



## NEWS

# MSF suspends Congo Ebola effort after deadly clinic attacks

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The charity Médecins Sans Frontières (MSF) will suspend operations in two towns at the epicentre of the Ebola outbreak in the Democratic Republic of the Congo, after unidentified groups launched two violent attacks on its clinics in the same week.

A mob appeared outside a clinic in Katwa on the night of 24 February, threw stones, and set fires. Patients and their caregivers were attacked while trying to flee, and a patient's brother was killed.

"This attack has crippled our ability to respond to what is now the epicentre of the outbreak," said Emmanuel Massart, MSF's emergency coordinator in Katwa, after surveying the damage.

Four days later an even more violent attack struck the clinic in Butembo. "They used a car to ram the gate," Massart told US National Public Radio. "There were men inside. They divide in different teams. They start to destroy things. They start shooting. So the police arrive, and they start shooting at each other."

## Patients missing

One police officer was killed. Four patients with Ebola and dozens of suspected contacts scattered in the panic and are still missing. The attackers' identity and motives remain a mystery. In the week before the attacks 85% of new Ebola cases were being found in Katwa or Butembo.

Congo's government said that the Butembo clinic reopened this weekend, operated by staff from WHO, Unicef, and the health ministry. But MSF will not be returning for weeks at best, said Massart.

"When I send my teams I need to be sure that they are going to come back alive," he said. "The attacks were really, really violent."

The Ebola outbreak in Congo's politically troubled North Kivu province is the country's 11th and now its worst. In the latest figures from 2 March the number of confirmed or probable cases stood at 894, with 561 deaths.

This is the first time that Ebola has struck the northeastern region, and the extraordinary infection control measures used against the virus have raised local suspicions, aid workers say.

"At the beginning you will have the same symptoms as malaria or typhoid fever—things that the communities are used to dealing with," said Massart. "So, Ebola is seen as a disease like the other ones, and they don't see why we should put people in treatment centres."

WHO officials said this week that about half of new cases being identified are people who died in the community, suggesting widespread avoidance of clinics. Most new cases are not appearing in known contacts, a sign that disease tracking efforts have fallen short.

Meinie Nicolai, MSF's general director who is currently visiting the affected region, said, "What we know is that the actors of the Ebola response—MSF included—have failed to gain the trust of a significant part of the population. All those involved in this response must change their approach and truly engage with the grievances and fears of the communities."

Jean-Philippe Marcoux of Mercy Corps agreed, saying, "Building community acceptance and securing trust has not been given the same weight as treatment, and we are continuing to see the consequences: suspicion abounds, and case numbers rise."