists and managers) | 34 countries from the Americas, including USA |
| Courses offered by IPK newly-created Ebola Training Center | 1 (and 1 in process) | Primarily for the Americas |
| Training in Cuba of national health workers and students (phases 1 and 2, prevention, diagnosis and treatment) | Phase 1: 240,332 Phase 2: 54,124 Total: 294,456 | Workers in national health system or those going abroad |
| Training in Cuba of workers in other fields (skills dependent upon job) | Phase 1: 19,810 Phase 2: 9573 Total: 29,383 | Various job categories in several ministries and agencies |

Source: <http://cubadebate.cu/?p=517421> See also ebola.medicc.org
ETC: Ebola treatment center
EOC: Ebola observation center